Health Information and Quality Authority
Regulation Directorate

Monitoring Inspection Report -
Detention Schools Services under the Children Act, 2001 (as amended by section 152 of the Criminal Justice Act 2006)

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Type of Centre:	Children Detention Campus
Centre Name:	Oberstown Children Detention Campus
Centre ID:	OSV-0004225
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Lead inspector:	Tom Flanagan
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Oberstown Children Detention Campus

About monitoring of the Oberstown Children Detention Campus.

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

The Health Information and Quality Authority (the Authority or HIQA) is authorised by the Minister for Children and Youth Affairs under section 185 of the Children Act 2001, as amended, to inspect the Oberstown Children Detention Campus.

The Authority inspects the Oberstown Children Detention Campus against the Standards and Criteria for Children Detention Schools and advises the Minister for Children and Youth Affairs.

In order to drive quality and improve safety in the provision of detention school services, the Authority carries out inspections to:

- **Assess** if the IYJS has all the elements in place to safeguard children
- **Seek assurances** from service providers that they are **safeguarding children** through the mitigation of serious risks
- **Provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **Inform** the public and **promote confidence** through the publication of the Authority's findings.

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

This inspection report sets out the findings of a monitoring inspection against the following themes:

Theme 1: Child Centred Services	☒
Theme 2: Safe and Effective Services	☒
Theme 3: Health and Development	☒
Theme 4: Leadership, Governance and Management	☒

1. Methodology

As part of this inspection, inspectors met with children, staff, and professionals from other agencies. Inspectors observed practices and reviewed documentation such as children's placement plans, policies and procedures, minutes of staff meetings, management meetings and board meetings, children's files and staff files.

The key activities of this inspection involved:

- The interrogation of data
- The review of policies and procedures, review reports, audits and strategy documents
- The review of children's admissions records, care files and medical records
- Meeting and/or interviews or conversations with 20 of the children
- Interviews with the chairperson of the Board of Management, the campus director, senior managers, unit managers, a night supervising officer, residential care staff and other personnel on the campus
- Telephone interviews with eight parents
- Telephone interviews with/ questionnaires received from 13 professionals such as social workers and probation officers and professionals from other organisations
- Meeting with the three nursing staff on the campus
- Meeting with the designated liaison person/complaints officer
- Meeting with the school principal
- Observation of campus meetings, including senior and middle management meetings, staff team and unit manager meetings, an Incident/Accident/Absence (IAA) meeting, an activity planning meeting and shift handover meetings.
- Observation of the day-to-day life on the campus including evening routines on units

2. Profile

The service provider has statutory responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. The Oberstown Children Detention Campus provides a detention service to the courts for young offenders who are aged between 10 and 18 years of age prior to their admission. The Oberstown Children Detention Campus is funded by the Department of Children and Youth Affairs. Care and education is provided to both boys and girls up to the age of 18 years, who have been remanded to detention while awaiting trial or sentence or have been committed to detention after conviction for criminal offences.

Accommodation

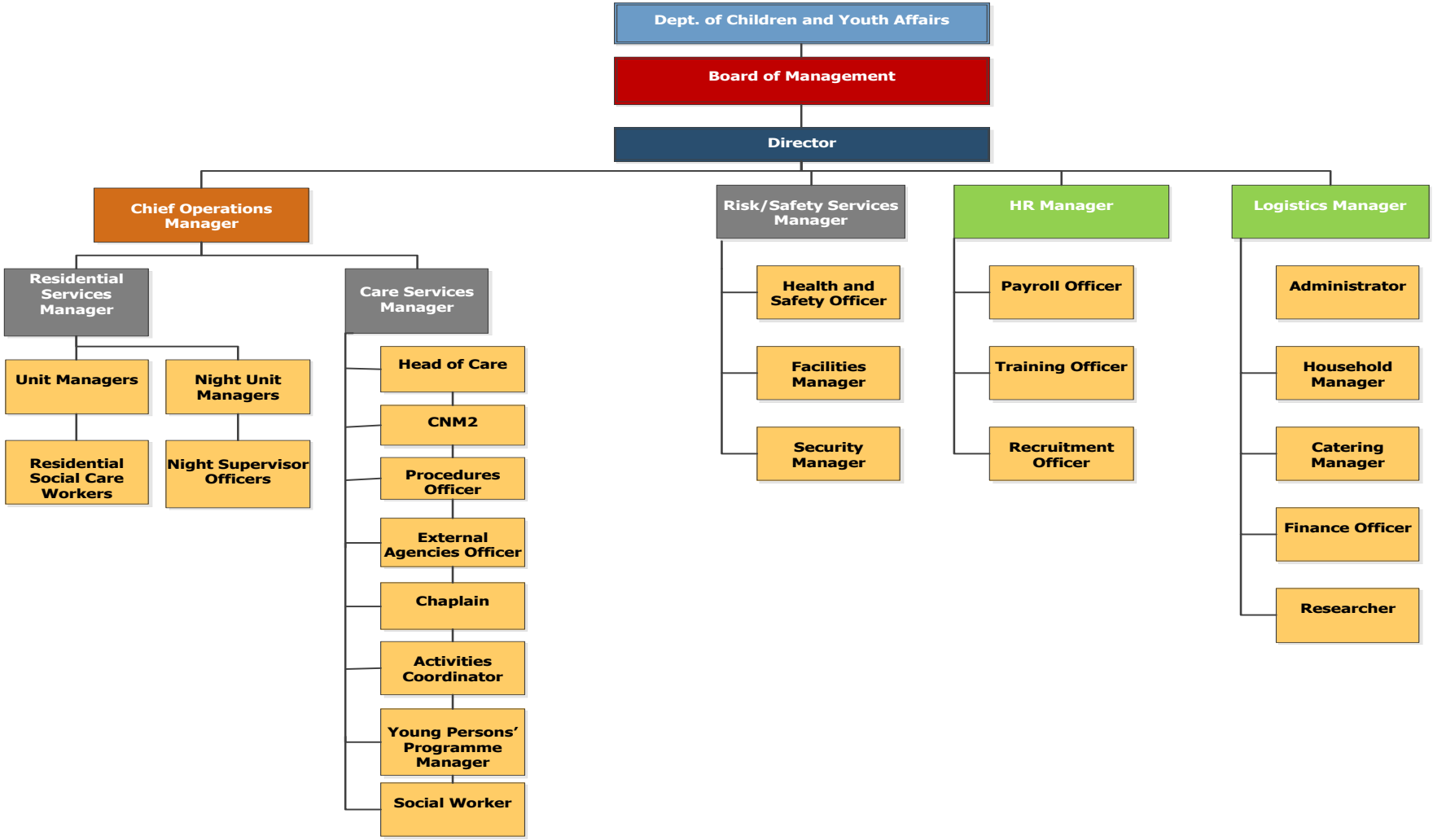
The Oberstown Children Detention Campus is located in a rural setting in north Dublin. It comprises residential units for children, an educational building, a reception/administration block, which also contained medical and dental facilities and facilities for children to meet their visitors and other professionals involved in their care. The design and layout provided adequate private and communal facilities for the children both in terms of indoor and outdoor space. The campus had external security fencing.

Management

The Oberstown Children Detention Campus is managed by a Board of Management who were appointed by, and report to, the Minister for Children and Youth Affairs. The Board of Management has direct governance of the Oberstown Children Detention Campus in accordance with policy guidelines laid down by the Minister for Justice, Equality and Law Reform through the Irish Youth Justice Service (IYJS) in accordance with the Children Act, 2001, as amended. The campus director was responsible for the day-to-day operation of the campus. Each unit within the campus was managed by a unit manager.

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

Figure 1: Organisational Structure of the Oberstown Children Detention Campus



3. Summary of Findings

Children residing in detention require a high quality service that is safe and helps address their offending behaviour. Staff members must be able to provide them with nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

This inspection was announced and took place over four days from the 27 to 30 March 2017. All ten standards were assessed as part of this process. On the first day of the inspection, there was a total of 35 boys on campus. Data provided to inspectors showed that the campus was licensed to accommodate up to 54 children.

This report reflects the findings of the inspection, which are set out in Section 5. The provider is required to address a number of recommendations in the attached action plan.

On this inspection, inspectors found that of the 10 standards assessed:

- Two standards were compliant
- Six standards were moderate non-compliance
- Two standards were major non-compliance

The context in which the Oberstown Children Detention Campus operated continued to be one of major change. There had been a change of Minister for Children and Youth Affairs since the previous inspection and a new board of management was appointed on 1 June 2016. Many new structures were subsequently put in place. These included new governance arrangements, the recruitment of new senior managers and the development of a human resources section. The workforce had increased, the training programme had been improved and a system of formal supervision had been introduced. A new system of placement planning for children had also been implemented. An electronic system of recording and managing information to underpin many of the new developments was in the process of being developed and implemented.

A major incident on the campus during 2016 resulted in a fire and extensive property damage. A number of reviews were commissioned in the latter half of 2016 and early 2017 as a result. The board was committed to the implementation of the recommendations of these reviews and an implementation oversight group had been established.

Children were given information about their rights, they were consulted and given choices. They were listened to and their complaints were taken seriously but the complaints process was not sufficiently robust.

There were measures in place to safeguard children but not all staff were trained in Children First: National Guidance on the Protection and Welfare of Children (Children First (2011).

The new system of placement planning and review was not fully implemented and not all children had placement plans. There was a positive atmosphere in the residential units and inspectors observed warm interaction between children and staff. Children received adequate emotional and psychological care.

Some poor practice was found in the management of behaviour that challenges. There were a number of instances of children spending prolonged periods of time in single separation and there was a lack of robust management oversight in the monitoring of these incidents. The overall approach to the management of behaviour was subject to review at the time of inspection.

There were improvements in the standard of fire safety training for staff. The fire safty policy had been reviewed but not yet updated. There were gaps in some fire safety documentation and the provision of written information to children about fire safety was not always timely.

The educational needs of the children were assessed and met. Each of the children was attending school and there were good working relationships and communication between residential care staff and teaching staff.

The overall provision of healthcare on the campus had improved but inspectors identified two serious risks in regard to medicines management. Dental and psychiatric services were now provided on the campus and the availability of nursing services had increased. Children's healthcare needs were appropriately assessed on admission. Children were not always provided with access to external medical services in a timely manner. Some medicines management practices were unsafe. An immediate action plan was issued in relation to two issues: safeguarding a child in relation to the safe administration of a prescribed medicine; and ensuring that measures were in place to store medicines securely. The campus director provided a written assurance which appropriately addressed the concern.

The statement of purpose was in draft form at the time of inspection but was subsequently finalised and approved by the board of management.

Robust management structures had been put in place and improvements were evident in the development of governance structures, the management of human resources and the financial systems. Risk was well managed. Policies and procedures were in the process of being reviewed. The cohort of residential staff had been increased and staffing levels were adequate. The provision of formal supervision to

staff was not consistent across the residential units and the recording of supervision was not adequate.

4. Compliance with the Standards and Criteria for Children Detention Schools

During this inspection, inspectors made judgments against the *Standards and Criteria for Children Detention Schools.* They used three categories that describe how the Standards were met as follows:

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

Actions required

- **Substantially compliant**: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.
- **Non-compliant**: means we will assess the impact on the children who use the service and make a judgment as follows:
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- **Major non-compliance**: Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
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- **Moderate non-compliance**: Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Standards and Criteria for Children Detention Schools	Judgment
Theme 1: Child Centred Services	
Standard 4: Children's Rights	Moderate non-compliance
Theme 2: Safe and Effective Services	
Standard 2: Care of Children	Major non-compliance
Standard 3: Child Protection	Moderate non-compliance
Standard 5: Planning for Children	Moderate non-compliance
Standard 9: Premises, Safety and Security	Moderate non-compliance
Standard 10: Dealing with Offending Behaviour	Moderate non-compliance
Theme 3: Health and Development	
Standard 7: Education	Compliant
Standard 8: Health	Major non-compliance
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Compliant
Standard 6: Staffing and Management	Moderate non-compliance

5. Findings and judgments

Theme 1: Child Centred Services

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

Inspection findings

Children's Rights

The campus was a secure environment and children were deprived of their liberty by order of the courts but there were systems in place to ensure that children were aware of their rights and facilitated to exercise them.

Children had access to advocacy services. Inspectors observed that posters and information on a national advocacy service was available in each of the residential units. An external advocate told inspectors that two representatives of the advocacy service visited the units monthly to meet the children and provide them with information about their rights and to inform them of the advocacy service. Each child was given an information pack which contained information about their rights. The advocate told inspectors that they attended planning meetings and assisted the children to make complaints and raise issues of concern to them. They told inspectors that staff facilitated them to meet the children and the campus director told inspectors that plans were in place for the advocacy service to be expanded with the possibility of advocates training residential care staff to facilitate groups with children.

While children were given information about the campus, what was expected of them and what their rights were, much of that information was given verbally by key workers and other staff. Since the former three detention schools merged into one campus there was no information booklet for children that might present that information in an appropriate written form. Managers told inspectors that a children's information booklet was in development at the time of inspection.

Children had access to a range of information about themselves. Information about the care of children was shared in the placement planning meetings with the key people involved in their care such as parents, social workers and members of external agencies working with them. Parents told inspectors that they were kept

informed of their children's progress and activities outside of the meeting process as well. They told inspectors that they could phone the key workers or speak to a manager for information and that staff contacted them when there were any incidents involving their children. Data provided to inspectors showed that five children had accessed information through official channels, including one through the Freedom of Information process.

Consultation and Participation in Decision-making

Children were encouraged and facilitated to exercise choices in aspects of their daily lives and to give their opinions about important issues in their lives.

Children were able to exercise choice with regard to activities that took place in the evenings. Children were also facilitated to attend their placement planning meetings and to give their opinions on options that may be available to them. Some professionals told inspectors that this process could be enhanced by better preparation of the children by their key workers before the placement so that children could be supported to think out what they wanted to say and write it down as talking to a group of adults could be a daunting experience for some children.

Children also had a student council which was elected by them and represented them in giving opinions and suggestions about the school environment. One of the children told inspectors that they hoped that the scope of the student council would be broadened to include all aspects of life on the campus.

In late 2016, children were consulted and asked to give their opinions on all aspects of life on the campus such as safety, bullying, behaviour management complaints, likes and dislikes. The campus director also told inspectors that he kept one hour on Wednesdays and Thursdays for meeting with individual children and arrangements for individual children to meet the campus director were made by the complaints officer.

Complaints

There was an established complaints process in place and this was widely used by the children but the process was not robust. Data provided to inspectors showed that there were 79 complaints made in the 12 months prior to the inspection and 74 of these were made by children.

The designated liaison person (DLP) was the complaints officer. He told inspectors that he visited the residential units daily and made sure to meet all children who were newly-admitted to introduce himself and inform them of the complaints process. Children could make a complaint in person or in writing and facilities were in place on each unit for children to make a complaint. The majority of children were

aware of the complaints officer and the complaints process and this was confirmed by children themselves, parents and professionals although a small number of children told inspectors that they had not been made aware of the complaints process.

A review of the records of complaints showed that complaints were made about a wide range of issues. Some related to practical arrangements within the residential units. Others were more serious such as complaints about the attitude or behaviour of staff or that of members of An Garda Síochána. The complaints officer told inspectors that he referred minor issues to the child's key worker or the unit manager whereas he investigated issues of a more serious nature and then referred the matter on to the relevant authority such as the campus director or the Garda Ombudsman's Office. The complaints officer told inspectors that disciplinary proceedings were taken against staff on occasion following the investigation of complaints. A number of staff confirmed that this happened.

There were two particular issues about which some children expressed their dissatisfaction to inspectors. One was in relation to how their pocket money was managed. When children were admitted to the campus, they were issued with an electronic card by which they could receive and spend their pocket money or any money that was given to them by family members. The cards were kept safely in the residential units and children could ask to use them for the purchase of clothing, footwear or gifts for their families. However, some children were unhappy that they did not have access to cash as they felt their choices were limited by using the card and there were certain small purchases, such as a mothers' day card in the case of one child, that they could not easily purchase. They were also unhappy that use of the card to withdraw cash incurred a cost to themselves.

A second issue related to the fact that the hatches, which allowed items to be passed from staff to the children in their rooms, were not in use for reasons of safety. Furthermore, staff did not ordinarily open the bedroom doors once the children had gone to bed. Some children complained that, unless they brought water to their rooms at night, they would not be given a drink should they require it and ask for it.

The complaints records relating to one child showed that the complaint was thoroughly investigated and the response was timely and satisfactory. However, some children told inspectors that they did not have faith in the complaints process and, according to the report on the consultation with children carried out in late 2016, a number of children were dissatisfied with the complaints process as well.

While there were records of the action taken by the complaints officer in response to individual complaints, there were no overall records of the outcome of complaints and whether or not the children making the complaints were satisfied with the outcomes. Neither was there any overall analysis of complaints. The complaints officer told inspectors that he was also responsible for receiving and managing child protection concerns and that these took priority over complaints. He told inspectors that the response to some complaints was not timely and that he did not always know that complaints he referred to the unit managers had been dealt in a satisfactory way on the units unless the children making the complaints raised the issue again with him. He told inspectors that, due to his workload, he did not have the time to deal adequately with complaints. He had raised this issue with the campus director who told inspectors that he was in the process of developing plans to address this.

The complaints officer and the campus director told inspectors that staff from the Office of the Ombudsman for Children's Office were now visiting the campus each month and had met many of the children. The Ombudsman had the remit of promoting the rights and welfare of children and young people under 18 years old living in Ireland and of looking into complaints made by or for children and young people about the actions of public organisations.

Theme 2: Safe and Effective Services
Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

Inspection findings

Emotional and psychological care

The majority of staff interviewed told inspectors that the atmosphere on the campus at the time of inspection was quite positive and settled and inspectors' observations confirmed this. Staff attributed this to adequate staffing levels in the units. Inspectors observed kind, warm and appropriate interaction between staff and children in what was generally a relaxed atmosphere.

When interviewed, staff demonstrated empathy with children and also their understanding of the impact of detention on the children. Some children told inspectors that they had good relationships with staff and were spoken to with respect. Other children told inspectors that one of the good things about the campus was being able to talk to staff, who were also supportive of them.

Children's emotional, psychological and mental health needs were assessed on admission using accredited assessment tools. When particular needs were identified, children were referred to specialist clinicians who provided a service on the campus. Services provided to children included psychology, speech and language, social work, psychiatry and substance misuse services. The clinicians providing the service, comprising staff from Tusla, the Health Service Executive (HSE) and the campus, met weekly with senior managers on the campus to discuss the children's needs and the care provided. Many of the children's files which were reviewed by inspectors on the residential units did not contain records of what clinicians were involved in the children's care or records of their clinical interventions. There was evidence, however, that residential care staff received guidance on how to work with individual children and that this had a positive impact on how those children were spoken to or cared for by staff. The majority of clinicians were part of a Tusla therapeutic team which had the remit and capacity to continue to provide services to some children following their discharge.

Children had opportunities to engage in leisure activities in the evenings and at weekends. There was an activities coordinator on campus and an activities planning meeting took place each afternoon. Participation in activities was based on children's

choices. Their recent behaviour was also taken into account in relation to whether they should participate in certain activities. There were facilities available for children to play football, table tennis and video games. Staff told inspectors that some accredited football games coaches were visiting the units to assist children develop their skills and inspectors observed this. There was a gym on the campus and each unit had a stock of board games. Children could also pursue interests such as music and wood working. Some staff told inspectors that there was no opportunity for children to engage in gardening or growing vegetables and that this was a missed opportunity. In one unit, a staff member had acquired the materials for children to paint their rooms and was waiting for this initiative to be sanctioned. They also had a gardening project in mind and had spoken to the unit manager about this. However, the campus director told inspectors that, due to health and safety concerns, the children would not be involved in gardening on the campus.

Observations of a team discussion showed that staff members were mindful of the significant events in children's lives and that they ensured that children could celebrate these. These included events such as children's own birthdays, Mothers' Day, and the birth of other children in their families. Children were provided with celebrations and treats and were assisted to apply for home leave when this was appropriate.

Children were encouraged and incentivised to undertake household tasks such as cleaning their room. Some children were given the opportunity of work experience in the campus kitchen under the supervision of trained kitchen staff and others, depending on their behaviour, were facilitated to use the unit kitchens to develop their cooking skills under the supervision of the residential care staff. However, in at least one unit, none of the children were allowed access to the kitchen because of risk.

Inspectors observed that children were well-dressed in clothing similar to their peers. A budget for children's clothing was available and clothing could be purchased for children if required but the household manager told inspectors that children generally brought a selection of their own clothing with them from home.

Diversity and Disability

The draft policy on dignity and respect stated that staff should be cogniscent of children's age and gender, race, religious beliefs, sexual orientation and membership of ethnic groups such as the travelling community. Children's ethnic origins were recorded on their files and there was evidence from interviews with staff and from observation of a staff team meeting that staff had sufficient knowledge and skill to identify, asses and address the diverse needs of children. They demonstrated that

they were aware of children's individual needs and backgrounds and took these into account when planning the children's care. The draft policy on bullying made specific reference to staff taking all steps to ensure that children should not receive any harassment on the grounds of race or sexual orientation. Inspectors did not find evidence that children had been subjected to any racism or sexism.

Data provided to inspectors prior to the inspection showed that there had been six children from nationalities other that Irish on the campus during the calendar year 2016. There was provision for interpreters to be used if this service was required. The number of Irish Traveller children was not provided to inspectors and managers told inspectors that these numbers were difficult to gauge as some children did not self-identify as being from a Traveller background.

The evidence that children's ethnic and cultural needs were addressed was mixed. For example, staff told inspectors that representatives from an organisation representing a cultural minority in Ireland had visited one child recently in relation to his cultural needs. Children were also facilitated to maintain close contact with their families, including phoning relatives abroad, and attending family events. Children told inspectors that they wanted to and were able to attend a religious service each week and staff told inspectors that religious services could be organised for children from minority groups if required. However, inspectors viewed some files of children from minority groups and, while their ethnic origin was recorded, there was no evidence in the files regarding how their cultural needs were addressed. Some staff told inspectors that they felt more could be done to address the needs of Traveller children.

Data provided to inspectors showed that there were no children with a disability (as defined under the Disability Act 2005) on the campus. Inspectors observed good practice in relation to children who had specific needs with regard to learning and interacting with others. Staffing ratios were increased when required and one staff member had used their training and experience to promote better communication by staff with the child. There was also guidance from the therapeutic team on the child's file in relation to how staff should manage the child.

Food/Nutrition

Children received a nutritious diet but their choices regarding food were limited. Their diet included fresh soups, fruit, salads, meat and vegatables in sufficient quantities. There was a four-week menu for lunchtime and evening meals with a view to offering children choice. The catering manager told inspectors that menus were sent to the units each week so that children and staff were aware of the choices available. However, children and staff in one unit told inspectors that menus

were not always received in the unit, and none was available in the unit when inspectors sought it. Children also told inspectors that they felt there was a lack of choice on the menus with potatoes being offered in one form or another twice a day almost everyday. This was confirmed by a review of the menu for one four-week cycle. Children told inspectors that they would like to see pasta and rice being offered as well. Children were also provided with drinks and snacks outside of mealtimes. There was a large kitchen on the campus where main meals were prepared and then transported to the units on hot trolleys. There was also a small kitchen in each unit which was well-stocked.

The catering manager was knowledgeable about special dietary requirements and told inspectors that any such dietery requirements for individual children due to medical conditions or cultural needs were accommodated. Inspectors confirmed in the units that special diets were available.

Inspectors observed mealtimes in a number of the units. They were generally social events where staff and children sat together and engaged in conversation.

Supports to children with complex needs

During the 12 months prior to the inspection a number of serious incidents had occurred that resulted in serious destruction to property and injuries to both children and staff. This led to dissatisfaction among staff with the management of the campus, fears by staff for their safety and requests by staff for increased security and improved personal protective equipment (PPE) to cope with difficult situations that might arise in future. Several external reviews were commissioned following the serious incidents that took place. The board commissioned an operational review of the campus. This review was completed but the draft report was being considered at the time of inspection and inspectors did not have access to the report or its recommendations. A review of behaviour management was also commissioned and site visits were concluding at the time of inspection. Its purpose was to establish whether or not the current model to manage behaviour was fit for purpose. Among the issues considered in this review were early intervention approaches, routine practice, crisis responses, the use of physical interventions and the environment, managing violent situations, and the safety of children and staff. The PPE available to staff was also reviewed as part of a health and safety review. Recommendations from the completed reviews were being considered for implementation at the time of inspection.

There were several components to the model of managing children's behaviour. Training in behaviour management was mandatory for staff. The needs of children were assessed and staff were required to complete an individual crisis management

plan (ICMP) for each child. Children were also incentivised to behave well and, in this regard, staff used a system of rating children's behaviour. When other forms of managing behaviour were exhausted, there was provision for staff to use physical intervention, including restraint, and single separation but there were strict guidelines in place for their use. There was also a protocol in place with An Garda Siochána for Gardai to be called to the campus to assist with incidents if required.

Training records showed that 95% of staff were trained in a recognised approach to behaviour management. The campus director told inspectors that two staff were sent to the U.K. to undertake a Train the Trainers' course and that they were now involved in training other staff. Staff who were recently recruited told inspectors that training on behaviour management had been included in their induction programme. Behaviour that challenges was well managed in some instances. For example, staff showed patience when children were engaging in prohibited behaviour and would not follow staff instructions. Instead of intervening in a way that may have involved restraints being applied, they monitored the situation to ensure safety and waited until children eventually decided to follow the staff instructions. However, records of incident reviews and interviews with staff showed that some staff did not have confidence in the model of behaviour management, in particular the approach to physical restraint. Not all staff adhered to the behaviour management policies and some staff told inspectors that the model in use did not take sufficient account of older children's size and weight when giving guidance on physical interventions.

Reports on children's offending behaviour and reports of social, emotional and psychological needs were sought on admission and there was evidence that children with complex needs were assessed on campus by the therapeutic team. Guidance provided by this team informed staff regarding the appropriate management of their behaviour. Records of one child's care showed that this guidance was implemented. Children had ICMPs and they were reviewed regularly but the quality of ICMPs varied. Some ICMPs were of good quality. However, others were not comprehensive and did not provide good guidance for staff. One child, who was recently admitted, had a comprehensive ICMP which had been developed in a childrens' residential centre prior to admission but staff on the unit told inspectors that they had not read this and would wait until they got to know the child until before developing an ICMP themselves. Records of an incident review showed that a child's ICMP gave specific guidance on how to manage behaviour that challenged but was not referred to or implemented by managers when addressing the child's behaviour that challenged and this exacerbated a difficult situation.

Children were deemed to be at a certain level (level one, two, three or four) according to their behaviour over time and the level was changed upwards or downward in response to changes in behaviour. Level four was the highest level that could be achieved and this entitled the child at level four to more favourable

consideration in regard to issues such as permission to have time outside the campus, access to the kitchen in the unit, and whether or not their visits were screened. However, both children, staff and other professionals told inspectors that, while there was some merit in this approach, once a child had reached level four, there was no further incentive for them to continue to improve their behaviour.

Restraint and Single Separation

A new national policy on single separation was introduced in 2017 and the policy on single separation on the campus was in line with this. Single separation was to be used only on the basis of serious risk and as a final stage intervention in the management of a child's behaviour. It was not to be used as a form of punishment or for disciplinary purposes. Inspectors found that single separation was used for a variety of reasons including: following admission, when the level of risk was not fully known; to manage violent or threatening behaviour; when a child was found to have prohibited substances; and when a child damaged property or when a child was in conflict with other children.

Data provided to inspectors showed that there were 3,027 incidents of single separation during 2016. Inspectors reviewed records of a total of 148 incidents in which single separation was used. These were incidents involving eight separate children during the period November 2016 to February 2017. There were records of some incidents during the 12 months prior to the inspection that inspectors did not review as these records were subject to a judicial review of how the behaviour of some children was managed in the third quarter of 2016.

There were some improvements in the analysis of single separation records since mid-2016 which allowed managers to break down the numbers of incidents according to the reasons the intervention was used. The reasons for placing children in single separation were generally clearly recorded and what the children did while they were in single separation was clearly outlined in most cases. Records also showed good attempts by staff to interact with children while they were in single separation.

Of the 148 incidents of single separation reviewed by inspectors, 30 of these involved a child having short periods of time alone as part of a structured programme devised in conjunction with the clinical team and being provided with two to one staffing when mixing with other children. In the vast majority of the remaining cases reviewed, inspectors found that the reasons for the initial separation of the child were appropriate and involved a high level of risk.

Shorter periods of time in single separation were also used when a child was placed on what was called a structured programme or an individual programme. For example, daily schedules were developed for some children that involved time at

school, time on their own, time with staff only and time with a small number of other children. This was done to suit the individual needs of a child. Inspectors found that the protection room was seldom used, except following violent situations and for re-admission, and children were generally confined to their own rooms. Inspectors saw evidence of instances when efforts were made to re-integrate children with their peers as soon as was possible.

However, the policy on single separation was not consistently followed by staff or managers. The records did not always show that single separation was the least restrictive practice that could be used or outline what other interventions were used before or during the use of single separation and what the outcomes were. The authorisations for approval of the use of single separation and the extensions to periods of time in single separation were not always completed by managers in line with policy. Managers did not always sign that they had reviewed the situation and they had authorised an extension, and sometimes signatures were in place but dates, times and the reasons for the extensions were not recorded. For example, inspectors viewed records on which, in four out of six days of a child's period in single separation, there was no evidence of authorisation or review, and, in the case of another child, records for three out of seven days contained no evidence of authorisation or review. Lack of children's access to fresh air or outdoor exercise while in single separation, and the reasons for this, were also not clearly recorded. For example, in the case of one child, the first record of the child getting out for fresh air in the yard was on the day eight after initial separation. In the case of another child, the first record of the child going to the yard for fresh air and exercise was on day five of separation. In the case of a third child, access to the yard for fresh air was not recorded until seven days after separation.

The judgement in relation to this standard has been based on concerns in relation to children spending prolonged periods of time in single separation and the lack of robust management oversight in the monitoring of these incidents. Despite some improvements in how single separation was used and in the interaction between staff and children during periods of separation, poor practice in the recording was evident. It was of particular concern for children who experienced prolonged periods in single separation. Inspectors reviewed the records of three specific children who had been placed in single separation for between three and nine consecutive days. One child's experience of single separation was the subject of an independent review. In relation to the two other children, their records did not show the rationale for extensions to their time in single separation nor management's approval of each extension which is required by the campus policy. In the absence of good quality records, senior management or the board could not be assured that these prolonged periods of separation were in line with safe practice or that they were given adequate consideration by and deemed necessary by the relevant managers.

Data provided to inspectors showed that there were 85 physical interventions, including physical restraints, during 2016. Inspectors saw evidence that, when a particular restraint was deemed to be inappropriate, the incident was reviewed and, on occasion, this led to disciplinary action being taken against a staff member. However, the type of restraint used was not always recorded and there were some references to children "being brought to" or "moved" to the protection room without descriptions of how this was done. This meant that inspectors could not be assured that practice was appropriate in these cases.

Data provided to inspectors also showed that members of An Garda Síochána had been called to the campus to assist in the management of behaviour at times of serious incidents, including absconsions. Inspectors viewed the records of a number of incidents in which the assistance of An Garda Síochána was sought and found that the requests for assistance were appropriate.

Managers, staff and other professionals told inspectors that the number of serious incidents had reduced in recent months and that there was a more positive atmosphere on the units. Records for January 2017 showed that were 150 incidents of single separation, 20 of these in the case of admissions. There was also evidence the board of management maintained an overview of incidents of physical intervention and single separation and that the campus director reported to the board in this regard.

Privacy

A policy on dignity and respect had been developed since the previous inspection. It referenced the United Nations Convention on the Rights of the Child's (1990) requirement that the rehabilitation and reintegration of a child shall be carried out in an environment which fosters the health, respect and dignity of the child. It set out a requirement that staff on the campus should treat children with respect, safeguard all confidential matters relating to children, and ensure that, when searches were carried out, the children's privacy and dignity was respected. The policy was in draft form and had not yet been finalised at the time of inspection.

The right of children to privacy and dignity was upheld in the context of the safety and security context of the campus. Staff were observed to treat children respectfully. Each child had their own room and ensuite toilet and shower facilities. Some children showed inspectors their rooms, the walls of which were decorated with their own posters. There were viewing panels to the children's rooms which were used by staff to observe children for reasons of risk or safety. Children were facilitated to have time alone in their rooms on request and could make and receive phone calls in private.

Closed circuit television (CCTV) cameras were located throughout the campus with the exception of children's bedrooms and toilets.

Safeguarding and Child Protection

There was a range of measures in place to safeguard children and protect them from abuse. These included ensuring that Garda Síochána (police) vetting was carried out for all staff, a programme of training for staff, and a suite of policies and procedures to guide staff in the care and welfare of children. These were in line with the IYJS policy on the safeguarding of children on the campus. The policy on safeguarding was being reviewed and updated at the time of inspection.

The induction programme for new staff addressed the issue of safeguarding and there was a rolling programme of training on Children First (2011). Not all staff had received training at the time of inspection. Data provided to inspectors showed that 88% of staff had received this training, a significant increase since the previous inspection.

Data provided to inspectors showed that there were 17 instances when children went missing in the 12 months prior to the inspection. These figures included five absconsions from the campus and 12 absconsions when children were on supervised leave, including visits to court, hospital or for some kind of treatment. Staff followed policies and procedures in these instances and they were reported to the appropriate authorities. These incidents were reviewed and learning from the reviews was implemented. Measures taken to mitigate the risks included further security on campus, increased scrutiny of the appropriateness of leave and the increased provision of medical services on the campus. Inspectors reviewed the incident in which children absconded from the campus. The assistance of An Garda Síochána was sought and the children were subsequently returned to the campus within a number of hours.

Staff were vigilant about protecting children from bullying by others. Inspectors observed that staff in the units knew which children were particularly vulnerable and, where there had been previous conflict between children, staff ensured that these children were kept apart for their own safety. An anti-bullying policy had been developed since the previous inspection but had not yet been finalised. This made it clear that bullying in any form should not be accepted or tolerated on campus.

There was a policy in place on protected disclosures. A number of staff who were interviewed about this demonstrated their knowledge and understanding of the policy and felt confident that they could raise any concerns they had about the welfare or safety of children. The campus director told inspectors that a number of

protected disclosures had been made since the previous inspection and that these were addressed in accordance with the policy.

There was a designated liaison person (DLP) who was responsible for receiving all safeguarding and child protection concerns and managing them in accordance with child protection legislation, national guidance and IYJS policies and procedures. Inspectors found that, when a concern was reported to the DLP, it was taken seriously and investigated to determine whether or not it met the threshold that required it to be reported to the Child and Family Agency (Tusla). Data provided to inspectors showed that there were 108 matters reported to the DLP in the 12 months prior to the inspection and that 13 concerns were reported to Tusla using Standard Report Forms during the 12 months prior to the inspection. In some instances, children made allegations against members of staff. Inspectors found that these were investigated and reported to the appropriate senior managers or the board. There was evidence that some staff were subject to disciplinary action as a result.

Children and staff were very familiar with the DLP, who provided training to staff across the whole campus on the subject of safeguarding and child protection.

The DLP told inspectors that there was an increased awarenesss among staff of child protection issues and that several reports to the DLP had been made by staff in relation to concerns that they became aware of.

There was a procedure in place that any allegations made by children against members of An Garda Síochána were reported both to Tusla and the Garda Ombudsman. The DLP told inspectors that a member of the Garda Ombudsman's Office had visited the campus on a number of occasions in this regard.

The DLP told inspectors that four of the reports made to Tusla had been formally acknowledged and that he had had telephone discussions with Tusla staff about others. However, there were three formal reports to Tusla for which no acknowledgements were received. Records showed that campus managers had a meeting with Tusla managers in February 2017 to discuss the issue of the protocol between both agencies, which included the procedures for reporting concerns to Tusla.

The DLP met the campus director regularly to make him aware of child protection concerns and records showed that the campus director included information on child protection concerns in his monthly presentations to the board.

Admissions and discharges

There were effective policies and procedures in place for admissions into the detention campus to ensure the safety of children especially those placed in detention for the first time. The campus director told inspectors that full responsibility for bed management had transferred to the campus during the 12 months prior to the inspection. This meant that the court service or An Garda Síochána no longer contacted the IYJS to establish if there is a bed available within the campus. Instead, they contacted the campus directly and, if there were placements available, the court made an order for the remand or committal of a child and the child was admitted to the campus. Inspectors found that children and their parents were aware of the reasons for and the probable duration of their detention on the campus.

When children were admitted to the campus, their needs were assessed and they received a medical examination. Children were tested to see if they were under the influence of any illicit substances and staff established that they were not in possession of any prohibited items or substances. An inventory was maintained of their belongings. Relevant information was obtained and parents or the appropriate authorities were contacted to request any consent required. Any professional reports that may inform the child's care were sought. Children were given information on the arrangements in the unit to where they were assigned and were kept apart from other children for a short duration in most cases.

Data provided to inspectors showed that, during the calendar year 2016, 79 children were re-admitted to the campus and 19 children were re-admitted in January 2017. Some children had been on remand several times for short periods and it was therefore difficult to plan for their discharge.

There was good inter-agency planning and co-operation in planning for the discharge of children. However, the preparation for children's discharge could be improved. Staff from the campus worked with a number of external agencies to plan for children leaving the campus. Representatives from external agencies told inspectors that there was good communication between them and the campus staff, that they attended planning meetings and that the newly-introduced placement planning system was not fully established but assisted the planning process.

One agency operated a bail supervision scheme to which children, who met the criteria, were referred by campus staff. If the child was discharged, a team immediately began working with the child and their family and assisted the child to make positive changes as a person, in their home, among peers and in school or training. A second agency worked with children leaving the service in order to

support their re-integration into their family, their school or placement, and in their community using a strengths-based approach. In order to prepare for this, they carried out a needs assessment on the child and family, while the child was on campus, and matched them with a worker in the community. The child and family then received support for a six-month period to help them achieve their goals. The Probation Service were involved with children who were about to be discharged and had a court order which involved probation supervision post-discharge. The therapeutic team that worked with children while they were on campus also attended planning meetings and told inspectors that they would also offer post-discharge support and treatment to a child if it was in the child's best interests. Some parents told inspectors that they were very satisfied with the supports available to their children.

There had been a protocol (2012) between the HSE and the IYJS in relation to the role of HSE social workers but this had not been updated since Tusla came into being in 2014. Inspectors spoke to two Tusla social workers who had been the allocated social workers to children before they were detained on campus and they continued to fulfil that role. They attended the planning meetings, kept in contact with families and told inspectors that they were well-informed of the children's progress by means of the planning meetings. One social worker told inspectors that they were currently exploring suitable residential services for the child post-discharge. The campus director told inspectors that he had met with Tusla staff to discuss aftercare provision for children being discharged from the campus.

Inspectors viewed the records of some children due for discharge and found that the preparation for their discharge was of mixed quality. Children who were committed were either discharged at the end of their sentence or transferred to an adult prison. One child was due for discharge from the campus in the weeks following inspection. He was already going home overnight at weekends. His parents was happy that probation services were linked in with the family and plans for his discharge were in place. However, this young person had requested professional support relating to substance misuse and this had not yet been addressed. A second child was due for discharge in the month following inspection and efforts were being made to secure an educational placement in the community. An application had been made for this and was being followed up by the school principal. This child was worried about re-offending and how he would manage following discharge. There was a lack of preparation for discharge in that he had not completed an offending behaviour programme. Inspectors also spoke to one child who was due to be transferred to an adult prison. The child and a staff member told inspectors that no information was available about the prison to which he would be transferred and that this was a source of anxiety. The campus director told inspectors that the Prison Service did not

provide information on what prison a young person may be transferred to and this is an operational matter for the Prison Service on the day of transfer.

Planning

A new system of placement planning meetings (PPMs) was introduced on the campus in November 2016. There were clear procedures in place regarding timeframes for placement planning meetings and reviews, who should be invited to attend, and how the meetings should be recorded. However, these procedures were not always adhered to.

The PPM process was established for four months at the time of inspection and, as it was still in development, it was too early to establish whether the new PPM process would improve outcomes for children. Some parents told inspectors that they were very happy with the PPM meetings and that multi-agency plans were being developed in preparation for their children's discharge. One parent told inspectors that they felt very hopeful following a recent planning meeting, and another told inspectors that they had received a copy of the PPM minutes.

Children, parents, staff members and relevant professionals participated in the PPM process. The teacher, nurse and key worker usually prepared reports. The head of care maintained centralised records of whether or not the child attended but the PPM minutes did not always record the names and roles of all who attended, including the child. Advocates were sometimes present at the PPMs if children gave their consent.

However, not all children had up-to-date placement plans as the timeframes for PPMs had not been adhered to and the PPM records on the children's files reflected this. The PPM process was not supported at the time of inspection by an electronic recording system and was not easily monitored although such a system was being developed. Requests for PPMs were tracked and there was evidence that the campus management team were provided with data on the PPM process and reviewed compliance with the process at their weekly meetings. The quality of PPMs was not consistently good insofar as children's needs were not always clearly identified and appropriate plans were not always in place to meet their needs.

All children on the campus had keyworkers. Inspectors interviewed several of the keyworkers who were very familiar with the children and their needs. In a team meeting in one of the units, the unit manager highlighted the expectation that key workers should consult with the children and prepare reports on their progress and goals.

A review of children's files showed that there was engagement with external professionals in addressing the children's needs. There were reports on file from probation officers and social workers. The PPM structure ensured that professionals were involved in the planning process and decision making. Some social workers told inspectors that they had attended PPMs and that there was good inter-agency working in relation to the children's needs.

Dealing with Offending Behaviour

Not all children had an individualised programme for addressing their offending behaviour. However, an offending behaviour programme (OBP) had recently been piloted on the campus and plans were in place for the OBP to be implemented across the campus.

Managers told inspectors that a new OBP had been piloted and evaluated and that there was a plan in place for its implementation. While this was a welcome development, only six children had taken part in this programme at the time of inspection. As found at the time of the previous inspection, the majority of children had not participated in an offending behaviour programme and programmes of individual work with children to address their offending behaviour were not embedded across the campus.

The project lead for the OBP told inspectors that the pilot programme had taken place between January 2017 and March 2017 and was conducted over eight sessions. The programme aimed to increase children's moral reasoning and their empathy with victims, and to improve their thinking skills. An evaluation was undertaken at the end of each session for each individual child who took part and this was communicated to the unit manager and key workers. This highlighted the skills to be further developed for that child and was designed to influence the care the child received on the unit. The programme was also designed to link with the placement planning process by engaging with parents and with professionals, such as those from the substance misuse service, who may become involved in providing treatment for the child.

Inspectors viewed an implementation plan for the OBP programme which included a detailed breakdown of tasks with times for implementation. These tasks included training of facilitators, evaluations and audits of the process. The project lead was due to leave their post and managers told inspectors that a new programme lead person with responsibility for implementing the OBP was due to be recruited within two weeks of the inspection.

Positive relationships

There were arrangements in place for children to have frequent contact with family members and significant others when this was deemed appropriate. Both children and parents told inspectors that the children could make and receive phone calls to their parents and families and inspectors observed this happening during the inspection.

Several parents told inspectors that they visited their children weekly and that they were facilitated very well by staff. Some parents and families lived a long distance from the campus and found it difficult to visit due to the length of the journey or their own family circumstances. Some told inspectors that, when they did visit, staff collected them from the train station and brought them to and from the campus. They also told inspectors that they were welcomed on the campus and were treated respectfully by staff. There were modern visiting facilities available for visits. Some visits were screened which meant that children could not have physical contact with their visitors and this was difficult for both children and their families. While some children and parents were unhappy with this, decisions about screened or unscreened visits were made in relation to whether or not children were on remand, and were based on risk. Children also confirmed to inspectors that they received visits from their families. However, records of the family visits were not always recorded in the children's files.

There was evidence that children were facilitated to attend significant events in their family's lives. The campus director told inspectors that decisions about whether or not a child was granted home leave were made following a recommendation at the placement planning meeting and that there was clear guidance on this. Consultation with relevant professionals and authorities was undertaken as part of this process. However, some children and staff told inspectors that they did not know the reasons behind decisions on whether children could have home leave or not and they felt that the decision-making was not transparent.

Children's awareness of the Juvenile Justice System

Children were provided with legal aid and had access to legal representation. There was evidence that children spoke to their solicitors by telephone and that solicitors could visit the campus when necessary, that solicitors contacted the service for information about children and also that children were facilitated to take legal proceedings themselves when they wished to.

One child's file contained records of keyworking sessions where there was discussion about reasons why they were in detention and future court dates.

Health and Safety and Premises

The design and layout of the campus was in line with the statement of purpose. There were nine residential units, comprising six recently-constructed modern units and three older units. Since the previous inspection, and as a result of a fire incident, one older unit had been demolished. Five of the newer units were in operation at the time of inspection.

There were adequate private and communal facilities for the children. Each child had their own bedroom and en-suite shower, toilet and wash-handbasin facility, with a privacy curtain available to screen the en-suite facility. Each child's bedroom was sparsely furnished and contained a bed and bedding and each child had access to a television in their room. Children also had adequate storage for their property and this was provided in locked cupboards on the bedroom corridors.

Each residential unit had a communal living room, a dining room, a kitchen and multi-purpose rooms with access to games consoles, television and table tennis. Children from each unit had access to a secure open air yard. Communal facilities on the campus also included an all-weather playing pitch, an indoor sports hall, gym facilities and games rooms. Inspectors found that these were all in good condition.

There was adequate lighting, ventilation and heating on campus at the time of inspection. Each area was well lit and ventilated. Bedroom windows were fitted with controls to adjust natural light and ventilation to suit the children's needs and each residential unit was laid out in a manner that maximised the availability of natural light and ventilation. In response to a problem of noise echoing in the newer units, acoustic panels were being fitted in each unit and inspectors found that, where they had been fitted, they were effective in reducing noise levels. There was a suitable heating system on campus and the heating equipment was serviced regularly.

Maintenance issues were managed by an on-site team and there was a system in place for staff to report maintenance issues but the response was not always timely. Staff who reported damage or faults were issued with a ticket or number but they were not given estimated timeframes for the repairs. A number of maintenance issues needed to be addressed at the time of inspection. For example, a fire-rated window in a multi-purpose room, which had been badly damaged, had been covered with panels of toughened plastic but not yet repaired. Staff told inspectors that this window had required repair for a number of months. Similarly, the wall surrounding this window had also been damaged and required repair. There was also damage to a wall surrounding a door to a dining room and damaged concrete, which posed a risk of injury to children, was exposed.

Maintenance staff told inspectors that maintenance work was carried out on a priority basis. They also told inspectors that one particular challenge was that all

doors within the new units were of varying sizes, causing significant delay when replacement of these doors was required. They told inspectors that a number of options were being explored to address this issue.

There was a safety policy and safety statement in place on the campus. The safety statement was dated December 2015 and was not up to date. Inspectors were shown a revised safety statement, which was in draft format and had not yet been finalised.

The campus and the activities carried out on campus were insured under the policies of the State Claims Agency.

Fire precautions

Inspectors reviewed the fire safety management practices in place, including the physical fire safety features of the units. Inspectors also examined documentation for maintenance, fire safety training of staff, evacuation procedures and programme of drills.

A range of fire precautions were in place on the campus and they were adequate. The fire safety policy in place had last been revised in December 2012. A comprehensive review of the fire safety policy had been carried out by a competent person in March 2017, immediately before the inspection. This review made several recommendations which were at discussion stage at the time of the inspection. Inspectors found that, if the recommendations were implemented, they would further improve the level of fire safety on the campus for children and staff.

The children's bedrooms were equipped with fire safety systems to ensure the safety of the child and staff in the event of a fire.

Each bedroom in the newer units was equipped with a water mist system designed to be activated automatically in the event of a fire. The system also included manual controls that could be used by staff if required. This was supplemented by a ventilation system in the bedroom corridors which would remove smoke, thereby assisting staff in the evacuation of children. Fire safety records showed that the water mist system was appropriately serviced.

In the older units, staff were provided with the means to fight fires manually using hose reels and fire extinguishers through access points directly into the bedrooms. Each bedroom was fitted with a smoke control system to remove smoke from the bedroom to assist staff to fight the fire and proceed with evacuation.

Inspectors found that each unit was laid out such that children and staff were provided with an adequate number of escape routes and fire exits and was constructed to prevent the movement of fire and smoke through the units.

Inspectors observed that the fire doors in the older units were not fitted with smoke seals and health and safety staff told inspectors that this was to assist the smoke control system within the bedrooms. There were also a number of fire doors within the newer units where door handles had been removed and this resulted in holes in the fire doors which would allow the penetration of smoke and fire to escape routes. While there was no immediate risk identified in relation to these issues, maintenance inspections of fire rated doors were not adequate to ensure they were fully functional and capable of performing as required to contain the spread of fire and smoke. This was brought to the attention of a staff member in the health and safety team and to senior managers.

Inspectors viewed the laundry facilities within each unit. The laundry equipment was housed in rooms which appeared to provide adequate measures for the containment of fire and smoke. Inspectors found a build-up of lint in the lint tray and noted there were no adequate checks in place to ensure that this did not happen. This presented a risk to children and staff. This was brought to the attention of staff in the units, to a staff member in the health and safety team and to senior managers.

Following an incident in one of the units, a designated exit door was damaged and required urgent repair. Due to the secure nature of the facility, the exit was required to be fixed shut from the opposite side of escape and this compromised one escape route from a bedroom corridor. A temporary risk assessment and a revised evacuation procedure were put in place until such time as the exit door was repaired. This was scheduled to happen within three days and the control measures in place were adequate.

There was an integrated fire detection and alarm system on the campus and there was adequate provision of emergency lighting and fire fighting equipment. Records showed that these were being serviced at the appropriate intervals. However, the inspection reports available for the emergency lighting system outlined details of work required to ensure compliance with the appropriate technical standard. The annual certificate for emergency lighting was not available to demonstrate that the system was compliant and there was no evidence presented to inspectors to show that the work had been carried out.

Signage, detailing the procedures for the safe evacuation of children and staff in the event of fire, was displayed within the staff office in each residential unit. However, in some units, it was not displayed in a prominent place.

Improvements had been made to the standard of fire safety training provided to staff since the previous inspection. Fire safety training consisted of a general course in fire safety, combined with unit-specific training which included guidance on the operation of the fire safety systems within the units. However, inspectors spoke to a number of staff in relation to fire precautions and procedures. Some staff members

gave inconsistent responses with regard to the procedure to be followed in the event of a fire. Inspectors found that improvements to the training schedule were required to ensure that all staff received comprehensive training in full at appropriate intervals.

Records showed that fire drill exercises were carried out within the residential units on a rotational basis. Each drill simulated varying scenarios, such as a kitchen/laundry fire, and was followed by a table talk exercise to determine how the drill went. Due to the secure nature of the campus, children did not participate in drill exercises.

Staff told inspectors that children were given information on fire evacuation when they were admitted to the campus and were subsequently given written information on this. This was in the form of a notice which was fixed to the inside of the door to each child's storage cupboard. However, the records of when the children were given the written information showed that some children were not provided with this for a number of weeks or months following their admission.

A fire safety register was maintained in each residential unit. The register detailed the types and frequency of fire checks to be carried out. There was evidence that regular checks, such as those on the means of escape, fire fighting equipment and fire alarm system were carried out. However, there were some gaps in routine entries to the register.

During discussions with health and safety staff members, inspectors were informed that the newer buildings on site were being audited with a view to providing an opinion on compliance as detailed in the fire safety policy for the campus.

Arrangements were in place for ongoing visits by the fire authority. Health and safety personnel told inspectors that a familiarisation visit had taken place within the 12 months prior to the inspection and the fire authority had attended a fire incident on the campus in the third quarter of 2016.

Security arrangements

Security was permanently controlled centrally from a control room located on campus. The administration of keys and security equipment was found to be appropriately managed.

Security throughout the units was provided by a combination of electronically controlled locks and manual key locks. In some instances, keys were colour coded to identify the purpose of the individual keys. Improvements were required in this regard as some staff members were not aware of the purpose of all keys and colour coding varied in some units. While inspectors moved through the units during the inspection they observed good practices as staff were consistently vigilant about

security as they locked and unlocked doors. In addition, movement through the campus was monitored and controlled centrally by security personnel and there were specific circulation points where access was required to be granted by security personnel.

Electronic locks were suitably safeguarded as staff could manually control the operation of the locks in the event of an emergency. This provided staff with the means to lock the doors and override the electronic lock where the security or safety of children or staff required it.

All staff members and visitors were provided with emergency pagers which were connected to the fire detection and alarm system. This meant that they would be made aware of a fire situation should one occur. On a previous inspection, staff had reported that the emergency pagers did not have coverage in all areas of the campus. Inspectors were informed that there was now coverage throughout the campus.

There was an effective system in place for children to summon help where required. Call bells were provided in bedrooms, protection rooms and multi-purpose rooms. Of the call bells tested, no faults were noted. Maintenance staff told inspectors that a service level agreement was in place for maintenance of the call bell system.

Theme 3: Health and Development

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

Inspection findings

Education

Education is a key component of the service provided to children while they are detained on the campus. The school is operated under the patronage of the Dublin and Dun Laoghaire Education and Training Board (DDLETB), and is subject to inspection by the Department of Education and Skills. At the time of inspection, all children on the campus were attending school.

The educational needs of children were assessed as part of the admissions process and a learning programme was developed for each child to cater for their individual needs. Particular attention was given to ensuring that key learning needs in literacy and numeracy were addressed.

Children told inspectors that they loved school and this was also reflected in a recent survey of children on the campus. A number of parents also told inspectors that they were very satisfied with the fact that their children, some of whom had not been attending school prior to their admission, were now attending school and were happy to do so.

Children had opportunities to undertake a broad range of subjects in school and were supported to sit state examinations when they wished to. Information provided to inspectors showed that 20 children had successfully undertaken the Junior Certificate examination in 2016 and that 74 children were awarded Quality and Qualifications Ireland (QQI) certificates. Inspectors were also told that a crime awareness programme was available to all children as part of their scheduled school timetable.

Teachers provided reports on children's educational progress as part of the placement planning process and there was evidence that the school principal was involved in efforts to secure a post-release school placement for at least one child.

There was good communication between teachers and residential care staff in regard to the children's day-to-day wellbeing. The school principal attended the morning handover and residential care staff received a handover from teachers after school each day. On some occasions when children were not attending school due to

behaviour difficulties, teachers visited the residential units to meet the children and staff and discuss the arrangements for the children's return to school. The school principal also attended a weekly meeting of senior campus managers and this ensured that relevant information was exchanged at managerial level.

The arrangements for children moving to and from the school continued to impact negatively on the duration of the school day and many children expressed the wish to have longer time in school. The campus director told inspectors that new residential accommodation was due to open shortly and this would allow for children subject to different categories of detention to be separated from one another. This, he said, should reduce the time required for children moving to and from school and should ensure that children had more time in school.

Health

There were a number of improvements in the provision of healthcare since the previous inspection. Dentistry and psychiatry services were now available to children on campus. A dentist and dental nurse provided a service to children one day per week in the dentistry suite on the campus. Medical records showed that the majority of children on campus had received dental examinations and treatment, and the nursing staff told inspectors that children who were committed to the campus were given priority and that not all children on remand had received a dental service at the time of inspection. A psychiatrist was also available on a weekly basis on campus. Nursing staff told inspectors that children who were referred for psychiatric assessment by the general practitioner (GP) were now assessed in a timely manner on campus and their need for medication that they were prescribed prior to their admission was reviewed.

A GP service was available on campus three days per week. There were three nurses employed on campus at the time of inspection. One nurse was appointed in February 2017 and another in March 2017. The clinical nurse manager told inspectors that there had been difficulties and delays in recruiting nurses. The campus director told inspectors that they were recruiting another nurse in order that an enhanced service to the children could be provided.

Records showed that all children received medical assessments on or shortly after their admission and any health issues that were identified were followed up by referral for specialist assessment and treatment if required. However, there were a number of occasions when children did not receive this service in a timely manner. For example, records showed that there was a delay in one child receiving hospital assessment and treatment for at least 19 hours when a nurse had recommended that the child needed to be brought to hospital. Records showed that the child's wound could not be stitched on the following day due to the delay in the child's attendance at hospital. A second child, who had complained of a wrist injury on

admission, did not receive a hospital x-ray and examination for a number of weeks following admission as it was deemed a risk for the child to leave the campus.

Staff told inspectors that they received training in first aid but that this was limited to training in cardio-pulmonary resuscitation (CPR), use of the defibrillator and the management of choking. First aid training on the campus did not include the management of burns, scalds, wounds, bleeding, shock and injuries to bones, joints and soft tissue. Prior to the recruitment of extra nurses, nursing cover was not available at all times on campus and staff on the units were the first responders to all incidents. The campus director told inspectors that, when a fourth nurse was recruited, it would be possible to provide a nursing service from 8am to 9pm each day from Monday to Friday and for a substantial number of hours on both Saturdays and Sundays. A nursing service was provided during the weekend prior to the inspection and a unit manager told inspectors that this was a positive development. However, nursing staff told inspectors that it would not be possible to provide a similar service on the following weekend due to the shortage of nursing staff.

There were appropriate leisure and recreational facilities available for the children. These included access to an exercise yard where football was played and a gym. Table tennis tables were also provided on the units. Staff encouraged children to take part in these activities. Children also had access to a range of board games, to television and to video games on the units. Smoking was prohibited and actively discouraged on campus. One of the nurses told inspectors that health promotion had not been prioritized due to a shortage of nursing staff during the 12 months prior to inspection and the medical files seen by inspectors contained no evidence of advice to children on health information, such as information on diet, exercise, sexual health and smoking cessation. However, some children did receive support from an external agency in relation to substance misuse.

Medical records were maintained for each of the children on campus. Inspectors reviewed a number of medical records and found that they were well maintained. There were some gaps in information for some children and records such as vaccination histories and medical card details were not always evident. This was particularly the case in relation to children on remand. There was evidence, however, that admissions personnel tried to obtain these records by contacting parents and social workers for additional information. The medical records also contained signed consent forms. There was evidence that, when children were of appropriate age, they could choose to refuse medication or medical treatment.

Medicines Management

A revised medicines management policy, dated January 2016, had been put in place since the previous inspection. The policy outlined the principles underpinning medicines management, consent for administration of medicine, confidentiality of medication administration records, documentation and the responsibilities of various grades of staff. The policy was augmented by a number of standard operating procedures which covered all aspects of the medicines management cycle.

However, nursing staff told inspectors that medicines administration practices on the campus were largely unchanged since the previous inspection. The residential care staff on the units continued to administer medicines to children but training on the safe administration of medicines had not been provided to these staff. There was a plan for nursing staff to take full responsibility for the administration of medicines but, due to a shortage of nursing staff and delays in recruitment during the 12 months prior to the inspection, this had not yet been implemented.

Inspectors found that some medicines management practices were unsafe. For example, the measures in place to safeguard a child in relation to the safe administration of a prescribed medicine were inadequate. The medicine was to be administered immediately by residential care staff if the child required emergency treatment in the absence of a nurse on campus. However, the residential care staff had not been trained in how to administer this medication. In addition, inspectors found that there were inadequate measures in place to ensure that medicines were stored securely at all times. The campus director was made aware of these issues on the first day of the inspection and was requested to provide a written assurance that the issues would be addressed immediately. The campus director provided a written response within the specified timeframe and the response addressed the concerns in a satisfactory way. This information was shared with staff at all levels across the campus and inspectors observed that the new controls were implemented throughout the remainder of the inspection.

An inspector reviewed medication prescription and administration records in each of the residential units. All the records reviewed contained some gaps where records, which should have shown that medicines were administered as prescribed, were left blank. The medicines included antibiotics, pain relief and allergy treatment. The inspector saw two examples where medicine was administered for two days after it had been discontinued by the prescriber. Failure to adminster medicines as prescribed placed children at risk.

In addition, the time of administration of medicines was not always clear and the signature bank, which was used to match a staff member's signature with their name, was not complete in a number of records. When non-prescription medicines

were administered, the strength of the dose administered was not consistently documented.

A nurse told the inspector that a medicine requiring additional controls was in use at the time of the inspection. Some controls had been implemented to provide additional security for this medicine. However, the measures in place were not adequate to ensure a robust chain of custody for this medicine, in line with guidance issued by An Bord Altranais agus Cnáimhseachais.

There was a system in place for the review and monitoring of medicines management practices but it was not effective. A nurse told inspectors that weekly audits of medication administration records were undertaken by nursing staff and action plans were developed to address the issues that arose. Inspectors viewed the report of a recently undertaken audit, the findings of which were similar to the findings of the previous inspection. The audit action plans were not sufficient to address the deficits in medicines management.

Theme 4: Leadership, Governance and Management

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

Inspection findings

Statement of Purpose

There was a draft statement of purpose in place at the time of inspection. The campus director told inspectors that a ministerial order, which would impact significantly on the role of the campus, was expected shortly after the inspection and that the statement of purpose would be finalised following this. This change, which allowed for boys up to the age of 18 years to be detained on the campus, came into effect after the inspection.

A new statement of purpose and function was approved by the Board of Management in April 2017 and submitted to HIQA prior to the completion of this report. It described the purpose of the campus, the cohort of children that could be accommodated there and its role in relation to the courts. The key objectives were described as the provision of appropriate residential care, educational and training programmes and facilities for young people referred to them by the courts. It described the multi-agency response provided to young people's care needs and the role of placement planning in preparing young people for the future. It also referred to making available the resources, including staff resources, and the programmes to be provided to young people.

The campus director told inspectors that key stakeholders had been consulted during the 12 months prior to the inspection. This included a survey of the children on campus and consultation with agencies providing a range of services to the children. This was confirmed by representatives of these agencies.

The main components of the statement of purpose were set out in an accessible way on the website of the campus. The service provided on the campus was in line with the statement of purpose although not all components of the service outlined in the statement were fully developed at the time of inspection.

Management structures and systems

A new board of management was in place since 1 June 2016. The board met monthly since its inception and had also met on an emergency basis when required. The agenda items for meetings covered all aspects of the operation of the campus and showed that the board was fully briefed and interrogated data on issues such as restraints and single separation. The chair told inspectors that every decision of the board was aimed at improving the well being of the children in their care and that her core mission as chair was to ensure that children's rights are respected and promoted. The chair told inspectors that one of the main challenges was to oversee a process of change on the campus. The board had engaged professional expertise to assist in putting robust governance structures in place and had begun the process of developing a three-year operational stategy for the campus. The board had established three sub-committees: governance, human resources, and finance, risk and audit, each of which had terms of reference and a programme of work. The board was accountable to the Minister for Children and Youth Affairs.

The campus director was an experienced manager who was in post for over three years. He was familiar with all aspects of the service provided and demonstrated leadership in a number of ways. For example, he chaired weekly meetings of the senior management team and ensured that each of the projects to manage change on the campus had a lead manager and an implementation schedule, and that timescales for these projects were regularly reviewed with regard to their progress. He took on the lead role for several of these projects and arranged the involvement of external professionals when required. He negotiated service level agreements with several external providers. He also ensured that the management structures were improved and that increased support was provided to unit managers by putting in place deputy directors with direct responsibility for their supervision and support.

The campus director was accountable to the board and presented a report to the board at each of their meetings. He was also responsible for ensuring that significant events on the campus were notified to the IYJS. Inspectors reviewed the notifications made to the IYJS. There were 56 such notifications in 2016. Inspectors reviewed these and found that they were appropriate and timely. The Child Welfare Advisor of the IYJS told inspectors that he received verbal notifications in a timely manner and that these were followed by written notifications which contained more detail.

The campus director was supported by a senior management team that included three deputy directors with distinct areas of responsibility and the managers of human resources, facilities, and the head of change management. The campus director received professional support and provided supervision to the deputy directors. All managers had received training in supervision and a new system of

formal recording of supervision for managers was being implemented at the time of inspection.

Communication

Improved communications systems had been put in place on the campus but further improvement was required. The chair of the board told inspectors that she had twice daily contact with the campus director and was kept informed of all high-level incidents. The chair provided a weekly written briefing to board members and also prepared a regular briefing for staff, copies of which were seen by inspectors on staff notice boards in the units.

There was an effective system in place for information to be exchanged at morning and evening handover meetings. There were also weekly meetings of managers and staff at all levels. Inspectors observed several of these meetings, some of which involved both senior managers and unit managers which meant that decisions by senior managers could be communicated in person and that senior managers were made aware of any issues arising in the residential units. Unit managers held team meetings on their own units, which focussed mainly on the needs of the children but also included other issues of relevance to staff. Records of team meetings in several of the units inspected showed that team meetings were held every two to three weeks on average in the months prior to the inspection.

However, although training records showed that the majority of staff had been involved in briefings on the change process, some staff told inspectors that they did not understand why some changes had been made on campus and felt that this was not communicated to them by managers. While staff had access to an internal email system, some staff told inspectors that they were not able to use the system and some external professionals told inspectors that communication with campus staff could be improved if they used email. Inspectors found that communication from senior managers regarding decisions on whether children could have mobilities or not could also be improved as some children and staff told inspectors that they did not know the reasons behind decisions to refuse a child mobilities.

Administrative files

The campus director told inspectors that electronic recording systems were being developed at the time of inspection. Such systems had already been developed for the human resources function and were operational. However, systems to support the care and residential work on the campus had not yet been fully developed and this meant that the recording systems continued to be fragmented.

Recording on children's files required improvement. Some files on the units contained copies of all the placement plans for the children while others did not. Inspectors viewed the team meeting minutes in a number of units and found that no specific actions were recorded and tasks assigned on several minutes. A number of audit sheets seen by inspectors highlighted issues such as absence of staff signatures, information not being properly recorded and mixed quality records of key working with children.

Finances

There were financial systems in place and the accounts of the campus were subject to audit. The campus director told inspectors that, at the time of inspection, a national body, whose mission is to is to provide independent assurance that public funds and resources are used in accordance with the law, managed to good effect and properly accounted for, was conducting a review of the financial systems of the campus and that their recommendations were in the process of being implemented so that the campus would be in line with all recommendations from this body by June 2017. This would ensure that both pay and non-pay expenditure on the campus would be clearly set out and allow for more transparency regarding the complete budget for the service.

Resources

The resources available to the campus were kept under review and managed effectively. Measures had been taken since the previous inspection to provide new resources in response to identified needs. Managers had also identified the need for further improvement.

A number of changes had been made in the 12 months prior to the inspection to strengthen the management of the service. This involved the appointment of two new deputy directors with responsibility for care and for residential services, respectively, and plans to recruit another deputy director with responsibility for risk management. The campus had also established a human resources department to ensure that the campus could manage its workforce more effectively and to conduct recruitment campaigns more efficiently.

New resources had been committed to the provision of care to the children since the previous inspection. This included the provision of both a dentistry service and a psychiatric service on-site.

Managers had identified that further development was required. For example, plans were well advanced for the physical separation of children on remand and children who were committed. There were plans to expand the advocacy service available to children and managers were in negotiation with a voluntary organisation about this.

There were also plans to ensure greater availability of the clinical nurse manager service, which would also include all administration of medication to children.

Risk Management

Managing risk was one of the main responsibilities of the managers and staff on the campus and inspectors found that risk was generally well managed.

There were various fora in place for reporting risk such as a regular morning meeting when all accidents or incidents that had occurred during the previous day were reported. There was also evidence that, when incidents and accidents occurred, these were reviewed and the learning from the reviews was implemented.

Staff were involved in the day-to-day management of risk with regard to individual children. This was evident in the residential units where staff ensured that children with particular vulnerabilities were protected and various preventative measures were used to mitigate risks. Staff told inspectors that risk assessments were undertaken in relation to the behaviour of children and their participation in various activities but evidence that these risk assessments were carried out was not always contained in the children's files.

There was a campus risk register which was comprehensive and up to date. Risks to the overall service were identified and risk–rated. Controls to mitigate the risks were outlined and the risks were reviewed to ensure that the controls were effective and that the risks were being managed. The risks included in the risk register were categorised by incident type, including those relating to the safety and wellbeing of children, and by category, such as operational or financial. The risks were rated using a calculation based on the likelihood of their occurrence and the severity of their impact.

The chair of the board told inspectors that the board had established a sub-committee on finance, risk, and audit. Since the sub-committee had only been recently established it was too soon to see the benefits of their work. The campus director told inspectors that the management of the service had recognised that there was a need for a manager with expertise in risk management and that they were in the process of recruiting a new deputy director who had substantial experience in managing risk but this person had not yet taken up their post.

There was a policy on grading and notifying incidents but there was no comprehensive risk management policy and procedures to provide guidance for staff and managers.

Following a series of incidents in 2016 and the threat of industrial action by staff, senior managers considered various scenarios that present on campus and they developed a comprehensive contingency plan to ensure that the campus could continue to operate in an emergency situation. This involved putting protocols in place with other agencies of the state.

Monitoring

A number of external reviews had been commissioned during the 12 months prior to the inspection. These included reviews of the following: fire safety policy; health and safety; security; and an review of the operation of the campus against international standards. A review of the management of behaviour was not yet concluded at the time of inspection. Inspectors were provided with copies of several of the reviews that had been completed and each contained a set of recommendations. The chair of the board told inspectors that the board was committed to the implementation of these recommendations and that the Minister had established an implementation group, chaired by the chair of the board of management, whose remit was to develop a comprehensive plan for the implementation all of the recommendations and to oversee their implementation. This group had met for the first time immediately before the inspection and its work had not progressed to the point where inspectors could comment on its effectiveness.

There was evidence that a process of internal auditing had begun but inspectors found that this process was slow and was not supported at the time of inspection by an electronic form of recording. One of the deputy directors had a remit for auditing and inspectors saw evidence that audits had been carried out on a sample of care files of children on the residential units. The deputy director told inspectors that phase two of this process involved a thematic analysis of the overall findings and that this phase was underway at present. As there was no system of electronic recording for residential care staff, the care files were on paper and this meant that the auditing of the files and analysis of the findings was slow and cumbersome and it would be a considerable time before any learning from this could be disemminated to the staff. The deputy director told inspectors that it was planned to audit other records such as medical records as well.

The campus director told inspectors that, as part of the operational review referred to above, a voluntary organisation that provides advocacy services to children was commissioned to undertake a survey of all the children on the campus. Inspectors viewed the results of the survey which was wide-ranging. The campus director told inspectors that managers were considering the possibility of repeating this survey on an annual basis.

The campus was using the National Incident Management Systems (NIMS) at the time of inspection. Campus staff were able to use this system to generate reports on accidents and incidents and this provided useful information to managers on issues such as trends, frequency of incidents and areas of highest risk. This assisted managers in being proactive in managing risk.

Sufficient staff and skill mix

There were sufficient staff in place to provide a safe service at the time of inspection. Recruitment campaigns had brought in additional numbers of qualified staff and the campus was not operating at full capacity in terms of the number of children who could be accommodated. This meant that there were more staff available than the necessary 15 staff per residential unit and this allowed for training to take place while the units were fully staffed. Staff told inspectors that there were sufficient staff numbers and that this had a positive effect on the atmosphere in the units. Data provided to inspectors showed that a further 23 residential care staff were required if the campus was operating at full capacity. At the time of inspection, there were nine agency staff in use and this included both residential and administrative staff.

There was an appropriate mix of skills and experience among the staff team. Inspectors interviewed some staff who had worked in the service for over 10 years and others who were in their first year of work there. This mix of experience and skill in the overall staff team was also reflected in the residential units. A new database system had been implemented two weeks prior to the inspection and this that allowed managers to have greater control in ensuring that there was consistency of staffing in the units. Inspectors found that systems were in place to ensure that the human resources department had up-to-date information on staffing levels in each unit on a daily basis.

Data provided to inspectors showed a high absenteeism rate among staff at 12.48%. The human resources manager told inspectors that the new system used by the human resources department meant that it was now easier to collate data on the absences of individual staff due to annual leave, time off in lieu and training and that absenteeism rates were being addressed in back to work interviews.

The campus director told inspectors that there had been changes in unit management personnel since the previous inspection. A number of managers had retired and new managers were appointed. Inspectors found that several of the unit managers they interviewed had been in post since mid-to-late 2016. There was no formal internal management development programme in place for managers on the campus. However, a number of unit managers interviewed by inspectors had degrees and post-graduate qualifications in areas such as management, and

criminology. Managers were experienced and several had managed other units on the campus previously.

The campus director told inspectors that sanction had been given for the introduction of a new grade of staff (team leader) in each of the residential units and that discussions were taking place with staff unions in relation to its introduction. This staff member would have a coordinating role and take responsibility for improving records on the unit.

Recruitment

The human resources department had further developed since the previous inspection. This was led by a human resources manager and comprised six staff in total. This meant that recruitment for the campus could be organised and managed internally. A senior manager involved in setting up the human resources department told inspectors that, as part of the establishment of the human resources function, managers were provided with training in competency-based interviewing. Inspectors found that the human resources department was efficient and effective.

A review of personnel files showed that recruitment was in accordance with legislation, standards and policies. During the 12 months following the previous inspection, eight recruitment campaigns were held for a range of staff, including residential care workers, unit managers, clinical nurse managers, night supervisory officers and general operatives. These campaigns resulted in the appointment of 48 new staff. Two deputy directors were also recruited during that time. The human resources department ensured that all necessary criteria were met and that the required documentation was in place before appointments were made. Inspectors reviewed a sample of 18 personnel files and found that all staff were subject to Garda Síochána (police) vetting. There was evidence that, if issues of concern arose with regard to the applications by prospective employees, the campus director and the board of management were made aware and informed decisions were made with regard to these applications.

At the time of inspection, a comprehensive induction process was in place for all new staff. This address areas such as safeguarding, managing behaviour and the policy on single separation, health and safety, security, manual handling, basic first aid, supervision, and work practices. External advocates were also invited in to make new staff aware of their work with children and of the role that staff played in this. Managers told inspectors that a new staff handbook was also being developed at the time of inspection.

The human resources manager told inspectors that, in addition to the induction programme, the campus operated a "buddy system" for 12 weeks during the staff member's probation period and that the new employee had to demonstrate an

understanding of the policies and procedures by applying them in practice. The unit managers had a role in ensuring that this took place. There was evidence that reviews of new staff members' performance took place during their probationary period.

Supervision and support

Not all staff were provided with regular formal supervision and, when supervision was carried out, the supervision records were generally not of good quality.

Data provided to inspectors showed that 71% of staff had participated in supervision training. Some managers told inspectors that they did not have training but rather received a talk on supervision and that this was not adequate. The provision of formal regular supervision varied from unit to unit. For example, on one unit, inspectors viewed the supervision records of four staff. The records showed that supervision was provided every two to three months since a new unit manager had come into post during the 12 months since the previous inspection. The supervision records were not detailed but did show that supervision sessions addressed issues such as keyworking of children, staff training and issues that affected the smooth operation of the unit. In another unit, staff were not receiving regular supervision. Records were incomplete and were not comprehensive. Actions arising from supervision were not specific and did not always have timeframes for completion.

There was no formal performance management system in place and the professional development needs of staff were not addressed in supervision. Senior managers told inspectors that such a system was planned and that training for this would begin in April 2017. There was evidence that both staff and managers were held accountable for their actions. Managers ensured that disciplinary action was taken against staff when required. When managers were subject of allegations, the board ensured that these were investigated appropriately and that appropriate disciplinary action could be taken when necessary.

A system of critical incident stress debriefing had been introduced since the previous inspection to provide further support for staff. A number of staff had received training in relation to this and managers told that 23 staff were due to graduate from the peer support programme accredited by a third level college.

The human resources manager told inspectors that the campus had a dedicated budget for the further education of staff and that 30 applications had been approved for this purpose.

Training

A rolling programme of training was in place to support staff to carry out their duties and update their skills and knowledge. However, no overall training needs analysis had been carried out and there were no systems in place at the time of inspection to ensure that all staff attended training that was offered to them.

Inspectors found that there was a commitment to training on the campus. There was a fulltime training officer in post and a strategic plan for training and development was put in place in January 2016. However, there was no overall training needs analysis which looked at the skills of the current staff group, and gaps in skills and core training.

There was a training implementation plan for the campus with modules scheduled for specific times through the year. Inspectors observed that training was taking place at the time of inspection. Many staff confirmed to inspectors that they had undertaken various training modules during the 12 months prior to the inspection.

Data provided to inspectors showed that a higher percentage of staff had received up-to-date training in several core modules, such as child protection and safeguarding, managing behaviour and fire safety, than at the time of the previous inspection. This is represented in the table below:

	Percentage of Staff with up-to-date training	
Training Module	**Inspection November 2015**	**Inspection March 2017**
Fire Safety	31%	73%
Managing Behaviour	51%	95%
Crisis Prevention & Intervention	51%	85%
Child Protection & Safeguarding	68%	88%
First Aid	27%	48%
Manual Handling	49%	53%
National Incident Management System	55% of managers	91%
Medication Management	0%	Nursing Staff

While the recently-introduced electronic system for human resources had the capacity to store training records for each staff member and to generate reports on training, the training records for staff had not yet been uploaded. Therefore, at the time of inspection, the training section did not have a system to analyse the individual training records of workers and were unable to confirm what training was outstanding for particular staff.

While managers acknowledged that further improvement was necessary in the area of training, they told inspectors that there had been a huge commitment to training in core modules on campus and that resources had also been committed to training

in areas such as change management and critical incident stress management (peer support).

Acknowledgements

The Authority wishes to acknowledge the cooperation of the children, parents/guardians, the chairperson of the board of management, the Irish Youth Justice Service (IYJS), the campus director, staff and other professionals who participated in this inspection.

Appendix 1

Standards and Criteria for Children Detention Schools
Theme 1: Child Centred Services
Standard 4: Children's Rights Children receive care in a manner which safeguards their rights and actively promotes their welfare. The practices of the centre should promote the additional rights afforded to children living away from home.
Theme 2: Safe and Effective Services
Standard 2: Care of Children Children are cared for by staff to whom they can relate effectively. Day-to-day care is of good quality and provided in a way which takes account of their individual needs without discrimination. The quality of care provided will be equivalent to that which would be expected of a good parent/guardian. Children are rewarded for the achievement of acceptable behaviour and measures of control must be expressly designed to help and not to punish the children.
Standard 3: Child Protection Children in the school shall be protected from abuse[1] and there are systems in place to ensure such protection. In particular, staff members are aware of and implement practices, which are designed to safeguard children in their care.
Standard 5: Planning for Children The school has a written care plan for each child entering its care. The plan is developed in consultation with parents/guardians and the child concerned and is subject to regular review. The plan stresses the need for regular contact with family and prepares the child for leaving care. The plan promotes the general welfare of the child including appropriate provision to meet his/her educational, health, emotional and psychological needs. The experience of children is enhanced by positive working relationships between professionals.
Standard 9: Premises, Safety and Security The school is located in premises which are suitable, safe and secure for the purpose of providing residential care to children.

[1] Physical Abuse, Sexual Abuse, Emotional Abuse & Neglect as defined in the Department of Health' publication – Notification of Suspected Cases of Child Abuse between Health Boards and Gardaí, April 1995.

Standard 10: Dealing with Offending Behaviour Individual offending behaviour programmes consistent with the child's assessed needs, are in place. There are mechanisms in place to develop, monitor and evaluate the effectiveness of offending behaviour programmes.
Theme 3: Health and Development
Standard 7: Education Education is recognised as an important factor in the lives of children in detention. Each child has a right to receive an appropriate education, which is actively promoted and supported by those with responsibility for the care of the child.
Standard 8: Health Health Care is an essential element in the arrangements for the care of children. Each child has a right to receive appropriate health care and advice. Healthy lifestyles are promoted.
Theme 4: Leadership, Governance & Management
Standard 1: Purpose and Function The centre has a written statement of purpose and function which accurately describes what it sets out to do for children[2], the manner in which care is provided, and how this relates to the overall service provided for children as a whole. The statement takes account of relevant legislation and policies of the Irish Youth Justice Service and other agencies, where relevant; and best practice in the care of children.
Standard 6: Staffing and Management Staff in the school shall be organised and managed in a manner designed to deliver the best possible care and protection for children in an efficient and effective manner.

[2] The term "children" is used throughout to generically denote children, children and young adults.

Action Plan

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

Provider's response to Inspection Report No:	MON - 0019229
Name of Service Area:	Oberstown Children Detention Campus
Detention School ID:	OSV-0004225
Date of inspection:	27-30 March 2017
Date of response:	7 July 2017

These requirements set out the actions that should be taken to meet the *Standards and Criteria for Children Detention Schools.*

Theme 1: Child Centred Services
Standard 4 Children's Rights **Moderate non-compliance**
The provider is failing to meet the National Standards in the following respect: There was no information booklet for children. Children's choices were limited by the system used for managing their monies. There were no overall records of the outcome of complaints and whether or not the children making the complaints were satisfied with the outcomes. Neither was there any overall analysis of complaints. The complaints officer did not have the capacity to deal adequately with the volume of complaints made. Action required: Under **Standard 4** you are required to ensure that: Young people receive care in a manner which safeguards their rights and actively promotes their welfare. The practices of the centre should promote the additional rights afforded to young people living away from home. **Please state the actions you have taken or are planning to take:** Giving further weight to the views of young people in decision-making is a priority for the Campus, in line with national policy, and a range of measures are in place to ensure young people's access to complaints and advocacy services is more effective. In addition to Campus-based actions, we are also engaging with external parties – including the Ombudsman for Children and EPIC – to this end. With respect to the Standards above, a process to undertake consultation with young people to draft a booklet for young people has been established. An external agency is supporting the process to ensure young people's views are included. This process will be completed in Q3 2017 and the Deputy Director with responsibility for Care Services is the designated person with the responsibility to progress this action. A system has been introduced across the Campus to ensure young people have ability to purchase items while been mindful of the limitations on young people to leave the campus due to legal requirements. This purchase system also has been introduced to adhere to best financial expenditure accountability practices. This system allows young people to make online and other purchases from their pocket money. Young people have access to cash as required if the option of purchase through this system is not possible. This option is in place since Q2 2017.

A review by the Campus Finance Office in Q1 2017 has identified that user errors accounted for difficulty in use of the purchase system during the first four months of the new system been introduced. One to one coaching and support from the Finance Office has been given to campus staff in Q2 2017 so that they can support young people to use this system. This allows for greater choices be available to young people to purchase items. Bi- monthly meetings with the Finance Office and Deputy Director of Residential Services and Chief Operations Officer are ongoing to continue to support and identify areas of choice in spending. A review of the complaints procedures was undertaken in Q2 2017 by the Deputy Director for Care Services and the Designated Liaison Officer. Procedures have been amended on an interim basis to ensure that young people receive feedback on the outcome of their complaints and that records are maintained reflecting this process. Consultation with young people in Q3/4 2017 will inform procedures to be established in Q4 2017.	
Proposed timescale: **End Q4 2017**	**Person responsible:** **Deputy Director for Care Services**

Theme 2: Safe and Effective Services
Standard 2 Care of Children **Major non-compliance**
The provider is failing to meet the National Standards in the following respect: The care files of children from ethnic minority groups did not always show how the children's cultural needs were met. There was a lack of choice with regard to the food provided to children. The model of managing behaviour did not fully meet the needs of children or staff. Not all staff adhered to behaviour management policies. Some individual crisis management plans were not of good quality. Some children spent long periods of time in single separation and the reasons for this were not always clearly recorded. Records did not show that restrictive practices such as single separation were used as a last resort. Authorisations for the use of single separation and for the extension of its use were not always completed in line with policy. Records of restraint did not always describe the type of restraint used. Action required: Under **Standard 2** you are required to ensure that: Young people are cared for by staff to whom they can relate effectively. Day-to-day care is of good quality and provided in a way that takes account of their individual needs without discrimination. The quality of care provided will be equivalent to that which would be expected of a good parent/guardian. Young people are rewarded for the achievement of acceptable behaviour and measures of control must be expressly designed to help and not to punish the young people. **Please state the actions you have taken or are planning to take:** We are pleased that HIQA has found some improvements in the care provided to young people on Campus although clearly some challenges remain in ensuring that this care is to

a consistently high standard. Our Action Plan, adopted in January 2017, identifies providing the best possible care to young people as our first priority and this has enabled us to focus systematically on the measures required to implement this goal. A series of actions are already underway and planned to ensure that improvement continue in this area and these include the following:

An audit of files maintained on young people in the residential units by care staff was undertaken in Q1 2017 by the Deputy Director of Care Services. The residential units' managers and the Deputy Director for Residential Services considered the findings of the audit. The requirement to ensure that files reflect how cultural needs are met was clarified and specific reference will be included in the scheduled placement planning meetings held on each young person. Specific focus on care records with Unit Managers regarding records management throughout Q 2, 3 & 4 2017 by Deputy Director for Care Services has been established. Scheduled file reviews are planned for Q3 and Q4 2017.

The campus catering manager engages directly with young people regarding dietary requests. A review of this consultation was undertaken in Q2 2017 and a system has been established to ensure there is fortnightly consultation with young people on the campus on choices of food.

A formal record of consultation is now maintained since Q2 2017 to ensure young people's views are collated, responded to and outcomes available for review. The Logistics Manager holds responsibility for this action and will review quarterly with the Catering Manager.

A review of the approach to behaviour management on Campus was commissioned by the Director in Q4 2016 and initiated in Q1 2017. The review is due to be completed in Q2 2017. The recommendations of the review will be considered in Q3 2017 and the relevant actions progressed with responsibility held by the Chief Operations Manager for these actions. A Review Implementation Group established by the Minister for Children and Youth Affairs in Q 1 2017, chaired by the Oberstown Campus Chair of the Board of Management, will also provide oversight on the implementation of these recommendations.

External professional support was put in place in Q1 2017 to develop the capacity of Unit managers to supervise staff in light of the fact that the adherence by all staff to Campus procedures was identified as requiring improvement. A review of the care and operational procedures was initiated in Q1 2017 by the Deputy Director of Care Services and a consultation process on procedures is underway. Draft suites of operational procedures are in development and these are due to be implemented in Q3 2017.
Performance Management Development System (PMDS) has been introduced in Q2 2017 for all senior and middle managers and this includes the need to ensure that policies and

procedures are adhered to by all staff on campus. The Chief Operations Manager has responsibility for the implementation of the PMDS for the residential care services. A review of the implementation of PMDS is scheduled for Q3 and Q4 2017 by the Director.

A review of the individual crisis management system has been established by the Deputy Director for Care Services in Q1 2017. A training plan is under development and due to be completed in Q 3 2017. The audit on care files undertaken by the Deputy Director for Care Services identified areas of improvements and the Deputy Director for Residential Services is responsible for practice improvements in providing written crisis management plans.

The use of single separation is under continuous review by management and the Board and a range of measures are being taken to address this issue. The Campus policy on single separation was revised in Q1 2017 and approved by the Board in Q2 2017, following the adoption of a new national policy in this area. The procedure of placing young people in single separation was reviewed as part of the procedures review for all residential units undertaken by the Deputy Director for Care Services. Further amendments were identified to ensure best practices and these will implemented in Q3 2017. A process to ensure that Unit managers monitor single separation records was established by the Deputy Director for Care Services and implementation of this process is the responsibility of the Deputy Director for Residential Services.

Records on the use of restrictive practices, extension of single separation and types of restraint used has been further informed by an audit review undertaken by the Deputy Director for Care Services. Direction has been provided to all unit managers at unit managers meetings on the requirements to ensure that all staff comply with campus procedures and policies. Further monitoring of the records will be undertaken by all Deputy Directors and specific audits are scheduled for Q3 and Q4 2017. Enhanced arrangements are now in place to enable access to senior management decision-making on a 24/7 basis. More generally, restrictive practices are being addressed via the Review Implementation Group.

Proposed timescale: **End Q4 2017**	**Person responsible:** **Chief Operations Manager,** **Deputy Director for Care Services** **Deputy Director for Residential Services** **Director Logistics Manager**

Standard 3 Child Protection **Moderate non-compliance**	
The provider is failing to meet the National Standards in the following respect: Not all staff were trained in Children First: National Guidance on the Protection and Welfare of Children (2011). Action required: Under **Standard 3** you are required to ensure that: Young people in the school shall be protected from abuse and there are systems in place to ensure such protection. In particular, staff members are aware of and implement practices that are designed to safeguard young people in their care. **Please state the actions you have taken or are planning to take:** Over the past two years, significant improvements have been made in the provision of training to all staff on the campus. The inspection report has identified these improvements citing significant increase in the amount of staff who have been trained in many areas. As part of the ongoing training schedule the Designated Liaison Person and the Training Office plan to establish a schedule of training and refresher training in child protection and safeguarding by Q3 2017 for all staff to be completed in Q4 2017. The Deputy Director for Care Services will have oversight for the delivery of this action.	
Proposed timescale: **End Q4 2017**	**Person responsible:** **Deputy Director for Care Services**

Standard 5 Planning for Children
Moderate non-compliance

The provider is failing to meet the National Standards in the following respect:

Not all children had placement plans.

Children's needs were not always clearly identified and appropriate plans were not always in place to meet their needs.

The supports requested by children to support them on their discharge were not always provided .

Action required:

Under **Standard 5** you are required to ensure that:
The school has a written care plan for each young person entering its care. The plan is developed in consultation with parents/guardians and the young person concerned and is subject to regular review. The plan stresses the need for regular contact with family and prepares the young person for leaving care. The plan promotes the general welfare of the young person including appropriate provision to meet his/her educational, health, emotional and psychological needs. The experience of young people is enhanced by positive working relationships between professionals.

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

The Oberstown Action Plan 2017 approved by the Board in January 2017 specifies providing the best possible care as the first priority and ensuring that young people have up to date placement plans is a key part of the approach under the CEHOP framework. Concerted effort, led by the Deputy Director for Care Services, is underway to improve the quality of care planning through a series of actions referenced below. All young people on campus will have an up to date placement plan by end of Q 3 2017 in line with campus procedures.

From Q1 2017 all placement plans are now organised through a central point incorporating the schedule of meetings and these are recorded centrally. The Head of Care has responsibility to chair all placement planning meetings to ensure a consistent and informed approach. Oversight of this process is provided by the Deputy Director for Care Services.

Weekly audit on compliance with the placement planning meetings requirements are provided by the Head of Care and reviewed the Campus Senior Management Team. This information is shared electronically with all Unit Managers to aid follow up on practice

issues and these are further discussed at the unit managers meetings chaired by the Deputy Director for Residential Services.

Staff Supervision by Unit Managers with their staff includes a focus on placement planning meetings. The Deputy Director for Residential Services has responsibility to ensure unit managers comply with placement planning requirements. Placement Planning Meeting records are available electronically and maintained on each young person's file. Compliance with the placement planning system is a goal of the performance management development system for Unit managers and for care staff as the performance management development system is rolled out in 2018 for all.

The quality of the placement plans to ensure that the needs of young people are clearly identified and appropriate and these are under review by the Head of Care and the Deputy Director for Care Services. Improvements from this review of the records will be implemented in Q3 2017.

The requests made by young people to support them on discharge is not always deliverable by the campus as aspects of these supports are not within the scope of the Oberstown service. However, as part of the placement plan meeting process, which addressed the discharge / release, planning for young people records will set out the approaches undertaken to secure the supports from service outside of the scope of Oberstown. The Head of Care will ensure that records reflect these actions. Compliance with placement planning procedures will ensure that the supports necessary will be identified and actions agreed. The Deputy Director for Care Services will review compliance with these developments in Q 4 2017.

Proposed timescale: **End Q4 2017**	**Person responsible:** **Deputy Director for Care Services** **Head of Care** **Deputy Director Residential Services.**

Standard 9 Premises, Safety and Security
Moderate non-compliance

The provider is failing to meet the National Standards in the following respect:

Appropriate annual inspection and testing certificates were not available to demonstrate that the emergency lighting system was in compliance with the appropriate standard.

Although a review of the fire safety policy had taken place, this was in draft format and the fire safety policy in place was dated December 2012.

Required maintenance to the fabric of the building in some units was not attended to in a timely fashion.

There was an ongoing issue identified, where doors within the new units were of varying sizes causing significant delay for their replacement.

There was no record of regular maintenance inspections of fire doors to ensure they were fully functional and capable of preventing the spread of fire and smoke.

There was an accumulation of lint in the lint tray of most dryers with no adequate checks in place to prevent this.

Staff were found to have inconsistent responses with regard to the procedure to be followed in the event of a fire.

Records at unit level indicated that fire evacuation information was not provided to some children for a number of weeks or months following their admission.

There were gaps noted in the routine entries of fire safety registers within some units.

The colour coding of keys was not consistent in each unit and some staff could not identify the use of each key.

Action required:
Under **Standard 9** you are required to ensure that:
The school is located in premises that are suitable, safe and secure for providing residential care to young people.

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

The area of facilities management and maintenance is an area of exceptional importance

for the Campus and no effort has been spared to address what have been a series of challenges in this area. In 2016, a process was initiated to determine the facility management requirements for the campus and a tendering process was initiated to ensure the specialist providers were available to support the maintenance requirements of the campus. In Q2 2017, a service provider was identified to provide facility management services to the campus and this will come into effect in Q3 2017. In Q2 2017, the Board appointed a Deputy Director with responsibility for risk and safety. Oversight of facility management falls within the Deputy Director area of responsibility. The interim facility management arrangement in place continues with specific actions underway which are referenced below.

Annual testing and annual inspection of emergency lighting does take place and this was confirmed in Q2 2017 by Deputy Director for Risk and Safety Services. Certificates will now be issued as per instruction to Oberstown. The Facility Services Manager holds responsibility for this action with over sight held by Deputy Director for Risk and Safety Services.

In 2016, Oberstown commissioned a review of the Fire Safety Policy 2012. It is expected this policy will be completed in September 2017 and available for circulation in Q3 2017 and external Fire Consultants completed this review.

In addition, a written fire management plan for the campus is also due to be completed in Q3 2017.

A temporary system was established in Oberstown to support staff to report maintenance issues electronically to a central point. This is to allow the maintenance staff available on site seven days a week to prioritise the work to be undertaken between the hours of 8am and 10pm. Specific remedial works identified during the inspection will be completed as part of ongoing building improvements that are due to be completed Q4 2017.

All maintenance works are prioritised and an on call services is in place to address concerns outside of maintence work times. Prioritisation of works is always necessary and the availability of relevant materials can be outside of the control of the campus resulting in delays in some works. The Deputy Director for Risk & Safety Services was employed from May 2017 and he will hold responsibility of oversight of all maintenance issues and repairs on the campus.

A process of identifying suitable doors that meet fire standards and operational needs have been undertaken over the past 18 months. An agreed solution has been sourced meeting all health, safety, and operational requirements. Approval to manufacture these doors has been received from the Department of Children and Youth Affairs. The request for these

doors was submitted in in Q2 2017 and the fitting will begin in Q3 2017 with all identified doors replaced on campus by Q 4 2017. The Deputy Director for Risk and Safety Services has responsibility for the delivery of this action.

Regular inspection of fire doors was initiated in Q2 2017 on the instruction of the Deputy Director for Risk & Safety Services. These inspections will be undertaken by the maintenance staff and the inspections and findings will be recorded in the Unit Fire Registers.

The inspection of the dryers on campus was undertaken in Q2 2017 and action taken to remove the lint in the dryers on campus. To support ongoing safety needs a system was established in Q2 2017 with inspections undertaken on a weekly basis. The manager of the household services has responsibility for this action.

Refresher training by the Health & Safety Officer for staff on the Residential Units as to procedures to be followed in the event of fire will be undertaken in Q3 2017. This training will be undertaken on a unit by unit basis and training recorded in each of the Unit Fire Registers and held centrally in the training logs maintained in the HR office.

Records at unit level indicated that fire evacuation information was not provided to some children for a number of weeks or months following their admission.

Confirmation received that evacuation notices for young people are present in all residential units since Q2 2017. The Health & Safety Officer will monitor compliance of the briefings to young people in a timely fashion on their admission. Unit Managers will ensure the briefings occur for each young person and these will be recorded in the Unit Fire Register.

The Health & Safety Officer will communicate regularly to all staff the requirement for detailed recording of routine fire safety issues in the Unit Fire Registers and this process commenced in Q2 2017. The Deputy Director for Risk & Safety Services has initiated random inspections of fire safety records from the end of Q2 2017.

A review of the colour coding system to be undertaken to ensure all keys are appropriately colour coded. The central hub coordinator will undertake this and outcome reported to the Deputy Director for Risk & Safety Services. Staff will be reminded of the coding system by Unit managers in Q3 2017.

Proposed timescale: **End Q4 2017**	**Person responsible:** **Facilities Manager** **Deputy Director Risk and Safety Services**

Standard 10 Dealing with Offending Behaviour **Moderate non-compliance**	
The provider is failing to meet the National Standards in the following respect: Not all children were provided with an offending behaviour programme (OBP). Action required: Under **Standard 10** you are required to ensure that: Individual offending behaviour programmes consistent with the young person's assessed needs, are in place. There are mechanisms in place to develop, monitor and evaluate the effectiveness of offending behaviour programmes. **Please state the actions you have taken or are planning to take:** A series of initiatives have been adopted to ensure that an offending behaviour program/approach is in place at Oberstown in the past three years. This included research on building relationships with young people detained to improve pro social outcomes. The implementation of the findings of this research is due to come into effect in 2018. The introduction of a Restorative Practice as an approach to offending behaviour commenced in 2015. Training was provided to staff and in Q2 2017, a programme of engagement with staff and young people in identified units commenced. This program is due to be completed in Q4 2017. An Offending Behaviour Program was identified in Q2 2016 and an implementation plan was developed which resulted in a number of young people engaging in the program in Q4 2016 and Q1 2017. The identified staff providing the program left the service in Q2 2017. In Q2 2017, a recruitment campaign was initiated to secure a suitable person to operate program. A Young Persons Program Manager post has been offered and it is expected that offending program will continue to be delivered from Q3 2017. It is expected that all young people on campus will have participated in an offending behaviour program by the end of Q4 2017. The Deputy Director for Care Services provides oversight in the delivery of this program.	
Proposed timescale: **End Q4 2017**	**Person responsible:** **Deputy Director for Care Services**

Theme 3: Health and Development
Standard 8 Health **Major non-compliance**
The provider is failing to meet the National Standards in the following respect: There were some delays in ensuring that children received hospital assessment and treatment when this was recommended by nursing staff. First aid training for staff did not include the management of burns, scalds, wounds, bleeding, shock and injuries to bones, joints and soft tissue. There were gaps in the recording of the administration of medicines. Medicines were not always administered in accordance with the prescription and pharmacist advice. Records for the administration of medicines were not complete. The measures in place to ensure a robust chain of custody for medicines requiring additional controls were not adequate. The review of safe medicines management practices was not effective. Staff had not received training in the administration of an emergency life-saving medicine. Action required: Under **Standard 8** you are required to ensure that: Health Care is an essential element in the arrangements for the care of young people. Each young person has a right to receive appropriate health care and advice. Healthy lifestyles are promoted. **Please state the actions you have taken or are planning to take:** Substantial medical services are available on campus. When off campus appointments for health care are required, these are facilitated based on risk assessment and are prioritised. Medical services are available on site seven days a week through a visiting doctor, three nurses with a fourth nursing post out to offer and due to be filled in Q 3 2017. If an assessment determines that a young person cannot be taken off site for medical reasons due to identifiable risks, the Deputy Director will consult with the Chief Operations Manager to determine what alternative options will be available to ensure the young

person received the medical attention required in a timely manner.

The development of Oberstown Case Management System commenced development Q3 2016. This project supports record management of case files and allows for audits and reviews to be undertaken periodically to identify areas of improvement. The project is delivered on phased bases. Significant progress and implementation of phase 1 and phase 2 of the Oberstown Case Management System is expected in Q3 2017.

The training for staff as Cardiac First Responders was established and in place since 2016. The ratio of staff trained in First Aid at Oberstown is above the agreed national levels for the staffing ratio on the campus. Four Staff are also trained as Occupational First Aid Trainers and with the provision of nursing staff on campus; this provision is deemed adequate for current and evolving needs. Ongoing review of training needs forms part of the training analysis scheduled for Q3 2017.

Medication administration procedures were drawn up Clinical Nurse Manager 2 and came in to operation in Q2 2017. The medical team undertakes weekly audit. These are issued to the camps senior management team for consideration. The Deputy Director for Residential Services ensures that Unit Managers address any areas of deficit identified

More Medication Management Procedures that are detailed are in development by CNM and due to be completed in Q3 2017. Training module in Medication Management to be developed in conjunction with identified pharmacist and the required training to be commenced in Q 3 2017 considering the specific responsibilities held by nursing staff and residential social care workers. Oversight of this action is undertaken by the Deputy Director of Care Services.

These developments address compliance with the administration of medicines, records, controls and storage.

A series of training was provided to staff prior to the completion of the inspection and this continues in Q1 and Q2 in the administration of emergency lifesaving medicine. A review of the training needs of staff will further determine the priority areas and the numbers of staff required. Staff had not received training in the administration of an emergency life-saving medicine. The Clinical Nurse Manager 2 and the Deputy Director for Care Services hold the responsibility for the delivery of these actions.

Proposed timescale: **End Q4 2017**	**Person responsible:** **Clinical Nurse Manager 2** **Deputy Director for Care Services**

Standard 6 Staffing and Management
Moderate non-compliance

The provider is failing to meet the National Standards in the following respect:

Communications between the various stakeholders was not always effective.

There was no comprehensive risk management policy and procedures.

Not all staff were receiving regular formal supervision in line with policy.

Some supervision records were incomplete and did not include specific actions and timeframes for their completion.

There was no formal performance management system in place.

No overall training needs analysis had been carried out.

Not all staff had received mandatory training.

Action required:

Under **Standard 6** you are required to ensure that:
Staff in the school shall be organised and managed in a manner designed to deliver the best possible care and protection for young people in an efficient and effective manner.

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

On-going improvements are undertaken with various stakeholders. A consultation process was initiated in Q2 2017 with staff, on the development of a three-year strategy for the campus. This included town hall meetings and a survey of staff scheduled to be undertaken in July 2017. Regular local union meetings are taking place to inform and consult with staff on campus developments and this process is led by the Deputy Director for Residential Services. Regular newsletters are issued to staff updating staff on developments across the campus.

Information on the admissions and discharge of young people for Q1 2017 and Q2 2017 has been published on campus website. An information event for staff, and all stakeholders was held on the 29th May 2017 sharing information on the purpose and direction of the campus. This was facilitated by the Director and the Chairperson of Board of Management.

Deputy Director with responsibility for Residential Services ensures regular meetings in each units is chaired by unit managers where operational matters are discussed and shared.

A draft Risk Management Policy and Procedure was completed in Q2 2017 for approval by Director. The Board of management are due to consider and approve in July 2017. The Oberstown Corporate Health & Safety Statement had been updated in Q2 2017 to reflect ongoing changes and developments on Campus. A revised Critical incident Graded Response Plan Aide Memoir had been devised by the Deputy Director for Risk and Safety Services. A revision of the Oberstown Business Continuity Plan is in progress and will be completed by the Q3 2017. Workshop/ exercise programme for all staff is to begin in Q 3 2017 with Deputy Director for Risk and Safety holding responsibility for implementation.

An audit of the new staff will be undertaken in Q3 2017 to determine the actions taken to review performance of staff on probation by the Deputy Director for Residential Care Services. Consideration will be given to the implementation of the campus Orientation Check list for newly appointed staff that has been in operation since Q1 2016. Implementation of the policy on probation staff will be fully implemented from Q3 2017. The Human Resource Manager has responsibility for oversight of this action.

A review of supervision practices was undertaken in Q1 2017 and specific training was identified which was undertaken by all managers on campus in Q1 and Q2 2017. New recording systems and formats were agreed and the Deputy Director for Residential Services holds responsibility that all unit managers receive supervision and that all residential care staff and night supervision officers receive supervision and that these are recorded appropriately. Quarterly updates on compliance with supervision policy and practices will be issued to the Chief Operations Manager by the Deputy Directors of Residential Services, Care Services and Risk and Safety Services for consideration and action.

A Performance Management Development System was introduced to the campus in April 2017 for senior and middle managers. This will be rolled out further to all staff in Q1 2018 Training was provided to managers in May 2017.

The campus has been involved in a substantial training program for the 18 months prior to the inspection. The training program is ongoing and mandatory training is deemed a priority. Other training such as behaviour management training, restorative practice, peer support, policy and procedure updates are requirements to ensure compliance with standards. A three-year training plan in currently under development, informed by the campus strategic plan and this is due to be finalised in Q4 2017. A training needs analysis will form part of the process. The Human Resource Manager holds responsibility for this

action.	
Proposed timescale: **End Q4 2017**	**Person responsible:** **Director for Residential Services** **Human Resource Manager** **Deputy Director for Risk and Safety**