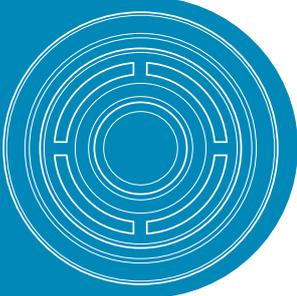


AN ANNOUNCED INSPECTION OF WOODLANDS JUVENILE JUSTICE CENTRE

May 2015





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May 2015



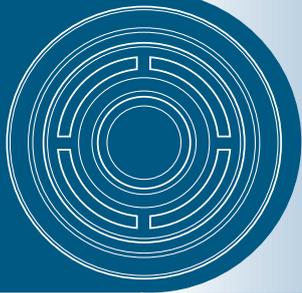
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List of abbreviations

AQA	Assessment and Qualifications Alliance
CAMHS	Child and Adolescent Mental Health Services
CHAT	Comprehensive Health Assessment Tool
CJCO	Criminal Justice (Children) (Northern Ireland) Order 1998
CJI	Criminal Justice Inspection Northern Ireland
DoJ	Department of Justice
ELC	Education and Learning Centre (in Woodlands JJC)
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trust
HSST	Health and Social Services Trust
ICT	Information Communication Technology
IPC	Infection Prevention and Control
JJC	Woodlands Juvenile Justice Centre
LAC	Looked After Child/Children
NIPS	Northern Ireland Prison Service
OSS	Office of Social Services
PACE	Police and Criminal Evidence
PPE	Personal Protective Equipment
PSNI	Police Service of Northern Ireland
RCLA	Remanded to the Care of a Local Authority (in England and Wales)
SEHSCT	South Eastern Health and Social Care Trust
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
YJA	Youth Justice Agency
YOC	Young Offenders Centre
YOI	Young Offender Institution



Chief Inspector's Foreword

Since opening in 2007, the Juvenile Justice Centre in Bangor (Woodlands) has significantly improved the child custody system in Northern Ireland. The design and fabric of the building, the progressive regime and the commitment of a large staff group all contributed to providing a safe, secure and caring environment for the children committed to custody.

Woodlands Juvenile Justice Centre accommodates some of the most difficult and disturbed children in our society and in doing so, prevents them from causing mayhem in their communities and in the residential care system. However the challenge of having to deal with an increased number of older boys is testing both the resilience of staff, and appropriateness of the child-centred regime at Woodlands.

This inspection found that children continued to receive high levels of care and support while they were in Woodlands. The offending profiles

of children sent there on remand or on sentence are such that custody is the only realistic option left open to the courts. The challenge for the Juvenile Justice Centre is to work with these children, many of whom enter custody coming down from a cocktail of alcohol and illicit drugs, and begin their journey towards rehabilitation and reintegration.

Alternatives must be found to the Juvenile Justice Centre being used as a temporary, short term location for children who breach children's home rules, or whose parents/guardians are refusing to



accept them back home. Committing children to custody should be an action of last resort and not - as in the case of Police and Criminal Evidence placements - a postcode expediency. Nor should children who are granted bail be able to elect to remain in the Juvenile Justice Centre until they find accommodation of their choice.

Rehabilitating prolific or serious child offenders is a significant challenge. The scale of this increases when budgets shrink and commissioned services, such as education and healthcare, are not delivering to their optimum. These challenges will test the resolve of the current leadership and management teams within Woodlands Juvenile Justice Centre and its parent body, the Youth Justice Agency.

We have made four strategic recommendations to help the Juvenile Justice Centre adjust and respond to the new challenges it now faces.

This inspection was led by Tom McGonigle with support from our partners, the Regulation and Quality Improvement Authority and the Education and Training Inspectorate. I thank all those who contributed to this work.

Brendan McGuigan
Chief Inspector of Criminal Justice
in Northern Ireland

May 2015



Executive Summary

The last inspection report on Woodlands Juvenile Justice Centre (JJC) was published in September 2011. It made two strategic and 15 operational recommendations. The Youth Justice Agency (YJA) fully accepted 13 of the recommendations, including both strategic recommendations, partially accepted three and did not accept one operational recommendation. It published an action plan to implement the accepted recommendations.

By September 2014 most of the accepted recommendations had been implemented, including the strategic recommendation that the JJC should become the default location for all boys and girls aged under 18 years in Northern Ireland who required custody. This was achieved in November 2012, and means that no child has since been held in adult custody in this jurisdiction.

The inspection found that a significant childcare ethos prevailed in the JJC. Although clinical governance of healthcare had been lacking for a considerable period of time, standards of healthcare were good.

The children were generally content. Several told Inspectors they welcomed a period of respite in the JJC, and even though regime restrictions were in place at the time of this inspection, none had any serious complaints about life there.

The JJC estate was well-maintained and security measures were effective - there had been no escapes since the last inspection at the time of writing. Internal management processes remained effective and collaboration with external agencies was good.

We also examined external systemic factors which affected the JJC's operation. The most



significant of these factors lay outwith its control: high numbers of children were still being sent there for very short periods on foot of Police and Criminal Evidence (PACE)¹ proceedings; around one third of the population comprised Looked After Children (LAC) whose resettlement prospects were challenging; and delay in processing children's criminal cases was having a negative impact.

The high level of PACE admissions appeared to be based more upon geographical proximity to the JJC than any other criterion, and it was clear the JJC was being used when no alternative accommodation was available for these children. This was inappropriate use of the facility which costs around £9.3m per year, and while it may have provided stability at a time of crisis, it was not the JJC's primary purpose.

In 2013-14 the number of individuals sent to the JJC fell below 200 for the first time in four years, though several of these children were admitted on multiple occasions. This was, at least partly, due to police success in targeting prolific offenders in the community and the offending profiles of remanded and sentenced children indicated their custodial placements were appropriate. Most were persistent and/or serious offenders who had complex personal and social needs.

Many children in the JJC were difficult to manage and as numbers increased during Summer 2014, staff stress and sick leave rose commensurately. JJC managers responded promptly: following some serious incidents in September they implemented a restricted regime, which was a necessary and proportionate response in the circumstances.

Staff morale was not good when the inspection took place. Everyone was aware of budgetary pressures and apprehensive about a forthcoming review of staffing. There were tensions between teachers and residential staff about role boundaries and the Education Centre was making a lesser contribution to the life of the JJC than had been intended.

In 2011 we found education provision was 'good.' On this occasion it had reduced to a 'satisfactory' level, having been negatively impacted by sick leave and unfilled staff vacancies. This meant that not all children were attending school and fewer offending programmes were being delivered than when the last inspection occurred.

In summary this inspection indicated the JJC was continuing to fulfil its legislative remit to *'protect the public by accommodating children ordered to be detained therein in a safe, secure and caring environment; and work to reintegrate children into the community...'* (JJC Rules (Northern Ireland) 2008, Rule 4(a)).

However we are concerned about its capacity to cope with the significant challenges that lie ahead: staff resilience levels were low and there was uncertainty about the implications of recent alignment with the Northern Ireland Prison Service (NIPS), the staffing review and budget cuts. Strong leadership will be required over the next few years to navigate these changes and address the needs of a rising population, of whom around a third are aged 17, while taking account of human rights guidance which is planned for 2015.

¹ PACE is designed to ensure a child is held securely until they can be produced in court.



Strategic Recommendations

This inspection report makes four strategic recommendations for improvement. These are set out below, and a further 27 operational recommendations are incorporated within the body of the report. They include two healthcare recommendations that are repeated from the 2011 inspection report.

1

The YJA and its statutory partners should set targets to:

- improve the current arrangements for children who do not have a suitable bail address; and
- ensure children cannot refuse to perfect their own bail (*Paragraph 2.18*).

2

The JJC regime should be redesigned to ensure it meets the needs of the changing population, including 17-year-olds. This redesign should take account of the childcare philosophy within which the JJC was established and ensure the new regime fully complies with the JJC Rules (*Paragraph 4.20*).

3

The JJC should explore options for alternative mechanisms to deliver education (*Paragraph 6.19*).

4

Clinical leadership and governance should be provided for healthcare staff to maintain and improve the quality of nursing care provision. If necessary, this should be achieved by outsourcing to a mainstream provider (*Paragraph 7.18*).



Inspection Report



Introduction

- 1.1 Woodlands JJC is located in Bangor, Co. Down. It is the custodial directorate of the YJA, which also has seven community-based teams that supervise the majority of community-based orders, including the community phase of a Juvenile Justice Centre Order. As a 'next steps' agency, the YJA is sponsored by the Department of Justice (DoJ), and has its own management board that includes the JJC Director.
- 1.2 In September 2014 the DoJ Reducing Offending Division became the sponsor for the YJA. This represented a significant shift by aligning the YJA with the NIPS, as the Head of the Reducing Offending Division is also the NIPS Director-General.
- 1.3 The Criminal Justice (Children) (Northern Ireland) Order 1998 (CJCO) provides the legislative basis for the JJC's operation. The Order and supporting JJC Rules are modelled on international best practice, in particular the United Nations Convention on the Rights of the Child (UNCRC) which states that '*deprivation of liberty should be avoided wherever possible and alternative disposals provided.*² Three sets of United Nations (UN) rules and guidelines are also incorporated in the Order and Rules – they provide for:
 - protection of juveniles deprived of their liberty;
 - prevention of juvenile delinquency; and
 - administration of juvenile justice.
- 1.4 The CJCO is therefore premised on the expectation that only serious or persistent child offenders should be sent to custody. It includes provisions for diverting children from custody and the maximum custodial sentence that can normally be imposed is two years.
- 1.5 The JJC has to combine a strong childcare ethos with its primary function as a custodial facility - the only one for children in Northern Ireland. It moved into new purpose-built accommodation - which comprises six self-contained living units clustered around an education area - in January 2007. Eight of the 48 places were reserved for girls and it has always been staffed for 36 children.

2 Article 40, United Nations Convention on the Rights of the Child, UN General Assembly, November 1989.

- 1.6 Children can be sent to the JJC by criminal courts, either on remand or on a sentence. The JJC must accept any child sent there by a criminal court and there is no right to exclude, nor option to assess suitability, before admitting a child. The other route for children to be sent there is on foot of PACE proceedings taken by the Police Service of Northern Ireland (PSNI). This is usually overnight or during a weekend, until they can be produced in court.

Purpose and function

- 1.7 The UN Committee on the Rights of the Child states that the goal of rehabilitation should take precedence over the retributive function of criminal justice when dealing with child offenders.³ In keeping with international legislation and best practice, the underpinning purpose of Woodlands JJC is explicitly to treat child offenders as children first: The CJCO⁴ states *'The Secretary of State may provide Juvenile Justice Centres, that is to say, places in which offenders in respect of whom Juvenile Justice Care Orders (JJCOs) have been made, may be detained and given training and education and prepared for their release.'*
- 1.8 The Juvenile Justice Centre Rules came into operation in November 2008. The Rules set out provisions for management of the JJC and a Statement of Aims to:
- protect the public by accommodating children ordered to be detained therein in a safe, secure and caring environment; and
 - work to reintegrate children into the community.
- 1.9 These aims are underpinned by eight principles which emphasise children's best interests, creation of a positive environment, fair treatment and partnership working. An internal Statement of Purpose and Woodlands Operational Procedures which were published in September 2010 reflect the spirit of the Rules and emphasise the paramount childcare ethos in the JJC.
- 1.10 The general policy intent has therefore been to develop custody arrangements for children that are humane, effective and can measure up to accepted international standards. The approach taken over the past decade has been incremental to ensure that as each reform was introduced, the system responded as anticipated and there were no unforeseen or unmanageable consequences.
- 1.11 While the current arrangements ensure that all children who require custody are sent to the JJC, they are only administrative arrangements. The DoJ considered introducing legislation to regularise the position and to future-proof the policy, but this was paused in November 2014 to allow for a wider review.

³ The UN Committee on the Rights of the Child, General Comment 10.

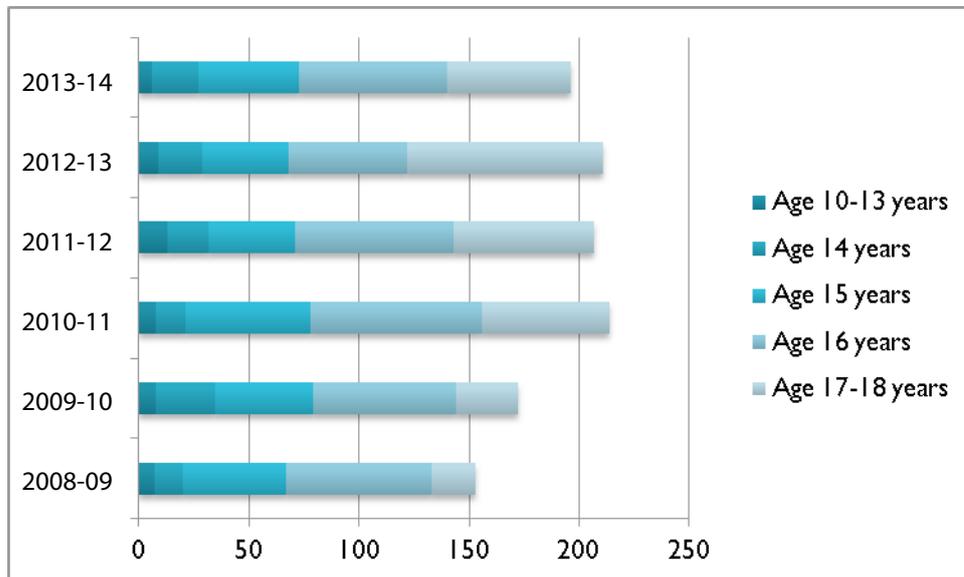
⁴ CJCO 1998, Section 51.



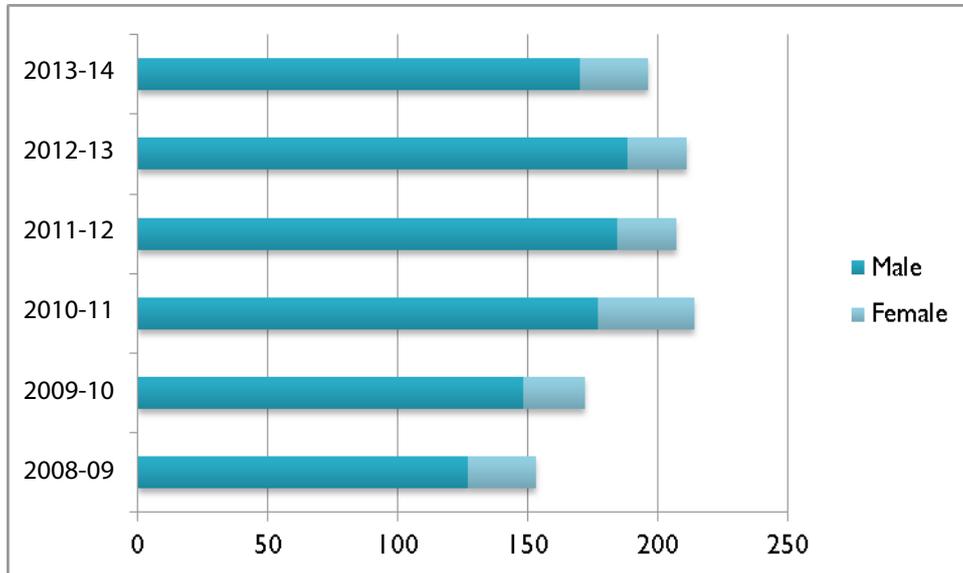
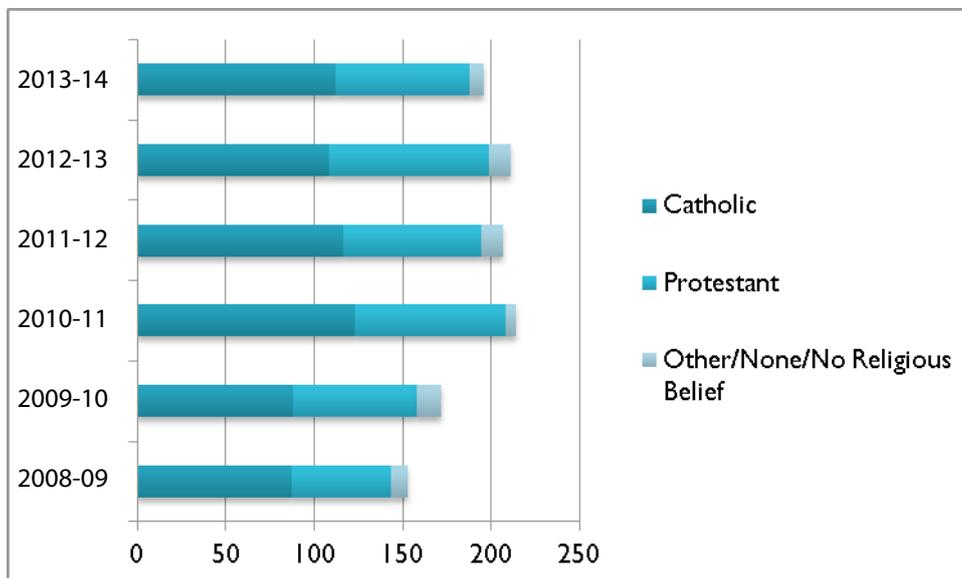
Profile of the children

2.1 The JJC had improved its data capture since the last inspection and was able to provide a more detailed profile of its population for this inspection.⁵ The statistics in Figures 1-3 are based on the number of individual children in the JJC each year.

Figure 1: Children in the JJC by age, 2008-14



⁵ NISRA/YJA Annual Workload Statistics 2013-14 Statistical Bulletin.

Figure 2: Children in the JJC by gender, 2008-14**Figure 3: Children in the JJC by religion, 2008-14**

2.2 The main features of Figures 1- 3 are that the number of 17 year olds has increased, the population has been predominantly male and the majority of children sent to the JJC each year have reported themselves as Catholics.

- 2.3 The data represents one in every 1,000 children in Northern Ireland entering the JJC. It compares with a rate of six children per 1,000 being involved with all YJA services each year. Both rates have been largely consistent over the past five years.
- 2.4 The fluid nature of the JJC population means there might sometimes be only a single girl in the Centre, or none, though this was seldom the case for long.

Table 1: Initial admissions and number of individual children sent to the JJC, 2008-14

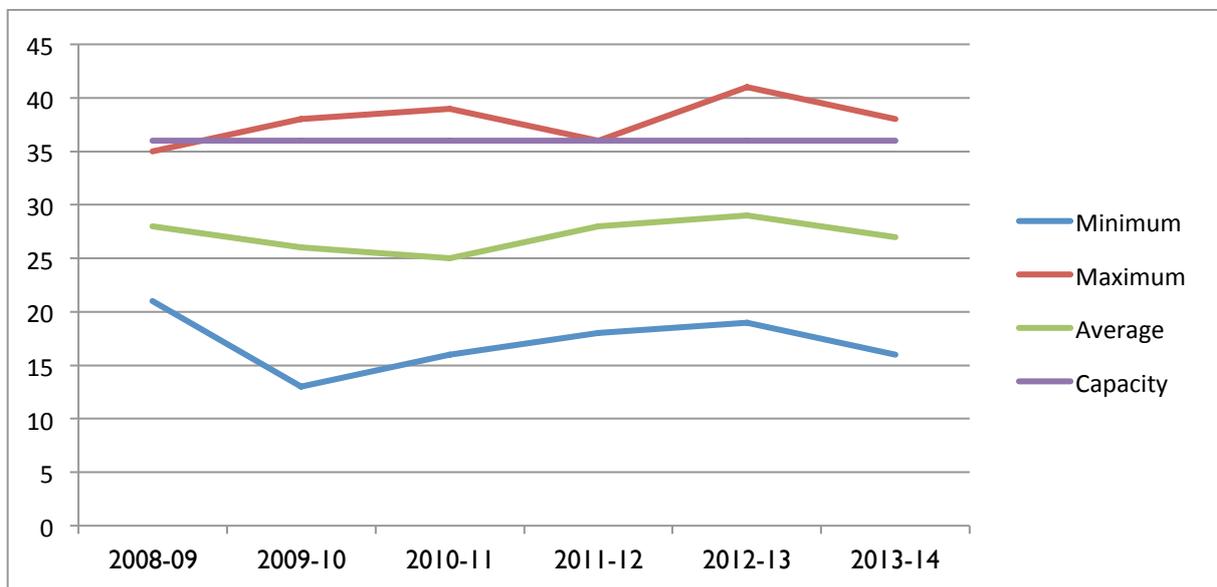
Year	Initial admissions	Individual children
2008-09	268	153
2009-10	348	172
2010-11	411	214
2011-12	398	204
2012-13	408	211
2013-14	528	196

- 2.5 Although in 2013-14 the number of individuals sent to the JJC fell below 200 for the first time in four years, several of these children were admitted on multiple occasions. This was at least partly due to police success in targeting prolific offenders in the community. It meant the JJC had become busier in admitting and discharging children, even though the number of individuals had been fairly steady for four years. In terms of children's admission status:
- 44% related to PACE proceedings;
 - 47% related to remands; and
 - 9% (only around 60 children per year) related to children being sent to the JJC on sentences. These proportions had also been largely consistent over the past five years.
- 2.6 There was no analysis of the main criminal charges for which children were sent to the JJC. However a sample analysis of criminal records at the point of committal was undertaken by Inspectors. It showed:
- remanded children had committed on average 13 previous offences each (range = 1-53);
 - sentenced children had committed on average 28 previous offences each (range = 1-74);
- 2.7 Most remanded children had also breached bail conditions, 80% of admissions had previous experience of the YJA and 56% had previously spent time in custody. When combined with the fact that around 50% of the population were known to the PSNI as prolific offenders, it is clear that remanded and sentenced children reached the threshold for custodial detention and were appropriately placed.

Average population

2.8 The JJC's average daily population has fluctuated continuously since it opened, with wide differences between maximum and minimum population. The Centre is deemed to be working to full staff capacity when 36 children are present. Figure 4 therefore shows it has normally been well below capacity. However the average population increased to 36 between April – September 2014. This had considerable ramifications for staff deployment during the summer leave period and resilience levels were severely tested.

Figure 4: Minimum, maximum and average JJC population, 2008-14

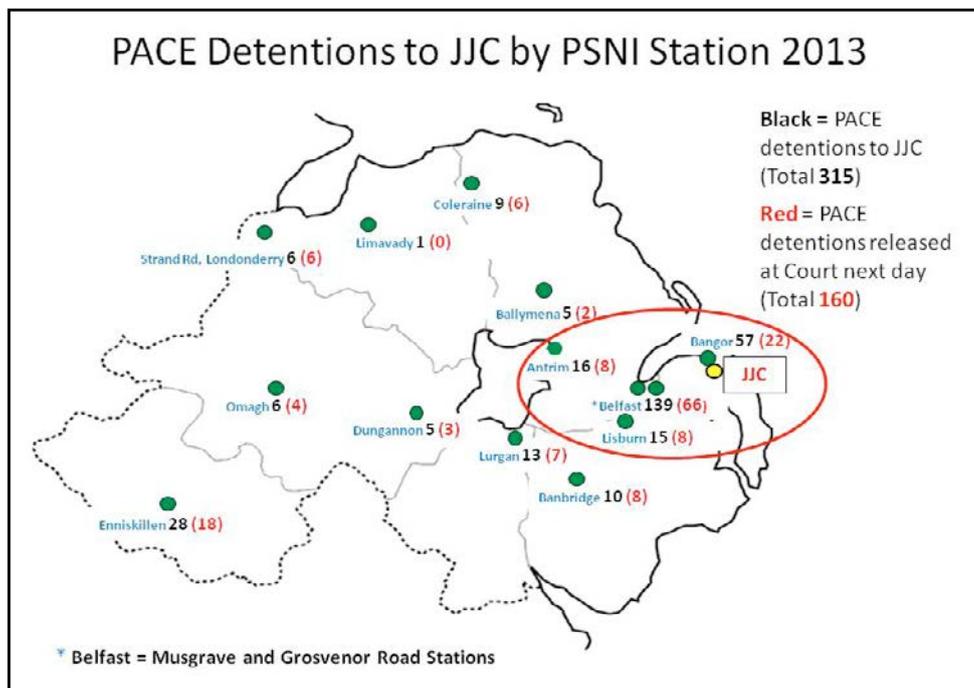


- 2.9 While a large number of children were admitted to the JJC under PACE provisions, they remained in the Centre for, at most, a few days. Therefore, while PACE generates a large number of admissions, it has very little impact on the average population.
- 2.10 The average lengths of children's stays in the JJC were short, which had significant impact on opportunities to improve their social, health and educational outcomes. The YJA conducted a one-off manual exercise, based on a small sample, for the purposes of this inspection. It showed that the average length of stay for remanded children was 15 days. The average sentence length was six months and as sentenced children qualified for 50% remission, they spent an actual average of three months in the JJC.

Police and Criminal Evidence admissions

2.11 The rate and origins of PACE admissions were concerning when we inspected in 2011, and that remained the case in 2014. Proximity was never intended to be a criterion or justification for committing children to custody. However Figure 5 below⁶ shows that 50% of all PACE admissions came from Greater Belfast and Bangor police stations. The Belfast rate is unsurprising, since it is the largest centre of population in Northern Ireland. However the high rate from Bangor police station suggests proximity was a factor in the JJC being used for PACE admissions; and police from further afield were less likely to take children there for short periods of detention.

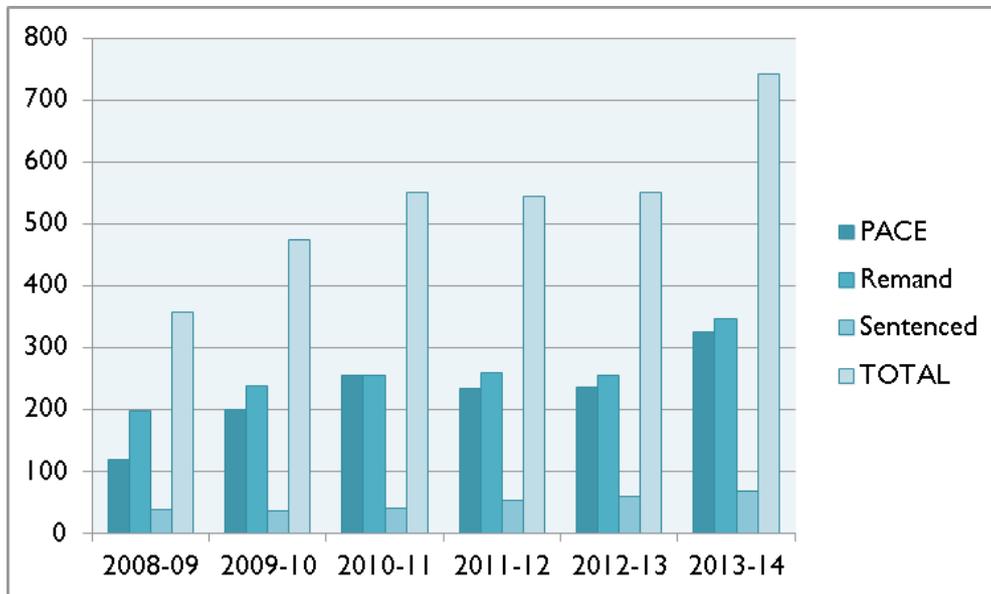
Figure 5: PACE detentions to the JJC by PSNI custody station 2013



2.12 The PSNI acknowledged that some districts used PACE detention more readily than others and that geography and pragmatism could be important determinants in deciding how to deal with a child offender with chronic social problems.

2.13 PACE stays never lasted longer than a weekend and in reality many children admitted on PACE only remained in the JJC for a matter of hours. Around 50% of all PACE admissions were subsequently released at their first court appearance. This begs the question of whether those children needed to be sent into JJC custody at all. It also suggests that JJC placements were used for some because there was no alternative accommodation available.

⁶ OSS, May 2014.

Figure 6: Total admissions to Woodlands JJC by status, 2008-14

- 2.14 Figure 6 shows the disproportionately high number of PACE admissions and the rate has almost trebled since 2008. High rates of PACE admissions are all the more concerning when the negative consequences of short committals to custody are considered:
- possible diversionary disposals are bypassed;
 - the existing JJC regime is disrupted;
 - the deterrent value of the JJC is lost;
 - the personal impact on a child may be significant; and
 - there is a clear pattern of increased PACE admissions at weekends, with twice as many on Saturday or Sunday compared to any other day of the week, which has implications for staff deployment.
- 2.15 We recommended in 2011 that the YJA should canvass a wide range of options to reduce the number of PACE admissions to the JJC, with its criminal justice and social services partners and set appropriate targets. Three recommendations (8, 9, and 18) of the April 2012 'Review of Youth Justice System in Northern Ireland' were also intended to address the appropriateness of JJC placements, including PACE admissions.
- 2.16 Considerable efforts had subsequently been made to deal with this issue, and were ongoing at the time of this inspection: the JJC had refused several PACE admissions since the beginning of summer 2014; and in July 2014 an inter-agency group was convened to examine the operation of PACE procedures and bail conditions for children, because some bail conditions were so stringent that the agencies involved considered children would inevitably breach them. At the time of this inspection, the group was still working on an action plan to reduce the number of unnecessary PACE admissions to JJC custody and to promote realistic bail conditions.

- 2.17 Some remanded children (five at the time of this inspection) had been granted bail, but chose to remain in custody and refused to perfect their bail. Inspectors spoke with one boy who had been granted bail four weeks earlier. He was refusing to sign until he might obtain a place in the children's home of his choice - where his friends currently resided. This was not in his, or their, best interests. It is inappropriate that children should remain in custody after bail has been granted and all the more so when JJC staffing is under pressure.
- 2.18 This situation is not legally possible in England and Wales, where children who have been granted bail cannot remain in custody. When there is no suitable accommodation available, then provision exists for them to be remanded to the care of a local authority (RCLA). If applied in Northern Ireland, RCLA would keep children out of custody, but could also have the unintended and possibly unnecessary consequence of placing them within the care system for a lengthy period of time. The Health and Social Care Board (HSCB) was working with Health and Social Care Trusts (HSCTs) and the Northern Ireland Housing Executive to address this issue, though more remained to be done.

Strategic recommendation 1

The YJA and its statutory partners should set targets to:

- **improve the current arrangements for children who do not have a suitable bail address; and**
- **ensure children cannot refuse to perfect their own bail.**

Looked After Children

- 2.19 In 2013-14, 36% of children sent to the JJC were in care - 19% subject to a care order and 17% voluntarily accommodated. This rate is consistent with elsewhere in the UK.
- 2.20 Some good work had been undertaken on the interface between residential care and the JJC since the 2011 inspection and a series of practical outcomes had been delivered. In particular there were now very few admissions of LAC for minor offences. This shows the benefits of a focussed, evidence-based approach to a previously intractable problem. Despite the progress, the matter needs to be kept under review given the high annual rate of LAC committals to the JJC.
- 2.21 There are considerable challenges in managing LAC, particularly in arranging suitable resettlement opportunities for them. These challenges cannot be remedied by the YJA alone, as they require collaboration from other agencies in the community, justice and care sectors. Inspectors were told that more children were being admitted to care at ages 15 and 16, with established offending histories and significant substance abuse habits. When combined with greater levels of risk-aversion in residential care settings, recourse to the criminal justice system, including custodial placements, was an inevitable consequence.

2.22 Concerted work was ongoing between the YJA, Office of Social Services (OSS), Health and Social Services Trusts (HSSTs) and the HSCB in relation to LAC. This needs to continue and more has to be done within the broader criminal justice system, particularly in relation to delays in processing children's cases through the courts.

Avoidable delay

2.23 There are several negative consequences of delay in the criminal justice system, especially for children. They include:

- consequences and sanctions have less impact on children when they are not promptly applied;
- children's recollection of events as part of evidence may become blurred over time; and
- risks are not reduced since staff cannot address offending behaviour before conviction, because it might compromise pending cases.

2.24 Inspections have shown delay to be a perennial problem in Northern Ireland criminal proceedings, especially for children. In an attempt to deal with delays, the Criminal Justice Board had set a standard *'To reduce the average time from charge/summons to disposal to 190 days.'*

2.25 There had been progress and the average was reduced to 154 days between April – December 2013. However performance in summons cases, which comprised the majority (66%) of prosecutions, was consistently worse than in charge (more serious) cases and compared very unfavourably with the position in England and Wales.

2.26 England and Wales introduced a 'Persistent Young Offender Pledge' in 1997. It aimed to halve the time it took to deal with persistent offenders and within three years, 'Date of arrest to date of sentence' had reduced from 140 days to less than 71 days. This level of performance had subsequently been sustained with benefits for the wider youth caseload.

2.27 The YJA planned to address the delay problem with the Public Prosecution Service for Northern Ireland, the PSNI and the Probation Board for Northern Ireland. It had also introduced a bail support scheme in an attempt to deal with some of the problems caused by excessive delay.

Other comparisons with child custody in England and Wales

2.28 The number of children in custody in England and Wales had been reduced by 65% in the past six years. There was no PACE provision due to distance and costs, and police cells were routinely used to detain children pending their production in court. Distance from home was a problem for many: in March 2011, 30% of children were held over 50 miles from their home, including 10% held over 100 miles away.

- 2.29 Northern Ireland had much better accommodation: the purpose built JJC provided a far superior environment to most of the accommodation in England and Wales where the majority of children were detained in adult custodial establishments. In July 2014, 69% (of 1,122 children in custody in England and Wales) were held in Young Offender Institutions (YOIs) that were run by the Prison Service. A total of 55% of these children were aged 17; and boys spent on average 14.4 hours each day locked in their cells.
- 2.30 As in Northern Ireland, many of the children in custody in England and Wales had previous experience of residential care. Fewer than 1% of all children in England and Wales are in care, but LAC make up 33% of boys and 61% of girls in custody.



Management and staffing

- 3.1 In addition to repositioning the YJA within the DoJ Reducing Offending Division, there were other imminent changes. The Attorney General for Northern Ireland intended to provide human rights guidance about conditions of children's detention; and a staffing review had been initiated. Within the climate of fiscal austerity this was a source of anxiety for managers, staff and trade union representatives.
- 3.2 The JJC had 142 staff (138 full-time equivalents). A total of 47% were male and 53% female. The most recent recruitment campaign was in May 2014 for a mixture of qualified social workers - five of whom had taken up posts on temporary contracts - and unqualified staff. The campaign for unqualified staff was not completed due to an embargo on further recruitment.
- 3.3 There had been 29 leavers and 15 new appointees since the last inspection. Religious composition of the workforce showed 56% were Protestant, 27% Catholic and 17% others.
- 3.4 JJC staff were closely involved with the other YJA directorates and there had been several staff exchanges. When community services and youth conferencing were integrated in December 2011, this had freed up some staff to fill vacancies within the JJC and also provided opportunities for moves in the opposite direction.
- 3.5 Internal governance arrangements were not as comprehensive as when we inspected in 2011. There was no clinical governance of the healthcare department; and the Deputy Director of Education Programme and Activities post had not been filled since becoming vacant at the end of 2013. Line management of healthcare staff and the Head of School had been taken over by the Director until completion of the transfer of healthcare to a Trust and a review of the delivery of education. The upshot of this was limited specialist management of education and healthcare, the consequences of which are outlined in greater detail in Chapters 6 and 7.
- 3.6 Structures for residential supervision and care remained intact, though there was increased pressure on the Director and Deputy Director as they had to manage the vacant senior management functions. Clear reporting lines, disciplinary and grievance procedures, financial checks and balances, and independent audit arrangements were in place and functioning properly. The full range of corporate documentation was up-to-date and appropriate. JJC business formed a significant element of YJA management board monthly meetings and minutes showed appropriate stewardship by YJA headquarters.

- 3.7 There was ample evidence of effective internal communication processes at Woodlands. Inspectors attended meetings and saw minutes of residential, heads of service, administrative staff and daily planning meetings. All dealt with relevant issues and had appropriate levels of delegated authority. Staff reported that supervision and appraisals were being undertaken as part of the JJC's accountability and support mechanisms. All grades of staff and their trade union representatives suggested that management was robust but fair.
- 3.8 The findings of unannounced monthly monitoring visits by the OSS, and biannual unannounced Criminal Justice Inspection Northern Ireland (CJI) inspections, had been invariably positive since the 2011 inspection.
- 3.9 The training budget was reduced, but significant emphasis on professionalising the staff group since 2007 meant that over 90% of senior and middle managers were professionally-qualified social workers. Emphasis was now being placed on operational staff obtaining National Vocational Qualifications in youth justice.
- 3.10 Inter-disciplinary relationships within the JJC were generally good, though traditional tensions between residential staff and teachers had resurfaced. This situation was exacerbated by staff shortages within the Education Department and it required remedial attention at the time of this inspection.
- 3.11 The sick leave rate in 2013-14 was 11.72 days per member of staff. This was nine days less than the previous year, but it was still high. Trend analysis showed that staff sick leave quickly rose in line with population increases and challenging behaviour by children. The average sick leave per staff member during June and July 2014 was seven days, which was very difficult to manage in addition to annual leave. Staff morale was not good when we inspected and some staff reported feeling burned out.
- 3.12 An explicit childcare ethos was evident and staff worked hard to create a family environment in the JJC. External relationships with HSCTs and other professionals were reported as positive.
- 3.13 The JJC had contracts with voluntary and community sector providers to deliver specific services in the JJC. The Conservation Volunteers, NIACRO, Opportunity Youth, the local Baptist Church and the Duke of Edinburgh's Endeavour Award all contributed to life in the Centre. The JJC made its facilities available for external agencies in certain circumstances. These links were working well and provided the benefit of bringing visitors into the JJC, which is important in a secure residential setting.

Budget and expenditure

- 3.14 The JJC budget had increased by £474,000 (6.4%) over the period 2011-14. Whereas there were overspends of 1% in 2011-12, and 1.4% in 2011-12 and 2012-13, there was an under-spend of 0.34% in 2013-14.

Table 2: JJC budget and expenditure 2011-14

	2011-12		2012-13		2013-14	
	Budget	Spend	Budget	Spend	Budget	Spend
Staff costs	£5,985,944	£5,979,619	£6,233,938	£6,296,714	£6,312,526	£6,210,675
Non-staff costs	£1,401,930	£1,480,946	£1,409,590	£1,453,404	£1,550,322	£1,625,291
Total	£7,387,874	£7,460,565	£7,643,528	£7,750,118	£7,862,848	£7,835,966

3.15 In expenditure terms the JJC direct spend rose from £7,460,000 to £7,836,000 i.e. by 5% over the three year period, which is roughly in line with inflation. It averaged £7,611,000 in the seven year period since the Centre opened. The expenditure has remained more or less constant since 2007, indicating that some level of efficiency gains has occurred when measured against inflationary rises.

Table 3: JJC costs and occupancy rates

Year	Places	Average number of occupants	Cost excluding corporate overheads	Costs including corporate overheads	Cost per place	Cost per occupant including overheads	Cost per occupant	Cost per occupant / Cost per place	Cost per place including overheads
2007-08	48	32	£7,481,040	Not known	£155,855	Not known	£233,783	Not known	150%
2008-09	48	27	£7,866,480	Not known	£163,885	Not known	£291,351	Not known	178%
2009-10	48	27	£7,599,189	£10,478,468	£158,316	£218,301	£281,451	£388,091	178%
2010-11	48	27	£7,283,815	£9,400,667	£151,746	£195,847	£269,770	£348,173	178%
2011-12	48	28	£7,460,565	£9,664,505	£155,428	£201,344	£266,449	£345,161	171%
2012-13	48	29	£7,750,118	£10,353,277	£161,461	£215,693	£267,245	£357,010	166%
2013-14	48	27	£7,835,966	£10,055,211	£163,249	£209,484	£290,221	£372,415	178%

3.16 Child custody is very expensive and when overheads (mainly YJA Headquarters costs) are factored in, the JJC costs around £9.3 million per year. The cost per place has closely reflected the changes in total cost, which is to be expected as the number of places is constant at 48 and thus the only variable is the change in total cost.

3.17 Perhaps a more useful figure is the cost per occupant. This can be measured in two ways – against the average occupancy rate and against the maximum occupancy rate. The average occupancy rate since 2007 has been 28 and the 2013-14 unit cost per occupant was around £372,000, including overheads. This is close to the 2009-14 five year average of £362,000. However if the recent maximum occupancy rate of 42 were to be sustained over twelve months, this would reduce the unit cost per occupant by 50%, to £186,000.

3.18 The other volume indicator that might impact upon JJC costs is the number of transactions that take place. These can be classified as admissions and changes in status, for example when a child transfers from PACE to remand. Between 2013-14 there was an increase in the number of custody days provided from 9,553 days to 10,019 days, which meant the cost per custody day fell from £1,084 to £1,004. Increases in activity while overall costs have remained within a narrow band, reinforces the view that a level of efficiency improvement has been achieved in the Centre.



Care of children

- 4.1 Woodlands placed considerable emphasis on meeting the needs of the children in its custody. Its Operational Procedures and Statement of Purpose were linked to the Northern Ireland Strategy for Children 2006-16. They state that the JJC will operate ‘...safe, secure and caring environments that address the needs of the child whilst reducing the risk to and from others... The Centre contributes to the aim of reducing offending behaviour by delivering a co-ordinated and consistent programme of interventions aimed at challenging children about their attitudes, thinking, behaviours and consequences of their offending behaviour.’
- 4.2 Physical Control in Care and Therapeutic Crisis Intervention training were provided for all staff who had face-to-face contact with children. There had been a significant reduction in the use of force since 2007 with the aim of removing institutional responses to poor behaviour and self-harm. Table 4 illustrates:

Table 4: JJC restraint, self-harm, accident and assault incidents, 2007-13

Year	Restraint	Self-harm	Accidents	Assaults
2007	204	57	72	33
2008	63	31	51	13
2009	69	31	60	9
2010	35	78	44	2
2011	45	84	24	6
2012	56	148	32	2
2013	63	146	26	8

- 4.3 Records were audited by management to ensure staff behaved consistently and proportionately and incidents were monitored by gender, religion, location and type. Inspectors’ examination of the data and underpinning documentation did not reveal disparities on any grounds. JJC management shared their analysis with staff and encouraged exploration of reasons and methods of reducing the incidences even further.

- 4.4 Inspectors saw evidence in files of situations being assessed in respect of appropriateness for physical restraint. For example a file recorded explicitly that, due to a child's previous experience of abuse, physical restraint should not be used under any circumstances and that female staff should support the child when distressed. This was good practice.
- 4.5 While restraints had risen, monthly comparators show that Woodlands restraint rates were lower than any of the three comparable sectors in England and Wales:
- Woodlands - 0.03 to 0.16;
 - YOI - 0.17 to 0.21;
 - Secure Training Centres - 0.19 to 0.26; and
 - Secure Children's Homes - 0.44 to 1.02.
- 4.6 The rise in self-harm rates was concerning. Managers suggested this was particularly due to increased numbers of children coming off drugs as they entered custody. The older age group, higher levels of complex needs and the requirement to adhere to JJC rules and boundaries, often had an adverse impact on children's emotional stability.
- 4.7 55% of self-harm incidents involved superficial cutting and 23% involved ligatures. 16% involved girls, which was disproportionate to their numbers in the Centre, though in keeping with a UK-wide higher rate of self-harm among females in custody.
- 4.8 56% of all injuries to children and staff were caused during restraint incidents, many of which were initiated in order to prevent self-harm; and several of the assaults on staff arose when they intervened in disputes between children.
- 4.9 There were 571 single separations in 2013-14, down from 643 in 2012 and 725 in 2011. These entailed children being temporarily separated from others in their residential group, normally by going to their bedroom. Single separations were often requested by children themselves, as they knew it could help defuse tensions.
- 4.10 There were 990 sanctions in 2013-14. 70% of sanctions entailed an adverse report and the next most commonly-applied were early bed (15%) and temporary reduction in regime level (7%). There was evidence in children's files of restorative work being completed with staff after an incident and of children progressing through the regime levels soon after responding positively.

Regime

- 4.11 As was the case in 2011, basic provision such as food and laundry were of a high standard in the JJC. A choice of food was provided for children and they normally ate alongside staff in a communal area. The residential houses were clean, warm and tidy, with the main signs of wear some minor tears in seat coverings.

- 4.12 The JJC was physically designed for a 10-16 year-old population, and its staffing model was relationship-based, with a child-centred approach. It used incentives which allowed children to earn privileges that can also be forfeited for misbehaviour. A five-tier regime, with commensurate privileges, was in place and there was good buy-in from children. Infractions were met with reasonable penalties and restoration of privileges could be earned quickly.
- 4.13 This model had worked well since 2007, especially as population numbers tracked below staffing levels. However things became more difficult since July 2014 when the average population increased. Most of the additional children were 17-year-olds and they included a prolific self-harmer who had very high levels of staff supervision by day and by night.
- 4.14 Three incidents at the beginning of September 2014 led to staff requiring hospital treatment for smoke inhalation and damage within a house caused by three boys who broke out of their rooms. They were reported to the PSNI for criminal damage.
- 4.15 The management response was prompt and proportionate. A restricted regime was put in place, with the intention of reasserting control and providing respite for staff. PACE admissions had already been restricted to girls and vulnerable boys, since June. The restriction on PACE was lifted at the beginning of September, but from time to time operational restrictions were imposed due to occupancy levels and staffing at nights.
- 4.16 Managers were mindful of the need to maintain compliance with the JJC Rules - which require the shortest possible time in separation and regular reviews - when they introduced the restricted regime. Safeguards included 15 minute observations for children while locked. The restrictions were being relaxed by the time this inspection began, with up to four children allowed out together at mealtimes. All children's appointments were maintained, though education, social and recreational opportunities were reduced. The duration of the restricted regime remained uncertain as decisions about staffing levels were being adjusted to a curtailed budget.
- 4.17 Some staff were shocked by the levels of challenging behaviour which they were encountering. They attributed this to rising numbers of 17-year-olds and identified the ageing profile of the workforce as another contributory factor: the average age of residential staff was in the mid-40s, and night staff in the mid-50s. A 52-year-old who had to restrain a boy, along with a 61 and 62-year-old, said they just managed to handle the situation, and he was feeling exhausted.
- 4.18 Contingency plans were in place. These included placement of boys in the girls unit if numbers became too high; and a move to Hydebank Wood Young Offenders Centre (YOC), with JJC staff, if the JJC were to suffer major damage.
- 4.19 Inspectors spoke with most of the children. They were positive about the majority of staff and about the care they were receiving. Some were able to complete community service hours for charity while in the JJC. Their main criticism was of the restricted regime, because they felt it

entailed blanket punishment of every child in response to events that had taken place in only one house.

- 4.20 However, the children were not unduly perturbed by the restricted regime and nobody formally complained. The additional time to be spent in their rooms was limited and they had reading material, games and television while locked. While children did not articulate the view, staff suggested that many of them actually preferred separation as they did not cope well in groups, and the residential houses' atmosphere could be claustrophobic when seven or eight children congregated there with staff.

Strategic recommendation 2

The JJC regime should be redesigned to ensure it meets the needs of the changing population, including 17-year-olds. This redesign should take account of the childcare philosophy within which the JJC was established and ensure the new regime fully complies with the JJC Rules.

Assessment, planning and case recording

- 4.21 Inspectors viewed 14 children's files (three girls and 11 boys) from all six residential units. The files had a clear consistent structure and were easy to follow. All necessary statutory records were available and there was evidence of liaison with other agencies. Minutes of advance planning meetings for children who were due to arrive at Woodlands were maintained on file. There was evidence of management undertaking audits and providing feedback as a standard component of the staff supervision process.
- 4.22 Inspectors observed planning and discharge meetings for children. They and their parents were actively included, their contributions were heard and formed part of the process along with JJC, Social Services, Probation and YJA staff. The approach was holistic, with accommodation, training, volunteering, and bail support options discussed in detail. All issues and recommendations were clarified to ensure children understood their options.
- 4.23 Risk assessments and individual crisis management plans were evident in nearly all of the files, and there was evidence that these documents were regularly updated.

Child protection/safeguarding

- 4.24 The YJA's child protection protocols were updated when the Safeguarding Board for Northern Ireland commenced operation in 2011. All residential staff received Child Protection training and relevant managers undertook Designated Safeguarding Officer training.

- 4.25 The JJC had made an average of 13 safeguarding referrals to Social Services departments each year since the last inspection. A total of 20 child protection allegations were received by Woodlands during 2013-14. The majority (15) predated the child's arrival at the Centre, but were disclosed in the JJC. Child protection procedures were instigated and followed in each case. While evidence was available of referrals having been made to the appropriate authorities, in some cases the relevant Trust had not formally acknowledged receipt of the referral. These failures were routinely notified to Trust senior managers.
- 4.26 Safeguarding was a regular feature of reports to the YJA Board of Management. The JJC and the YJA were represented at appropriate levels on Northern Ireland's child protection structures. In addition to dealing with current concerns, JJC managers had established protocols with senior PSNI officers and South Eastern Health and Social Care Trust (SEHSCT) officials to review historic cases, as Woodlands held all the files from the old Training School system.

Complaints and representation

- 4.27 Considerable attention was paid to children's complaints at Woodlands. The complaints procedure was simple and transparent. A complaints audit had been carried out and an Independent Complaints Reviewer visited each year, even though she had not received any referrals during the past three years. Her recommendations led to the complaints policy being amended in 2013. The policy was explained to children upon committal and they were given a child-friendly copy upon arrival at the Centre.
- 4.28 Each residential unit had its own complaints folder where original complaint forms were logged and summary details were collated for monitoring purposes. Complaints featured as a standing item at senior management team meetings. This highlighted their importance and ensured issues could be addressed quickly, lessons learned and shared. The YJA Management Board also received complaints data and analysis on a quarterly basis.
- 4.29 The complaints examined by Inspectors were minor in nature and appeared to have been dealt with appropriately. A total of 48 complaints from children were recorded between 2011-14. All were resolved at internal stages.
- 4.30 A Forensic Medical Officer had complained in May 2014 about staff failure to restrain a boy who was self-harming and violent. The YJA had engaged an external consultant to investigate this complaint and JJC managers applied early learning from the case in advance of the investigation outcome. The learning included deploying qualified staff at night while that boy remained in JJC custody and using faststraps for extreme situations. JJC managers also increased their Risk Register; and provided a detailed handover to YOC staff when the boy transferred to Hydebank Wood upon his 18th birthday.

Religion

4.31 Catholics comprised the majority of children in the JJC - an average of 58% - and around 40% were Protestants. A local minister had been lead chaplain for a number of years and clergy visited the Centre on average once per week as well as at specific times such as Easter and Christmas. At the time of this inspection there was no Catholic priest available, although a request had been made for the local diocese to make an appointment.

Family and other relationships

4.32 A list of appropriate external contacts was identified with each child when they arrived at the JJC. Children were allowed to make one free telephone call each day and they could also make a second call at a fixed cost. Staff monitored children's phone calls when necessary, and letters were required to be opened in front of staff.

4.33 Family visits were encouraged and accommodation was available for people who had to travel from afar. It was used on average once per week. Contact with family members was not necessarily always in children's best interests: JJC managers reported increased efforts by visitors, including parents, to smuggle contraband into the Centre. They therefore introduced closed visits with clear criteria for usage, which included approval from Director or Deputy Director level. The JJC did not undertake full body searching of children.

4.34 The JJC had been joined as a respondent in a 2014 judicial review about production of detainees. Although the review primarily involved the PSNI, one consequence was that children, including those reported for committing offences within the Centre, could not be produced for police interview. This had increased the rate of children being arrested upon release from the Centre and was unresolved at the time of this inspection.

4.35 Sentenced children could avail of home leave as their release dates approached. Each period of home leave was risk-assessed and venues, dates and times were tailored to suit individual circumstances. Managers reported that there had been two significant breaches of home leave, one of which involved a serious offence being committed by a child in February 2012. The home leave policy was subsequently reviewed and arrangements were strengthened to include the close co-operation of the PSNI's Reducing Offending Unit in each area where children were granted home leave.

4.36 Professional visitors, such as social workers, probation officers and legal advisors, were frequent attenders at the JJC; and they had the facility to consult with children by video link as well as in person.



Addressing offending behaviour

- 5.1 The aim of the YJA is to make communities safer by helping children to stop offending. While the JJC has a strong childcare ethos, it is primarily a custodial facility which is expected to address children's criminal behaviour.
- 5.2 Research shows that first conviction at an early age is a reliable indicator of a continuing criminal career; and the likelihood of reoffending is increased after children have reached the custodial threshold. The criminal records and current charges of remanded and sentenced children indicated that they met the criteria for custody. When combined with difficult social circumstances and chaotic lifestyles, it is therefore clear that the children in JJC custody had the worst prognosis of all in terms of reducing their offending behaviour.
- 5.3 Although crime was obviously reduced while children were in JJC custody, it was impossible to deliver lasting interventions when they only stayed for short periods of time or left suddenly. This applied to most children, especially those who were admitted on PACE, or who were released abruptly when granted bail. Since only around 60 children received JJC sentences each year, and most of these had already served time on remand, opportunities to address offending behaviour in a systematic manner were limited.
- 5.4 Consequently the JJC attempted to reduce children's offending by delivering personal development programmes that addressed underlying social issues for example alcohol and drugs, making choices, family relationships, sectarianism, social and life skills, emotions, physical and mental health and citizenship. Programmes were also delivered in relation to specific offences such as car crime, violence or arson, when children were convicted. Programmes could be repeated for children who are readmitted to the JJC; and some good training had been provided for staff to assist with programme delivery.
- 5.5 Programmes were designed to be delivered in groups during the school day and in individual keyworker sessions. They had been built into the school timetable to ensure that every child completed a 40 minute group session on each school day. There was also input from external agencies such as the PSNI, Northern Ireland Fire and Rescue Service, Opportunity Youth and drug and alcohol workers, which provided links that could support children after their release.

- 5.6 While some children's files revealed good practice, detailed work to address offending behaviour was not carried out consistently, and in a number of files was largely absent. Residential staff and team leaders said they had not had enough time to carry out individual work or group programmes since the summer of 2014.
- 5.7 In 2011 we had suggested there was scope to increase involvement of teachers in programme delivery. This had not been achieved, and we recommend accordingly in Chapter 6.
- 5.8 Only a small minority of children in the JJC were assessed as posing a high risk of harm to others. Regional Risk Panels and Public Protection Arrangements Northern Ireland provided a structure for managing the risks posed by these children when necessary.
- 5.9 Good information is an important prerequisite to addressing offending behaviour. While detailed information should accompany children on admission, staff identified instances where they had little, if any notice of a child's arrival in the Centre. This caused difficulties in assessment and planning.
- 5.10 Although it was easy to identify the JJC's input to address children's offending behaviour, assessment of outcomes was more difficult. Research had commenced to obtain feedback from children about their experience of the JJC at point of discharge, though this was a longitudinal exercise which would take several years to complete.
- 5.11 While the JJC did not have data to measure the rate of repeat admissions, it appeared no different from the position elsewhere in the UK where 67% of under-18 year-olds are reconvicted within a year of release from custody.⁷

Operational recommendation 1

The JJC should develop its database to capture more detailed information about the offending profile of its population, including repeat admission rates.

Bail supervision and support

- 5.12 The YJA had a Bail Supervision and Support Scheme which aimed to assist children to successfully complete their period on bail. The Scheme comprised two staff who received daily notification of new admissions to the Centre and undertook an assessment to ascertain the child's bail status and prospects.
- 5.13 Data for the period October 2011 - August 2014 showed:
- 691 bail assessments were initiated;
 - in 135 cases the child declined to participate;

⁷ Table 18b, Ministry of Justice (2014) Proven re-offending statistics quarterly July 2011 to June 2012, London: Ministry of Justice.

- in 373 cases no bail application was made, or bail was refused;
- 183 proposals were made for supported bail;
- 160 of these proposals were accepted by courts;
- 75 completed successfully; and
- 78 were revoked and returned to custody.

- 5.14 An imaginative Bail Pilot Project had been undertaken by a children's home in Belfast during 2012-13. It was subsequently evaluated and the report demonstrated the benefits of joint working between the home, Social Services, police and others. At the time of this inspection proposals were being considered to replicate the benefits of the pilot project.
- 5.15 The OSS undertook an analysis of attitudes to bail and a sample of Youth Court bail conditions at the beginning of 2014. It showed that bail lasted for an average 110 days before cases were concluded. Few children had less than three bail conditions and the average was five conditions. Additional conditions were often added if the child failed to comply, which was considered by some to be counterproductive because it could set children up to fail.
- 5.16 Social workers, judges and police outlined several important considerations that affected their approach to bail decisions and conditions. Social workers reported:
- some LAC were engaged in chronic drug abuse, especially legal highs; and options were limited when they refused to engage with support services;
 - it was very difficult for social workers to access a secure care placement at short notice for a LAC who was engaged in high risk behaviour. In these cases custody became an attractive option in order to keep the child safe;
 - when children failed to comply with bail conditions, staff believed that recourse to the criminal process was their only way of controlling behaviour, even though they accepted it probably would not work in the longer term; and
 - social workers and police worried about not being seen to take decisive action after a breach of bail.
- 5.17 Judges said they tried to apply reasonable bail conditions and presumed that children could adhere to the conditions. They said it was not the courts' intention that children should be sent into custody unless absolutely necessary; and they did not expect that every breach of court bail needed to be met by a report to the police, arrest and detention.
- 5.18 The PSNI acknowledged that many officers did not realise the extent of their discretion, or that arrest was not mandatory for minor breaches of bail. Response officers said they would be more likely to exercise discretion in relation to arrest and detention if they felt they had the support of senior officers.

- 5.19 There was also confusion among police about the limitations of social workers' roles: police were frustrated by the high number of call-outs to children's homes and believed that residential care staff could not manage difficult behaviour; whereas social workers explained they were constrained by legislation that prevented them from restraining or detaining children who were at risk of offending.
- 5.20 There is scope for improving the inter-agency approach to setting bail conditions, and the management of children on bail. This is not an easy undertaking, but a positive start has been made and should continue.



Education and vocational training

Context

- 6.1 As a result of the JJC's changed age profile, at the time of this inspection 30 of the 41 children were over compulsory school age. The Education Learning Centre (ELC) data indicated that, on average, approximately 65-75% of the children in the centre were over school age. All of the children were required to attend education when they were placed in Woodlands; and although the majority were beyond compulsory school age, most children in the Centre welcomed the opportunity to attend classes. The Centre's own survey data indicated that 86% of the children were satisfied with the education provided to them.
- 6.2 Temporary restrictions on the movements of the children which were in place during the inspection period meant that, while all of the children attended education, the hours they attended were restricted to between 10 and 20 hours each week.
- 6.3 Since the 2011 inspection, there had been a 50% reduction in the number of permanent staff in the ELC, due to illness, stress, relocation of staff and retirement. Two temporary teachers from a further education college had been employed on short term contracts to teach art, pottery and essential skills. Department of Education policy restrictions did not permit the ELC management to employ substitute teachers or recruit new teachers or tutors. Teachers or tutors covered for absent colleagues when possible; otherwise, classes were cancelled. During the inspection, the complement of 14 ELC staff was reduced to 10, including the two further education tutors.

Overall evaluation

- 6.4 The ELC provided an organised and structured environment, with opportunities for the children to make progress, academically and socially. The quality of the education provision in Woodlands ELC was evaluated as 'good' in 2011. On this occasion we deem it had reduced to 'satisfactory.'
- 6.5 At the time of the inspection, 41% of the children in the ELC had statements of educational need and only one child had attended post-primary education for substantive periods of time. In addition, all the children of compulsory school age attended education other than at school

provision when not in Woodlands. All had histories of non-attendance or disrupted schooling, and most had complex educational needs, with low levels of attainment, in comparison to most children of similar ages.

- 6.6 The ELC provided accredited courses in literacy, numeracy, Information Communication Technology (ICT), catering, physical education, science, horticulture, digital media and car mechanics. There were also unaccredited classes in woodwork. The majority of children who attended the ELC for eight consecutive weeks or more achieved well given their previous histories, with 80% gaining one level in literacy and 50% gaining one level in numeracy. In June 2014, 27 children gained accreditation in four or more unit awards, with a further 36 children gaining at least three and up to seven unit awards through the Assessment and Qualifications Alliance (AQA). The AQA unit awards can be accredited after eight weeks of study. They provided motivation for reluctant learners to progress to study essential skills, numeracy and literacy. A small number of children who had been attending the ELC for a substantive period of time had successfully gained GCSE accreditation and progressed to study level three courses. Outcomes for children had improved slightly since the last inspection.
- 6.7 The personal development programmes provided opportunities for the children to gain qualifications that were accredited by the Open College Network. These programmes were run by residential staff, but the reduction in their numbers and the regime restrictions in place during the inspection resulted in all programmes being cancelled.
- 6.8 Most of the children engaged well in the lessons observed and were respectful and courteous to teachers and instructors. The working relationships between the children and their teachers and instructors were excellent. There was an effective baseline assessment process in use to determine children's ability and identify gaps in their learning. In the best practice in numeracy, the assessment information was used effectively to set individual academic targets and plan lessons for individual children. However, lesson planning was very difficult as children could leave the JJC with little or no notice and were often removed for court appearances and other activities.
- 6.9 In essential skills communication lessons, marking for improvement strategies were used effectively to provide feedback on children's written work. The class groupings changed daily, and were usually composed of children with different levels of ability and age. Membership of classes was determined in conjunction with care staff and was usually dependent on children's house location and ability to work with others. Educational ability or individual learning needs were not the primary reason for class composition.
- 6.10 A new timetable was produced daily and the teachers were briefed on class composition each morning. In order to cope with the constant changes in class membership, teachers set work related topics that interested the children. However there was too great a reliance on worksheets and undue focus on accreditation. As a result, teachers had low expectations of what the children could achieve and there were missed opportunities to develop

independence, thinking skills and personal capabilities. Children were rarely taught in small groups: consequently there were limited opportunities for developing oral communication skills, especially in literacy classes.

- 6.11 Some of the teachers had interactive whiteboards in the classrooms, but they had insufficient training in their use and could not effectively use the resource. The ELC had made some investment in ICT, but the provision required further development.
- 6.12 The reduction in staff levels in the ELC had resulted in a more limited curriculum and a reduction in the time that children could attend education: from a potential 23.45 hours per week before Easter 2014, to a maximum of 14 hours subsequently. Catering classes did not run during the inspection as the tutor was ill.

Operational recommendations 2 - 5

The JJC management should:

- **enable substitute teachers to be employed and new staff to be recruited, so that the breadth and balance of the educational curriculum is maintained;**
- **ensure that the membership of classes is arranged according to academic ability and assessed individual learning needs, with opportunities for children to work in small groups;**
- **work with the numeracy, literacy and ICT co-ordinators to develop the good practice identified in the use of baseline assessment, and to set individual targets and individual learning plans, so that these can be shared and used to guide all teachers and instructors in planning their lessons; and**
- **reinstate the personal development programmes and develop the woodwork facility to provide a range of practical courses that will enable the children to achieve accreditation.**

- 6.13 The quality of the leadership and management of the ELC was satisfactory. The ELC management worked very effectively and managed the day-to-day operation of the education provision well. Since the last inspection senior management of the ELC had effectively been reduced by 50%. The ELC management had worked hard to maintain the education provision during a very unsettled period of change in staffing and illness and despite the difficulties, the outcomes for children were good.
- 6.14 Education managers were reviewing their provision in light of reduced staffing levels and changed age profile. They had developed a strategic plan to better meet the needs and maturity levels of the children and reduced staffing levels. The plan identified a need for individual learning plans.
- 6.15 The ELC had developed better links with the Education and Library Boards to support children on their exit from Woodlands, as recommended in the last inspection report. Effective links

had been developed through a working group with Lakewood Secure Children's Home and Glenmona Resource Centre. The working group were developing accreditation pathways to ensure children could continue their examination studies in all centres.

- 6.16 The transfer of educational and academic information had significantly improved when children came into Woodlands or transited to other education provision. ELC managers had established effective working relationships with NIACRO who provided accredited level one courses in core and functional life skills through the Open College Network. The children were also supported by NIACRO in gaining employment, housing and engaging with further education or training courses upon leaving the JJC.

Operational recommendations 6 - 8

The JJC management should:

- **carry out a complete review of the current arrangements for education to meet the changing age profile of the children and new staffing levels;**
- **review the role of teaching staff with posts of responsibility and develop a distributed management structure with clear accountability; and**
- **ensure the strategic education plan is developed and implemented.**

- 6.17 Since the last inspection, the reduction in teaching staff had meant that a planned increase in accreditation opportunities for children had not been implemented. Nor had plans to provide more group work, or to develop children's spoken communication skills, been implemented. A painting and decorating course was briefly provided and a successful horticultural programme had been firmly established. A health and safety audit of the woodwork facility had been carried out, as recommended in 2011.

- 6.18 The ELC managers had established a formal approach to data collation with a new computerised database (Oasis), but it had not been developed fully to meet all ELC needs. Teachers had not been able to access professional training within the JJC or DoJ and they did not have access to training provided by the Education and Library Boards.

Operational recommendations 9 – 10

The JJC management should:

- **identify external support to provide professional training for ELC staff, on an ongoing basis, to develop their awareness and knowledge of the wider educational curriculum, and to keep abreast of current educational developments; and**
- **work with the ICT co-ordinator to use the computerised database more effectively to meet the ELC needs and to develop children's individual learning plans.**

Summary

- 6.19 While education had been kept reasonably on track since the last inspection, by September 2014 a view was developing within the JJC and YJA that it was no longer feasible for Woodlands to deliver education to the children detained there. In light of increasingly obvious drawbacks in the existing system, including a lack of access to professional development for Woodlands teachers, unavailability of supply teachers, and inadequate IT support, we concur with this view.

Strategic recommendation 3

The JJC should explore options for alternative mechanisms to deliver education.



Healthcare and health promotion

- 7.1 The JJC population had significant health difficulties, and mental health was especially problematic. A 2011 audit revealed:
- 77% were substance misusers;
 - 40% had self-harmed;
 - 30% had Attention Deficit Hyperactivity Disorder;
 - 43% were already known to Community Adolescent Mental Health Services, but had not been attending.
- This was similar to the profile of LAC.
- 7.2 Inspectors sought to ensure that the JJC met the following two standards which are consistently measured in residential childcare provision:
- all children will be provided with healthcare to Departmental and National Health Service Standards where relevant, including health education; and
 - the JJC works with other agencies to ensure that its health, education and care service is seamless.
- 7.3 The expected outcomes for children is that they '*....are cared for by a health service that assesses and meets their needs for healthcare while in custody and which promotes continuity of health and social care on release. The standard of healthcare provided is equivalent to that which children could expect to receive in the community*' (from RQIA Standards). The extent to which the criteria were met is as follows:

Health assessment

- 7.4 Healthcare staff were informed of the admission of all children to Woodlands JJC and they received a healthcare examination at the point of admission, or within 24 hours of arrival.⁸ The Comprehensive Health Assessment Tool (CHAT)⁹ was being piloted.

8 http://www.rcn.org.uk/__data/assets/pdf_file/0011/584534/Charlotte_Lennox_-_CHAT.pdf.

9 <http://www.rcpch.ac.uk/child-health/standards-care/service-configuration/secure-settings/children-and-young-people-secure-s>.

- 7.5 Healthcare staff initially completed a CHAT Reception Screen, ideally within two hours or before the first night of admission, to assess for urgent physical and mental health needs including suicide, self-harm and substance withdrawal. The preliminary findings directed which additional parts of the CHAT tool would require completion. These additional tools included:
- a physical health assessment;
 - a mental health assessment;
 - a substance misuse assessment; and
 - a neuro-disability assessment.
- 7.6 The timescale for completion of these tools ranged from three to 10 days. Inspectors were informed that healthcare staff had not received training for completing the CHAT documentation prior to commencing the pilot. They also advised that, as Woodlands JJC does not provide a 24 hour nursing service, completion of assessment could be delayed for late admissions. The JJC's draft Healthcare Assessment Policy/Operational Procedure acknowledged the resource limitations and directed staff to complete the documentation within 24 hours of admission.
- 7.7 A review of some health records showed that the reception screen had, in most instances, been completed before the first night. While the additional assessments were not evident in the records that Inspectors examined, there was evidence of other assessments, such as a more detailed mental health assessment, which were not part of the CHAT documentation. An audit of the CHAT tool had been carried out by healthcare staff. It provided various reasons for its limited completion, including insufficient time, no training, the child was already known, or another assessment was used instead.

Operational recommendation 11

Staff should receive training in the use of the CHAT assessment tool and adequate time should be provided to ensure completion of the documentation.

- 7.8 Many of the children who entered Woodlands JJC were in poor physical and mental health as they either had limited access to healthcare services in their own community, or did not take up the services that were available. The healthcare interventions and health promotion provided by the JJC were therefore vital for these children.
- 7.9 Healthcare staff liaised with children's General Practitioners and other relevant community professionals. Following the initial health assessment/CHAT screen, information in relation to risk of self-harm or suicide, along with identified healthcare needs such as drug and alcohol use, were immediately referred to residential staff and teachers. The information was retained in the child's case record and was easily accessible for all relevant staff. Healthcare staff attended daily briefing meetings and a handover in relation to significant healthcare issues was provided to the duty manager at the end of the evening shift. This provided valuable information and ensured continuity of care.

- 7.10 A nursing care plan for each child was held in the healthcare department. The CHAT documentation included some core care plans for nursing staff to individualise and complete. Those reviewed by Inspectors were not complete, and there was minimal attempt to individualise. Nursing care plans were not constructed in respect of a recognised model of nursing for children admitted before the CHAT pilot. The plans did not contain information to inform and guide nursing staff in relation to specific issues. For example, there was no short-term care plan for wound management in place. This deficiency had been highlighted in the 2011 inspection. Where a specific need has been identified, the care plan should identify the desired outcomes, the planned nursing care interventions, and the frequency of evaluation required.

Operational recommendation 12

We repeat the recommendation that short-term care plans are developed when appropriate in respect of identified nursing care needs.

Primary care

- 7.11 The JJC employed three full-time registered mental health nurses, plus one full-time and one part-time registered general nurse. The nurses were deployed on a shift basis and a nursing service was provided for children from 7.30am to 10.15pm each day.
- 7.12 The full-time general nurse was employed through a nursing agency on a temporary contract and was in the process of moving to other employment. Inspectors noted that an induction policy was still not in place for newly appointed healthcare staff and she advised she had not received any comprehensive induction to the facility when appointed 18 months earlier.
- 7.13 Inspectors were informed that plans for health services to be commissioned from a mainstream provider had been agreed in principle, but the transfer of funding and staff had yet to take place. The JJC Director confirmed that in the interim period, vacant posts were being filled by temporary agency staff. It is a matter of concern that not all temporary staff will have relevant experience for the unique child custody environment. This may dilute expertise within the nursing team and reduce the standard of care delivered to the children.

Operational recommendation 13

All newly appointed healthcare staff, including agency staff, should receive a robust induction process to ensure they can work effectively within Woodlands JJC.

- 7.14 With the exception of the Medication at Woodlands Operational Procedure, none of the JJC healthcare policies and procedures had been reviewed since 2010, and none of the policies had a review date.

Operational recommendation 14

All healthcare policies should have a review date appended to the approval date and all policies should be reviewed and updated as required to ensure continuing accuracy.

- 7.15 The nursing staff displayed a professional and dedicated approach to their work, which was person-centred in every respect. However they considered there was a gap in relation to their professional development, which the current supervision arrangements did not fully meet. They felt professionally isolated and considered supervision with registered nurses working in a similar area of practice, at their own level or a more senior position, would improve their professional development and competence. Staff confirmed there was no clinically-trained manager to supervise or appraise their work. While appraisals had recently been carried out with the JJC Director, the healthcare staff had not received any clinical or peer supervision.
- 7.16 Inspectors were also concerned that Woodlands did not have a monitoring system in place to assure nursing staff's registration with the Nursing Midwifery Council. There were significant deficits in clinical, corporate, information governance and quality assurance systems and processes; and there was no evidence of professional leadership, service user feedback, risk management processes, continuous professional development, clinical audit or team meetings.
- 7.17 Healthcare staff were unaware of the relevant mandatory training they required to maintain safe working practices. Some had received first aid training, and all had received therapeutic crisis intervention and physical control in care training, as well as competency training on venepuncture and Electrocardiogram usage. However, none had received recent training on suicide and self-harm or child protection. This is not in line with JJC policy.
- 7.18 There were no systems in place to capture and record incidents such as near misses, overdoses or missed appointments. Consequently it was difficult for staff to observe trends or themes.

Strategic recommendation 4

Clinical leadership and governance should be provided for healthcare staff to maintain and improve the quality of nursing care provision. If necessary, this should be achieved by outsourcing to a mainstream provider.

Operational recommendations 15 – 16

**Woodlands JJC should introduce a monitoring system in place to assure Nursing and Midwifery Council (NMC) registrations of nursing staff; and
All healthcare staff should receive mandatory training commensurate with their role.**

- 7.19 Woodlands used the services of a local General Practice, and a doctor visited on a weekly basis. The Practice provided an out-of-hours service, and in an emergency would see children at the Practice surgery.
- 7.20 All children had ready access to dental treatment. A fully-equipped dental suite was located in the healthcare department and a dentist and dental nurse visited fortnightly. The decontamination of dental equipment did not fall in line with HTM 01-05 Decontamination in Primary Care Dental Practices¹⁰ (see also paragraph 8.18). Other allied health professionals, including community physiotherapists and opticians, visited the JJC upon request.

Secondary care

- 7.21 If emergency care was required, children attended the emergency department at the Ulster Hospital. The JJC also had access to the minor injury units at both Bangor and Ards Community Hospitals. Visits to outside facilities created security risks and healthcare staff liaised with hospitals in advance to ensure these visits could be appropriately facilitated. These risks could sometimes delay children receiving hospital examinations or treatment. Responsibility for assessing the risks rested with the JJC Director and if difficulties arose, a domiciliary visit was arranged if possible.

Child and adolescent mental health

- 7.22 Many children had complex alcohol, drugs and mental health problems which could make them particularly vulnerable. A psychiatrist was attached to the healthcare department for three sessions each week. She worked closely with nurses and visiting General Practitioners. Nursing and residential staff valued this engagement, though there could be significant delays in assessment and treatment when the psychiatrist was on leave.
- 7.23 The JJC also employed a forensic psychologist who provided a therapeutic service in relation to alcohol and drug misuse, stress and unresolved trauma. This service was based on need and referral followed assessment by a mental health nurse.
- 7.24 Continuity of healthcare services is vital, especially for children who require specialist services after release. Healthcare staff faced particular challenges in linking children effectively with community-based Child and Adolescent Mental Health Service teams (CAMHS) because the children who needed their service were often highly mobile and known to more than one agency.
- 7.25 At the time of this inspection a Forensic Assessment Consultant Service, Northern Ireland was being established. This is a multi-disciplinary partnership between the SEHSCT and the YJA, which will provide specialist forensic input to address the mental health and risk management

¹⁰ <https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices>.

needs of children who are already in the youth justice system, or who pose a high risk to others. Although this is to be a Northern Ireland-wide service, it is to be based in the JJC, which will be of considerable benefit to Woodlands.

Self-harm and risk of suicide

7.26 The mental health assessment on admission included screening for risk of suicide or self-harm; and the assessment informed each child's individual crisis management plan. Children who were identified as being at risk were closely observed and written protocols were in place to document their care management. All relevant personnel were made aware of the children at risk, the interventions necessary to keep them safe and there was good communication between disciplines. Staff were attentive in applying the policies and protocols, and knowledgeable about the levels of observation that children required. Healthcare staff contributed to clinical observations when there was an identified need.

Health promotion

7.27 Health promotion was accorded high priority at the JJC. Topics such as drugs awareness, homelessness, identity, mind your mates, sex and relationships, values and moral reasoning, were scheduled into the programmes timetable. Nursing staff contributed when there was a healthcare theme. They were keen to develop this area of work though felt constrained by time. Care staff said the healthcare inputs were professionally delivered and the expertise was valued.

Operational recommendation 17

Nursing staff participation in the area of health promotion should be further developed.

7.28 All staff promoted personal hygiene with the children, encouraged healthy lifestyles, healthy eating and physical education. Each house had allocated time to use the physical education centre which incorporated a swimming pool, weights room and a gymnasium. Residential staff helped children to set personal goals and encouraged them to achieve awards. There was evidence of children's achievements on display in the physical education centre.

7.29 There was a no smoking policy in Woodlands. Cigarettes, tobacco and other illegal substances were confiscated on admission and bedrooms were regularly searched to ensure adherence to the policy. Healthcare staff would assist with smoking cessation if required and nicotine patches could be prescribed. Most children adapted to the no smoking arrangements and residential staff usually did not find it difficult to implement the policy.

First aid

- 7.30 The staff rostering process aimed to ensure that adequate numbers of first aiders were always on duty. Woodlands JJC Staff Training and Development Report, September 2014 stated that first aid training continued to meet the legislative and operational needs of the Centre. While defibrillator training had been provided for 80 staff in 2012, not all healthcare staff had received first aid training or equivalent.
- 7.31 Although a transportable cardio-pulmonary resuscitation bag was available, there was no list of contents to ensure healthcare staff knew its contents, and regular checking of the contents was not scheduled. Fully-equipped first aid boxes were widely available and a defibrillator was located in the medical department, physical education centre and each of the houses. Healthcare staff regularly checked the defibrillator in the healthcare department. However regular checks were not recorded for the other locations.

Operational recommendation 18

Checks of defibrillators and first aid equipment should be carried out in line with guidance and all checks should be recorded.

Infection control

- 7.32 There had been no progress in relation to infection prevention and control (IPC) since the last inspection and none of the healthcare staff had specialist knowledge of the subject. The Infection Control at Woodlands policy had not been reviewed since 2010. It did not offer guidance on the management of a sharps injury; nor did it refer to the Regional Infection Prevention and Control Manual.
- 7.33 There had been no IPC training to update other JJC staff and there were gaps in staff knowledge and practice in the application of standard infection control precautions. Examples of these gaps include the management of blood and body spillages, decontamination of equipment and the correct dilution rates for disinfectants. There were no posters offering advice and guidance on IPC topics for staff reference.
- 7.34 A genito-urinary medicine clinic was offered regularly to the children, on a consent-only basis. Healthcare staff were in the process of organising a 'flu clinic for the children during this inspection.
- 7.35 There was a good supply of Personal Protective Equipment (PPE) for staff when required in the house units or healthcare department. Staff knew where to find the PPE and emergency PPE packs. When large spillages of blood or body fluids occurred, the area would be closed until it was industrially cleaned. However there was no specific policy available in relation to the management of laundry.

- 7.36 Cleaning schedules were not available for equipment in the healthcare department. Storage facilities were limited and some equipment was inappropriately stored in the staff toilet. This was removed immediately when highlighted by Inspectors. The medical fridge temperatures were not being recorded on a daily basis to ensure a cold chain failure had not occurred.

Operational recommendation 19

We repeat the 2011 recommendation that the Regional Infection Prevention and Control Manual should be adopted by the JJC and regular awareness training in infection prevention and control should be provided for all staff.

Medicine administration and home remedies

- 7.37 The Medication at Woodlands policy had been reviewed in 2012, though there was no appended review date. Medication was routinely administered in the treatment room. However the restricted regime that was in place during this inspection impacted on the administration of medication.
- 7.38 Medications, including controlled drugs, were administered by a nurse who carried them in labelled brown envelopes to each house. Administration took place in the child's room or in their bedroom corridor; and there was an instance of administration in a classroom. This practice raises concern about staff safety, client confidentiality, adherence to the JJC's policy and the Nursing and Midwifery Council Standards for Medicines Management.¹¹ A review of the controlled drug book evidenced only a single signature for the administration of controlled drugs.¹²

Operational recommendation 20

Governance systems should be put in place for the management of medicines to ensure compliance with the medicines management policy and regional and national guidance.

- 7.39 All healthcare staff confirmed that secondary dispensing no longer occurred within Woodlands JJC, as a registered nurse was on duty throughout the day. A small number of home remedy medications such as pain relief, linctus or sunburn cream were available for the Duty Manager to administer at night. Healthcare staff informed the Duty Manager at handover of all the medications that had been administered to children.

11 <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-management.pdf>.

12 <http://www.rpharms.com/support-pdfs/handling-medicines-socialcare-guidance.pdf>.

7.40 There was a personal record for each child who was prescribed medication and these were generally well-documented. Arrangements were in place with a local pharmacy for delivery of medications to Woodlands. Medications, including controlled drugs, were stored appropriately in a locked cabinet within the healthcare treatment room. Children who were being discharged would be given three to five days' supply of medication prior to seeing their community General Practitioner - the amount depended in part on levels of support at their discharge address.

Access to healthcare and accommodation after discharge

7.41 Children were generally motivated to accept help and attend appointments when they were in the JJC. However staff expressed concern about disruptions to their healthcare once they were discharged. Systems were in place for planned discharges and staff liaised with appropriate services, including healthcare providers, in advance. However for unplanned discharges, which were the majority, healthcare staff had difficulty in ensuring medication was organised and appointments arranged. Even when appointments could be made, they were concerned about children's levels of compliance in attending.

Children's views

7.42 The children commented very positively about the healthcare they received in Woodlands, including external appointments that were arranged for them. They said the healthcare staff were approachable, accessible and responsive to their requests for treatment, or to discuss concerns. It was apparent that the healthcare staff had a good rapport with the children.



Premises, security and safety

- 8.1 Unlike a prison, the JJC was designed as a centre for group living, with small residential units in which children feel safe. The final design resulted from collaboration between a specialist team and the end users. A detailed client brief and user specification delivered a building that can facilitate best practice in the care of some very difficult children. The physical fabric was constructed to minimise risk and operational practices were carefully considered and regularly reviewed for the same reason. For example:
- ligature points had been removed in bedroom design;
 - there was extensive internal camera cover and night staff did not carry keys to bedrooms - these were held by the Duty Manager. These features had significantly reduced historic levels of allegations;
 - the JJC was a technical building, incorporating high levels of electronics which recorded each time a door or viewing panel had been opened, and by whom;
 - each bedroom had en-suite provision. This reduced the traditional bullying and confrontation risks of institutional shower blocks;
 - movement of children was centrally coordinated to keep rivals apart and reduce friction;
 - personal searching was limited to pat down, but drugs testing equipment was available; and
 - 60% of court hearings were conducted by videolink. This reduced the security risks of transporting children out of the Centre and minimised disruption to their education.
- 8.2 Woodlands had remained significantly unaltered since the previous inspection in 2011. The building comprised a 7,000 metres squared facility that housed up to 48 children within six eight-bed residential units which were integrated with a range of support facilities. These included:
- educational facilities;
 - recreational and sports facilities including swimming pool, gym, and an outdoor astro-turf pitch;
 - spacious outdoor leisure areas within courtyards;
 - a healthcare centre, including dental suite;
 - main kitchen;
 - main laundry;
 - visitors' accommodation; and
 - court video link facilities.

- 8.3 A horticultural area had been developed since the last inspection. This consisted of a new polytunnel and several raised beds. It was currently staffed by Conservation Volunteers who worked with the children to grow and produce vegetables which were used by the Centre.
- 8.4 New urban gym equipment had also been installed in the courtyards which were accessible from the houses. This equipment provided further recreational facilities for the children. Overall the Centre presented in good condition and appeared to be well maintained in line with current standards and good practice.

Recommendations from the 2011 inspection report

- 8.5 The recommendations made in the 2011 inspection report had been substantially implemented:
- Remedial work to deal with slippery surfaces to the decked areas at the entrance to each house had been completed to a high standard.
 - Suitable hold-open devices had been installed to the fire-resisting doors in the utility area of the Centre which had been found wedged open during the previous inspection. These devices were linked to the Centre's fire alarm and detection system.
 - Relocation of electrical sockets in the bedrooms had been significantly progressed in order to reduce reliance on trailing electrical extension leads. The work had been completed in Houses 3, 4 and 5, and was 50% completed in House 2 at the time of this inspection.

Operational recommendation 21

Work to relocate electrical sockets should continue through to completion in the remaining bedroom accommodation without further delay.

General maintenance

- 8.6 The management of general maintenance in the Centre was of a high standard. Planning, monitoring and recording procedures for the building and engineering services continued to be implemented in a professional manner and appeared to meet all relevant statutory requirements. Documentation to support the maintenance procedures was well presented and comprehensive. This included records of ongoing fault reporting and subsequent remedial actions.
- 8.7 The decorative condition of the Centre remained in reasonable condition. Redecoration and minor works were attended to on an ongoing basis by the in-house maintenance personnel.

Water safety

- 8.8 Water safety control measures were well-established in the Centre. The risk assessment relating to control of legionella bacteria in the hot and cold water systems had been reviewed at

appropriate intervals; and suitable control measures had been implemented to reduce the risk of bacterial growth within these systems. Monitoring of the systems continued and records were maintained and available for inspection.

- 8.9 The control of hot water temperature to safe levels was also ongoing in line with current standards and good practice.

Ventilation

- 8.10 Records indicated that the ventilation system was maintained in line with current standards and good practice. No further requirements or recommendations are made as a result of this inspection.

Fire safety

- 8.11 The fire risk assessment had been subject to review at appropriate intervals and the significant findings contained in the most recent risk assessment had received appropriate attention. Records indicated that staff undertook suitable fire safety training which continued to be provided within the Centre, delivered by the Centre's specialist fire safety adviser.
- 8.12 Following a fire incident in a bedroom shortly before this inspection, it became apparent that the in-room smoke detection system had failed to perform to the required standard. The Centre immediately put a management system in place, including increased staff supervision of the bedroom accommodation, to compensate for this deficiency while they identified the problem and implemented a suitable solution. In consultation with their specialist fire safety advisor and the contracted fire alarm and detection specialist, a new smoke detection system was identified and was being installed, tested for effectiveness, and commissioned during the week of the inspection.

Operational recommendation 22

The solution identified, once its effectiveness is confirmed as satisfactory, should be installed in all bedrooms without further delay.

- 8.13 A further deficiency was discovered as a result of this fire incident – it was difficult to purge smoke from the raised central light wells in the bedroom accommodation.

Operational recommendation 23

A suitable means of extracting smoke should be installed at a suitable location in each light well. The Centre should consult with their specialist fire safety advisor as to the suitability of any proposal.

- 8.14 Inspectors observed inappropriate storage of items in several areas of the services accommodation. This included archive records, paints, redundant fire extinguishers and building materials.

Operational recommendation 24

Suitable measures should be implemented, in consultation with the Centre's specialist fire safety advisor, to ensure that items are stored in suitable locations which will not compromise the fire safety of the premises.

Security and safety

- 8.15 Security and safety remained a key priority at the JJC. Comprehensive risk assessments continued to be developed and reviewed in order to reduce the risk from unauthorised use of sharp tools and implements. It is essential that these reviews continue, to reflect the changing levels of risk which present in the Centre.
- 8.16 It was noted during the inspection that the trees planted in the courtyard had grown significantly since the Centre opened, and were now beginning to obscure the views of the CCTV installation.

Operational recommendation 25

Action needs taken to cut back and manage the courtyard trees to ensure the CCTV installation provides full coverage.

- 8.17 The Centre's healthcare department was a very comprehensive facility which was well-decorated and maintained. There were hand washing facilities in the treatment room but they did not comply with local and national guidance.

Operational recommendation 26

A suitable hand wash facility should be provided in the treatment room, in accordance with current infection control best practice.

- 8.18 The dental treatment room was maintained to a high standard. However the hand washing sink did not comply with local and national guidance; and it was noted that a steam steriliser used for the decontamination of reusable instruments was present in this room. Current best practice standards state that decontamination facilities should be clearly separate from clinical facilities.

Operational recommendation 27

A review of the decontamination of reusable instruments within the JJC should be undertaken, and suitable steps implemented to ensure compliance with current best practice standards.



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