



Report of a Designated Centre Special Care Unit

Name of designated centre:	Crannóg Nua Special Care Unit
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Announced
Date of inspection:	21 & 22 May 2018
Centre ID:	OSV 004216
Fieldwork ID	MON-0023869

About the designated centre

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

In Crannog Nua Special Care Centre the young people are detained under a High Court order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Crannog Nua Special Care Centre caters for both male and female, aged between 11 and 17 years and the group living units are mixed gender.

Our aim is to provide a safe, caring and therapeutic environment where young people learn to reduce their risk taking behaviours to develop their wellbeing to enable and support the young person to return to a less secure placement as soon as possible, based on the needs of that young person.

Our objective is the provision of effective and safe services designed to address the underlying emotional disturbance; to reduce unsafe and risky behaviours by the young person and to help with successful reintegration into less secure settings in the community. This requires the design of an individual programme, which promotes inclusion of the multi disciplinary team while simultaneously creating a powerful therapeutic milieu within the programme.

The Campus is described as a secure Unit meaning it is locked and the young people are not allowed to leave without permission. The young people that we provide a service to have usually had a long history of challenging and risk taking behaviour before entry into the special care programme, the young person must be deemed inappropriate to an intervention in less secure setting due to the seriousness of the risk presented by their presentation.

The following information outlines some additional data of this centre.

Current registration end date:	New Application
Number of children on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
21 May 2018	11:30hrs to 18:30hrs	Tom Flanagan, Ann Delany	Lead inspector
22 May 2018	08:00hrs to 18:20hrs	Tom Flanagan, Ann Delany, Jane McCarroll	Support inspector

Views of children who use the service

Children told inspectors that they felt safe in the centre. One child said that staff are lovely and do what they can for you and another child said that they knew why they were there and was happy enough. Three of the children said that they would talk to the manager or deputy manager if they were unhappy about anything.

Children said that staff gave them information about their rights when they were admitted and that they knew they had a right to make a complaint if they wished or to contact an independent advocacy service or the Ombudsman for Children.

Children told inspectors that they could phone their parents daily if they wished and that contact visits with their families were arranged, both inside and outside the centre. One child said that they were going to a special family event shortly after the inspection.

Children also told inspectors that they took part in lots of activities. These activities included wood working in the school, board games in the evening, cycling, karting, gym work, cooking and baking, and martial arts. Children showed inspectors some beautiful pieces of wooden furniture that they had made. Inspectors observed children choosing and engaging in activities, having a good rapport with the staff team.

All the children said that they were told about the house rules and two of the four felt they were fair. Only one of the children was happy about the choice they had in relation to their bedtime and inspectors found that the needs of each child had not been taken into account with regard to the policy of locking doors throughout the centre, locking all bedroom doors at night and setting bedtimes for the children. Inspectors observed children being late for school in the morning but observed that, when one child was suspended from school, a teacher came to the unit to work with the child.

A parent told inspectors that they visited weekly and were very happy that their child had made great progress while in the centre. A guardian ad litem told inspectors that the centre was child-friendly and that the child they worked with had done really well there. A social worker told inspectors that the staff were tender and soft in response to a child's needs, that they spoke highly of the child, and that the child had told them that "this has saved my life".

Capacity and capability

The registered provider was not clear about the governance arrangements required for the centre. The provider is applying to register 12 places which will be within four residential buildings on the campus. Only one unit, accommodating four children, was operational up to and including the time of inspection.

Children were detained in a special care unit because their behaviours placed them at a significant risk. Work was undertaken with the child in a multidisciplinary manner by the social care staff, the child's social work team and the Assessment Consultant Therapy Service team, to stabilise these behaviours so the child could move to an appropriate follow on placement. This happened primarily through the programme of care, and protective measures.

There were clear organisational structure in place within the unit which was operational at the time of inspection. This unit was well managed by the person in charge, but the registered provider did not have robust governance arrangements for the centre as a whole. This was reflected in the statement of purpose which did not include all the information required under Schedule 1 of the regulations. It was only on the day following the inspection that the registered provider confirmed that the unit manager's remit would be extended from the unit to the centre as a whole. The person in charge also told inspectors that the current managerial structure within the unit would be replicated in the other units when they became operational. If so, this could result in a situation in which there would be up to nine or 10 managers and 18 supervisors in the centre accommodating 12 children and this would appear to be excessive. There was also a lack of clarity about who would be the persons participating in management.

The person in charge worked fulltime in the post. She was suitably qualified and experienced. She was very familiar with the children and with all aspects of their care. She maintained good oversight of the operation of the unit. She was familiar with the regulations and was capable of being responsible for the centre when it reached its full capacity. She reported to the director of Crannóg Nua special care unit, who was also based in the centre, and was supported in her role by two deputy managers, and by six social care leaders, who supervised the social care staff.

The purpose, aims and objectives of the unit were clear and there was good collaboration between staff and the children's families, their social workers, and other professionals involved in the children's care. Managers promoted positive relationships between staff and children and maintained close oversight of the activity of the unit. However, some routine practices such as automatically-locking doors within the unit and early bedtimes for children had not been subject to review. Delays in securing onward placements for children had not been addressed.

The activity of the centre was carried out in line with the policies and procedures for special care services, which were under review at the time of inspection, but these did

not include all the policies and procedures required under Schedule 2 of the regulations. The person in charge had in place a system of self-assessments or audits. The progress that children made during their placements was measured on a monthly basis. While a centre governance report was submitted to senior managers monthly and an external group of managers reviewed the significant events that took place in the centre, some routine environmental restrictive practices were not reviewed.

There was written confirmation from a competent person that the building was in compliance with relevant fire safety and building regulations. Practice in relation to the centre register, insurance and care records was in compliance with the regulations. There was a good system in place for informing children about their right to complain and children's complaints were well managed.

The unit currently in operation was well-resourced in terms of staffing, facilities and equipment, to provide a quality service for the children currently accommodated there. Staff were clear about the lines of authority and accountability in the unit. There was a policy on protected disclosure of which staff were aware.

There were sufficient social care staff on duty at the time of inspection. Consistent care was provided by the team, who were trained in the model of care and were committed to the care of the children. The staff team included a mix of experienced and inexperienced staff. However, there were some deficits in the provision of up-to-date mandatory training, including fire safety and managing behaviour. The frequency of supervision for some staff and the adequacy of supervision records required improvement.

Regulation 5: Statement of purpose

The statement of purpose did not include all the information required under Schedule 1. For example, the number, purpose and sizes of rooms, the fire safety arrangements, and the relevant experience of the registered provider and the qualifications and experience of the person in charge were not included.

A separate statement of purpose for the children who use the service was attractive in its presentation and child-friendly in its use of language.

Judgment: Not compliant

Regulation 6: Care practices, operational policies and procedures

The registered provider did not have all the written policies and procedures as required

in Schedule 2 of the regulations. Policies and procedures, which were last updated in November 2014, were under review at the time of inspection.

Some routine care practices, such as automatically-locking doors, and set bedtimes for children, after which their bedroom doors were locked, had not been reviewed.

Judgment: Not compliant

Regulation 13: Person in charge

The registered provider appointed a person in charge who had the qualifications, skills and experience to manage the centre. At the time of inspection she was engaged on a training programme, leading to an appropriate managerial qualification.

Judgment: Compliant

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

The registered provider had not obtained, in respect of all staff, all of the records and documents specified in Part A and B of Schedule 3. For example, employment histories and verification of the reasons why previous employment ended were not in place for all staff.

Judgment: Not compliant

Regulation 15: Training and staff development

The person in charge had undertaken an analysis of the training needs of staff in January 2018 and she ensured that a wide range of training was available to staff. She also ensured that comprehensive training records were maintained in respect of each staff member. However, not all staff members had received up-to-date training in fire safety and managing behaviour.

Judgment: Not compliant

Regulation 16: Staff supervision and support

The person in charge did not ensure that the frequency of supervision sessions for all staff was in line with policy, that supervision notes were adequate and that the

timeframes and persons responsible for actions were included.
Judgment: Not compliant
Regulation 19: Care record
There was an individual care record for each child which included all the information set out in Schedule 5 of the regulations.
Judgment: Compliant
Regulation 20: Maintenance of records
Any documents or information requested by inspectors was made available to them. The records listed in Schedule 6 of the regulations were consistently maintained.
Judgment: Compliant
Regulation 21: Register of children detained in the special care unit
The registered provider ensured that a register was in place and that this contained all the required information.
Judgment: Compliant
Regulation 22: Record of a person employed in the special care unit
The person in charge maintained the records set out in Part B of Schedule 3 of the regulations a safe, secure and accessible place for each staff member in the special care unit.
Judgment: Compliant
Regulation 23: Insurance
Insurance was in place in accordance with the regulations.

Judgment: Compliant

Regulation 24: Governance and management

The registered provider had not put in place sufficiently robust governance structures to identify some institutional practices such as the use of automatically-locking internal doors and set bedtimes for children, and the management and governance structures for the centre as a whole had not been clearly defined at the time of inspection.

Judgment: Not compliant

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

There were no periods where the person in charge was absent from their role as person in charge from the special care unit.

Judgment: Compliant

Regulation 29: Complaints

There was a good system for managing complaints and information on complaints was on display. Children were informed about the process and facilitated to make complaints. Records of complaints were maintained.

Judgment: Compliant

Quality and safety

Children were placed in the special care unit by a High Court order for a 12 week special care programme which was an individualised programme of support and skilled therapeutic intervention to enable the child to stabilise and then move to a less secure placement based on the assessed needs of that child.

The centre provided a safe placement for the children. Children were encouraged to show respect for all and any behaviour such as bullying or intimidation was addressed effectively. Staff were trained in safeguarding children and any suspicions or allegations of abuse were reported to the relevant social work department. Staff worked with the

children to help them develop the knowledge and skills for self-care and protection.

Children were listened to and many of the practices were child-centred. Individual education plans reflected children's educational needs. Children were supported to attend school regularly. However, the reasons why children were not always at school on time were not sufficiently considered and addressed. Health needs were addressed. Children had a choice of GP, and they were seen by other specialists when necessary. Healthy diets were encouraged and exercise was promoted. Some improvements were required in the area of medicine management. However, children's rights were not always promoted within the centre. While there was an effort to minimise restrictive practice in response to poor behaviour, there were environmental restrictions such as automatically-locking internal doors and locking of the children's bedrooms at 9.30pm.

The centre is located on a secure campus, which comprises four residential units, a school, a gymnasium and an administration building. Only one of the residential units was occupied at the time of inspection and it had been purpose-built. It was spacious and had plenty of natural light and ventilation, with suitable facilities. Bright colours, rugs and bean bags were used to make it homely. Children's bedrooms had en-suite showers, toilets and wash hand basins and each had a television. Children had posters and photos and personal possessions in their rooms. The unit kitchen was not accessible to the children, who could, under supervision, use a kitchen in one of the other units for cooking and baking. The centre was certified as compliant with relevant fire safety regulations and, while a range of fire safety precautions were in place, improvements were required in the recording of safety checks and in the participation of staff in fire drills. The risk management policy did not contain all measures and arrangements set out in the regulations.

The remaining three residential units had not yet been occupied since the centre re-opened. One was designated as a single occupancy unit should it be required. The other two units, which could accommodate four children each, did not have the same facilities, space or access to natural light and ventilation as the unit currently in operation and the bedrooms were significantly smaller.

There was evidence that the children had made varying degrees of progress in their placements and this progress was measured and tracked according to the model of care. There was good multidisciplinary cooperation in relation to the children's care and each child had a comprehensive programme of care. Multidisciplinary meetings and in child-in-care reviews took place on alternate fortnights. However, the day-to-day care did not reflect the plans in the case of each child, one child's therapeutic plan did not clearly set out the planned interventions, and little therapeutic work had been carried out with one child who had been in the unit for almost three months. There was also a risk that delays in securing onward placements for children could undermine the progress they had made.

Staff facilitated a pleasant, positive atmosphere where children could interact with each other. Children were assisted to maintain good contact with their families. They were also encouraged to pursue interests or develop new ones. Children were incentivised to develop independent living skills. Points were awarded based on attendance at school, development of respect, attendance to hygiene and general behaviour.

Staff were trained in a specific model of care, according to which a flexible response to the individual needs and risks of the children was required and the attitudes of staff and the relationships they created with the children were key to its effectiveness. There was a culture of reflection, questioning and learning in the staff team. Incidents which resulted in the use of structured time away or restraint were reviewed and there was no incidence of single separation since the centre opened.

Regulation 7: Programme of care

Each child had a programme of care that was based on all the component plans outlined in the regulations. In conjunction with the social workers, Guardians ad Litem and the multidisciplinary team, the person in charge oversaw the implementation of the programme and ensured that it was regularly reviewed.

However, the children's plans were of mixed quality. In the case of one child, the therapeutic plan for the child did not clearly set out the planned interventions, and there was a lack of a clear link between the child's personal support plans and the day-to-day care provided. In another, the therapeutic work with the child was delayed by the child's refusal to attend appointments and no alternative therapy more suited to the child's needs was employed. Due to difficulties in securing onward placements for children, two children were resident in the centre for over three months and there was a risk that this could undermine the progress that they had made during their placements.

Judgment: Not compliant

Regulation 8: Healthcare

Not all medicines were administered at the correct times, as prescribed. Some medicines were administered at the incorrect times. Staff signed the administration sheets using initials and not their signatures. The prescription of one medicine had not been signed by a GP. Checks on controlled drugs were not carried out at the times of shift handovers as outlined in the policy. While there were monthly audits of medicines management, the issues outlined above had not been identified.

Judgment: Not compliant

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

The registered provider did not ensure that the reasons why children were not always at school on time were sufficiently considered and addressed. The registered provider did not ensure that each child could exercise appropriate choice regarding their bedtimes and environmental restrictions such as automatically-locking internal doors and the locking of the children's bedrooms at 9.30pm meant that their rights were compromised.

Judgment: Non compliant

Regulation 10: Family contact and visiting arrangements

There were appropriate arrangements in place for children to have visits from and visits to their families. Frequent contact with families by telephone was also promoted when appropriate. The registered provider was in the process of further enhancing the facilities available for visits to ensure greater privacy and comfort for children and their families.

Judgment: Compliant

Regulation 11: Positive behavioural support

Staff responded to the individual needs of children and incentivised children in order to encourage positive behaviour rather than sanction poor behaviour. The person in charge promoted this approach and staff were trained in the model of care used in the centre.

Judgment: Compliant

Regulation 12: Protection

The registered provider had systems in place to ensure that children in the unit were protected from all forms of abuse. The person in charge ensured that all staff members prioritized training in relation to the safeguarding of children and that any allegations and suspicions of abuse were reported to the social work department and to other relevant persons.

Judgment: Compliant

Regulation 17: Accommodation

The noise of doors closing reverberated loudly in the unit. The person in charge was aware of this and she told inspectors that she was exploring the possibility of acquiring noise-reducing panels to counteract this.

The two vacant units, which could accommodate four children each, did not have the same facilities, space or access to natural light and ventilation as the unit currently in operation and the children's bedrooms were significantly smaller. Narrow corridors with many locked doors raised the possibility of difficulties in managing behaviour that was challenging.

Judgment: Non compliant

Regulation 18: Food, nutrition and cooking facilities

There was a fulltime chef and a dedicated food production kitchen in the centre. An adequate supply of food and liquids were provided to children. The chef was aware of the children's nutritional needs and consulted children regarding their food preferences. The chef was conscious of providing healthy options for the children and creative in how the food was presented. The kitchen had been inspected by the relevant authority.

Judgment: Compliant

Regulation 25: Risk management

Risk was well managed in the centre, there was an up-to-date risk register in place, and there were arrangements for emergencies that may arise. The assessment of risks for individual children was a routine part of the daily life of the centre.

There was a national Tusla risk management policy in place. However, the registered provider did not ensure that the measures and actions to control the risks specified in this regulation were included or referenced in the risk management policy. Furthermore, the arrangements in place for identifying, recording, investigating and learning from incidents involving children were not reflected in the policy. Similarly, the policy did not include accidental injury to or aggression and violence towards staff

members or persons in other specifically-named roles.

Judgment: Non compliant

Regulation 26: Fire precautions

There was a fire safety plan in place and a competent person had certified that the building was in compliance with relevant fire safety regulations. There were adequate means of escape and there was appropriate fire safety equipment, which was regularly serviced and well maintained.

However, not all staff had received up-to-date training in fire safety. While there were regular fire drills, the registered provider did not ensure that all staff participated in these drills, and there were some gaps in the daily records of fire safety checks.

Judgment: Not compliant

Regulation 27: Notification of incidents

The person in charge notified the chief inspector and the children's social workers, and maintained records of any incidents as required by the regulations

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 5: Statement of purpose	Not compliant
Regulation 6: care practices, operational policies and procedures	Not compliant
Regulation 13: Person in charge	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Not compliant
Regulation 15: Training and staff development	Not compliant
Regulation 16: Staff supervision and support	Not compliant
Regulation 19: Care record	Compliant
Regulation 20: Maintenance of records	Compliant
Regulation 21: Register of children detained in the special care unit	Compliant
Regulation 22: Record of a person employed in the special care unit	Compliant
Regulation 23: Insurance	Compliant
Regulation 24: Governance and management	Not compliant
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit	Compliant
Regulation 29: Complaints	Compliant
Quality and safety	
Regulation 7: Programme of care	Not compliant
Regulation 8: Health care	Not compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Non compliant
Regulation 10: Family contact and visiting arrangements	Compliant
Regulation 11: Positive behavioural support	Compliant
Regulation 12: Protection	Compliant
Regulation 17: Accommodation	Not compliant
Regulation 18: Food, nutrition and cooking facilities	Compliant
Regulation 25: Risk management	Not compliant
Regulation 26: Fire precautions	Not compliant
Regulation 27: Notification of incidents	Compliant



Report of a Designated Centre Special Care Unit

Name of designated centre:	Crannóg Nua Special Care Unit
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Announced
Date of inspection:	21 May 2018
Centre ID:	OSV 004216
Fieldwork ID	MON-0023869

About the designated centre

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

In Crannog Nua Special Care Centre the young people are detained under a High Court order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Crannog Nua Special Care Centre caters for both male and female, aged between 11 and 17 years and the group living units are mixed gender.

Our aim is to provide a safe, caring and therapeutic environment where young people learn to reduce their risk taking behaviours to develop their wellbeing to enable and support the young person to return to a less secure placement as soon as possible, based on the needs of that young person.

Our objective is the provision of effective and safe services designed to address the underlying emotional disturbance; to reduce unsafe and risky behaviours by the young person and to help with successful reintegration into less secure settings in the community. This requires the design of an individual programme, which promotes inclusion of the multi disciplinary team while simultaneously creating a powerful therapeutic milieu within the programme.

The Campus is described as a secure Unit meaning it is locked and the young people are not allowed to leave without permission. The young people that we provide a service to have usually had a long history of challenging and risk taking behaviour before entry into the special care programme, the young person must be deemed inappropriate to an intervention in less secure setting due to the seriousness of the risk presented by their presentation.

The following information outlines some additional data of this centre.

Current registration end date:	New Application
Number of children on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
21 May 2018	11:30hrs to 18:30hrs	Tom Flanagan, Ann Delany	Lead inspector
22 May 2018	08:00hrs to 18:20hrs	Tom Flanagan, Ann Delany, Jane McCarroll	Support inspector

Views of children who use the service

Children told inspectors that they felt safe in the centre. One child said that staff are lovely and do what they can for you and another child said that they knew why they were there and was happy enough. Three of the children said that they would talk to the manager or deputy manager if they were unhappy about anything.

Children said that staff gave them information about their rights when they were admitted and that they knew they had a right to make a complaint if they wished or to contact an independent advocacy service or the Ombudsman for Children.

Children told inspectors that they could phone their parents daily if they wished and that contact visits with their families were arranged, both inside and outside the centre. One child said that they were going to a special family event shortly after the inspection.

Children also told inspectors that they took part in lots of activities. These activities included wood working in the school, board games in the evening, cycling, karting, gym work, cooking and baking, and martial arts. Children showed inspectors some beautiful pieces of wooden furniture that they had made. Inspectors observed children choosing and engaging in activities, having a good rapport with the staff team.

All the children said that they were told about the house rules and two of the four felt they were fair. Only one of the children was happy about the choice they had in relation to their bedtime and inspectors found that the needs of each child had not been taken into account with regard to the policy of locking doors throughout the centre, locking all bedroom doors at night and setting bedtimes for the children. Inspectors observed children being late for school in the morning but observed that, when one child was suspended from school, a teacher came to the unit to work with the child.

A parent told inspectors that they visited weekly and were very happy that their child had made great progress while in the centre. A guardian ad litem told inspectors that the centre was child-friendly and that the child they worked with had done really well there. A social worker told inspectors that the staff were tender and soft in response to a child's needs, that they spoke highly of the child, and that the child had told them that "this has saved my life".

Capacity and capability

The registered provider was not clear about the governance arrangements required for the centre. The provider is applying to register 12 places which will be within four residential buildings on the campus. Only one unit, accommodating four children, was operational up to and including the time of inspection.

Children were detained in a special care unit because their behaviours placed them at a significant risk. Work was undertaken with the child in a multidisciplinary manner by the social care staff, the child's social work team and the Assessment Consultant Therapy Service team, to stabilise these behaviours so the child could move to an appropriate follow on placement. This happened primarily through the programme of care, and protective measures.

There were clear organisational structure in place within the unit which was operational at the time of inspection. This unit was well managed by the person in charge, but the registered provider did not have robust governance arrangements for the centre as a whole. This was reflected in the statement of purpose which did not include all the information required under Schedule 1 of the regulations. It was only on the day following the inspection that the registered provider confirmed that the unit manager's remit would be extended from the unit to the centre as a whole. The person in charge also told inspectors that the current managerial structure within the unit would be replicated in the other units when they became operational. If so, this could result in a situation in which there would be up to nine or 10 managers and 18 supervisors in the centre accommodating 12 children and this would appear to be excessive. There was also a lack of clarity about who would be the persons participating in management.

The person in charge worked fulltime in the post. She was suitably qualified and experienced. She was very familiar with the children and with all aspects of their care. She maintained good oversight of the operation of the unit. She was familiar with the regulations and was capable of being responsible for the centre when it reached its full capacity. She reported to the director of Crannóg Nua special care unit, who was also based in the centre, and was supported in her role by two deputy managers, and by six social care leaders, who supervised the social care staff.

The purpose, aims and objectives of the unit were clear and there was good collaboration between staff and the children's families, their social workers, and other professionals involved in the children's care. Managers promoted positive relationships between staff and children and maintained close oversight of the activity of the unit. However, some routine practices such as automatically-locking doors within the unit and early bedtimes for children had not been subject to review. Delays in securing onward placements for children had not been addressed.

The activity of the centre was carried out in line with the policies and procedures for special care services, which were under review at the time of inspection, but these did

not include all the policies and procedures required under Schedule 2 of the regulations. The person in charge had in place a system of self-assessments or audits. The progress that children made during their placements was measured on a monthly basis. While a centre governance report was submitted to senior managers monthly and an external group of managers reviewed the significant events that took place in the centre, some routine environmental restrictive practices were not reviewed.

There was written confirmation from a competent person that the building was in compliance with relevant fire safety and building regulations. Practice in relation to the centre register, insurance and care records was in compliance with the regulations. There was a good system in place for informing children about their right to complain and children's complaints were well managed.

The unit currently in operation was well-resourced in terms of staffing, facilities and equipment, to provide a quality service for the children currently accommodated there. Staff were clear about the lines of authority and accountability in the unit. There was a policy on protected disclosure of which staff were aware.

There were sufficient social care staff on duty at the time of inspection. Consistent care was provided by the team, who were trained in the model of care and were committed to the care of the children. The staff team included a mix of experienced and inexperienced staff. However, there were some deficits in the provision of up-to-date mandatory training, including fire safety and managing behaviour. The frequency of supervision for some staff and the adequacy of supervision records required improvement.

Regulation 5: Statement of purpose

The statement of purpose did not include all the information required under Schedule 1. For example, the number, purpose and sizes of rooms, the fire safety arrangements, and the relevant experience of the registered provider and the qualifications and experience of the person in charge were not included.

A separate statement of purpose for the children who use the service was attractive in its presentation and child-friendly in its use of language.

Judgment: Not compliant

Regulation 6: Care practices, operational policies and procedures

The registered provider did not have all the written policies and procedures as required

in Schedule 2 of the regulations. Policies and procedures, which were last updated in November 2014, were under review at the time of inspection.

Some routine care practices, such as automatically-locking doors, and set bedtimes for children, after which their bedroom doors were locked, had not been reviewed.

Judgment: Not compliant

Regulation 13: Person in charge

The registered provider appointed a person in charge who had the qualifications, skills and experience to manage the centre. At the time of inspection she was engaged on a training programme, leading to an appropriate managerial qualification.

Judgment: Compliant

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

The registered provider had not obtained, in respect of all staff, all of the records and documents specified in Part A and B of Schedule 3. For example, employment histories and verification of the reasons why previous employment ended were not in place for all staff.

Judgment: Not compliant

Regulation 15: Training and staff development

The person in charge had undertaken an analysis of the training needs of staff in January 2018 and she ensured that a wide range of training was available to staff. She also ensured that comprehensive training records were maintained in respect of each staff member. However, not all staff members had received up-to-date training in fire safety and managing behaviour.

Judgment: Not compliant

Regulation 16: Staff supervision and support

The person in charge did not ensure that the frequency of supervision sessions for all staff was in line with policy, that supervision notes were adequate and that the

timeframes and persons responsible for actions were included.
Judgment: Not compliant
Regulation 19: Care record
There was an individual care record for each child which included all the information set out in Schedule 5 of the regulations.
Judgment: Compliant
Regulation 20: Maintenance of records
Any documents or information requested by inspectors was made available to them. The records listed in Schedule 6 of the regulations were consistently maintained.
Judgment: Compliant
Regulation 21: Register of children detained in the special care unit
The registered provider ensured that a register was in place and that this contained all the required information.
Judgment: Compliant
Regulation 22: Record of a person employed in the special care unit
The person in charge maintained the records set out in Part B of Schedule 3 of the regulations a safe, secure and accessible place for each staff member in the special care unit.
Judgment: Compliant
Regulation 23: Insurance
Insurance was in place in accordance with the regulations.

Judgment: Compliant

Regulation 24: Governance and management

The registered provider had not put in place sufficiently robust governance structures to identify some institutional practices such as the use of automatically-locking internal doors and set bedtimes for children, and the management and governance structures for the centre as a whole had not been clearly defined at the time of inspection.

Judgment: Not compliant

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

There were no periods where the person in charge was absent from their role as person in charge from the special care unit.

Judgment: Compliant

Regulation 29: Complaints

There was a good system for managing complaints and information on complaints was on display. Children were informed about the process and facilitated to make complaints. Records of complaints were maintained.

Judgment: Compliant

Quality and safety

Children were placed in the special care unit by a High Court order for a 12 week special care programme which was an individualised programme of support and skilled therapeutic intervention to enable the child to stabilise and then move to a less secure placement based on the assessed needs of that child.

The centre provided a safe placement for the children. Children were encouraged to show respect for all and any behaviour such as bullying or intimidation was addressed effectively. Staff were trained in safeguarding children and any suspicions or allegations of abuse were reported to the relevant social work department. Staff worked with the

children to help them develop the knowledge and skills for self-care and protection.

Children were listened to and many of the practices were child-centred. Individual education plans reflected children's educational needs. Children were supported to attend school regularly. However, the reasons why children were not always at school on time were not sufficiently considered and addressed. Health needs were addressed. Children had a choice of GP, and they were seen by other specialists when necessary. Healthy diets were encouraged and exercise was promoted. Some improvements were required in the area of medicine management. However, children's rights were not always promoted within the centre. While there was an effort to minimise restrictive practice in response to poor behaviour, there were environmental restrictions such as automatically-locking internal doors and locking of the children's bedrooms at 9.30pm.

The centre is located on a secure campus, which comprises four residential units, a school, a gymnasium and an administration building. Only one of the residential units was occupied at the time of inspection and it had been purpose-built. It was spacious and had plenty of natural light and ventilation, with suitable facilities. Bright colours, rugs and bean bags were used to make it homely. Children's bedrooms had en-suite showers, toilets and wash hand basins and each had a television. Children had posters and photos and personal possessions in their rooms. The unit kitchen was not accessible to the children, who could, under supervision, use a kitchen in one of the other units for cooking and baking. The centre was certified as compliant with relevant fire safety regulations and, while a range of fire safety precautions were in place, improvements were required in the recording of safety checks and in the participation of staff in fire drills. The risk management policy did not contain all measures and arrangements set out in the regulations.

The remaining three residential units had not yet been occupied since the centre re-opened. One was designated as a single occupancy unit should it be required. The other two units, which could accommodate four children each, did not have the same facilities, space or access to natural light and ventilation as the unit currently in operation and the bedrooms were significantly smaller.

There was evidence that the children had made varying degrees of progress in their placements and this progress was measured and tracked according to the model of care. There was good multidisciplinary cooperation in relation to the children's care and each child had a comprehensive programme of care. Multidisciplinary meetings and in child-in-care reviews took place on alternate fortnights. However, the day-to-day care did not reflect the plans in the case of each child, one child's therapeutic plan did not clearly set out the planned interventions, and little therapeutic work had been carried out with one child who had been in the unit for almost three months. There was also a risk that delays in securing onward placements for children could undermine the progress they had made.

Staff facilitated a pleasant, positive atmosphere where children could interact with each other. Children were assisted to maintain good contact with their families. They were also encouraged to pursue interests or develop new ones. Children were incentivised to develop independent living skills. Points were awarded based on attendance at school, development of respect, attendance to hygiene and general behaviour.

Staff were trained in a specific model of care, according to which a flexible response to the individual needs and risks of the children was required and the attitudes of staff and the relationships they created with the children were key to its effectiveness. There was a culture of reflection, questioning and learning in the staff team. Incidents which resulted in the use of structured time away or restraint were reviewed and there was no incidence of single separation since the centre opened.

Regulation 7: Programme of care

Each child had a programme of care that was based on all the component plans outlined in the regulations. In conjunction with the social workers, Guardians ad Litem and the multidisciplinary team, the person in charge oversaw the implementation of the programme and ensured that it was regularly reviewed.

However, the children's plans were of mixed quality. In the case of one child, the therapeutic plan for the child did not clearly set out the planned interventions, and there was a lack of a clear link between the child's personal support plans and the day-to-day care provided. In another, the therapeutic work with the child was delayed by the child's refusal to attend appointments and no alternative therapy more suited to the child's needs was employed. Due to difficulties in securing onward placements for children, two children were resident in the centre for over three months and there was a risk that this could undermine the progress that they had made during their placements.

Judgment: Not compliant

Regulation 8: Healthcare

Not all medicines were administered at the correct times, as prescribed. Some medicines were administered at the incorrect times. Staff signed the administration sheets using initials and not their signatures. The prescription of one medicine had not been signed by a GP. Checks on controlled drugs were not carried out at the times of shift handovers as outlined in the policy. While there were monthly audits of medicines management, the issues outlined above had not been identified.

Judgment: Not compliant

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

The registered provider did not ensure that the reasons why children were not always at school on time were sufficiently considered and addressed. The registered provider did not ensure that each child could exercise appropriate choice regarding their bedtimes and environmental restrictions such as automatically-locking internal doors and the locking of the children's bedrooms at 9.30pm meant that their rights were compromised.

Judgment: Non compliant

Regulation 10: Family contact and visiting arrangements

There were appropriate arrangements in place for children to have visits from and visits to their families. Frequent contact with families by telephone was also promoted when appropriate. The registered provider was in the process of further enhancing the facilities available for visits to ensure greater privacy and comfort for children and their families.

Judgment: Compliant

Regulation 11: Positive behavioural support

Staff responded to the individual needs of children and incentivised children in order to encourage positive behaviour rather than sanction poor behaviour. The person in charge promoted this approach and staff were trained in the model of care used in the centre.

Judgment: Compliant

Regulation 12: Protection

The registered provider had systems in place to ensure that children in the unit were protected from all forms of abuse. The person in charge ensured that all staff members prioritized training in relation to the safeguarding of children and that any allegations and suspicions of abuse were reported to the social work department and to other relevant persons.

Judgment: Compliant

Regulation 17: Accommodation

The noise of doors closing reverberated loudly in the unit. The person in charge was aware of this and she told inspectors that she was exploring the possibility of acquiring noise-reducing panels to counteract this.

The two vacant units, which could accommodate four children each, did not have the same facilities, space or access to natural light and ventilation as the unit currently in operation and the children's bedrooms were significantly smaller. Narrow corridors with many locked doors raised the possibility of difficulties in managing behaviour that was challenging.

Judgment: Non compliant

Regulation 18: Food, nutrition and cooking facilities

There was a fulltime chef and a dedicated food production kitchen in the centre. An adequate supply of food and liquids were provided to children. The chef was aware of the children's nutritional needs and consulted children regarding their food preferences. The chef was conscious of providing healthy options for the children and creative in how the food was presented. The kitchen had been inspected by the relevant authority.

Judgment: Compliant

Regulation 25: Risk management

Risk was well managed in the centre, there was an up-to-date risk register in place, and there were arrangements for emergencies that may arise. The assessment of risks for individual children was a routine part of the daily life of the centre.

There was a national Tusla risk management policy in place. However, the registered provider did not ensure that the measures and actions to control the risks specified in this regulation were included or referenced in the risk management policy. Furthermore, the arrangements in place for identifying, recording, investigating and learning from incidents involving children were not reflected in the policy. Similarly, the policy did not include accidental injury to or aggression and violence towards staff

members or persons in other specifically-named roles.

Judgment: Non compliant

Regulation 26: Fire precautions

There was a fire safety plan in place and a competent person had certified that the building was in compliance with relevant fire safety regulations. There were adequate means of escape and there was appropriate fire safety equipment, which was regularly serviced and well maintained.

However, not all staff had received up-to-date training in fire safety. While there were regular fire drills, the registered provider did not ensure that all staff participated in these drills, and there were some gaps in the daily records of fire safety checks.

Judgment: Not compliant

Regulation 27: Notification of incidents

The person in charge notified the chief inspector and the children's social workers, and maintained records of any incidents as required by the regulations

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 5: Statement of purpose	Not compliant
Regulation 6: care practices, operational policies and procedures	Not compliant
Regulation 13: Person in charge	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Not compliant
Regulation 15: Training and staff development	Not compliant
Regulation 16: Staff supervision and support	Not compliant
Regulation 19: Care record	Compliant
Regulation 20: Maintenance of records	Compliant
Regulation 21: Register of children detained in the special care unit	Compliant
Regulation 22: Record of a person employed in the special care unit	Compliant
Regulation 23: Insurance	Compliant
Regulation 24: Governance and management	Not compliant
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit	Compliant
Regulation 29: Complaints	Compliant
Quality and safety	
Regulation 7: Programme of care	Not compliant
Regulation 8: Health care	Not compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Non compliant
Regulation 10: Family contact and visiting arrangements	Compliant
Regulation 11: Positive behavioural support	Compliant
Regulation 12: Protection	Compliant
Regulation 17: Accommodation	Not compliant
Regulation 18: Food, nutrition and cooking facilities	Compliant
Regulation 25: Risk management	Not compliant
Regulation 26: Fire precautions	Not compliant
Regulation 27: Notification of incidents	Compliant

Compliance Plan for Crannóg Nua Special Care Unit OSV – 004216

Inspection ID: **MON-0023869**

Date of inspection: **21 May 2018**

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, as amended, Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017 and the National Standards for Special Care Units 2015.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
<p>Regulation 5: Statement of purpose</p> <p>Outline how you are going to come into compliance with Regulation 5: Statement of purpose:</p> <p>The Registered provider will provide a Statement of Purpose in relation to Crannog Nua which encompasses the information required in scheduled 1 of the regulations. This will be completed by the registered provider by the 3rd October 2018.</p> <p>Once this is completed copies will be made available to the young person's Family, GAL's and Social Workers.</p> <p>The Statement of Purpose will be reviewed on an annual basis to provide assurances that services are being delivered within the scope of the statement of Purpose.</p>	<p>Not Compliant</p>
<p>Regulation 6: Care practices, operational policies and procedures</p> <p>Outline how you are going to come into compliance with Regulation 6: Care practices, operational policies and procedures:</p> <p>Crannog Nua has a set of policies which are implemented by the professional staff team. The Person in Charge implements these policies through staff using supervision with staff, daily handovers, weekly team meetings and keyworker meetings.</p> <p>The current Policy and procedure document is under review by a working group involving staff members from special care and will be completed by the end of January 2019. The Registered Provider will develop a detailed implementation plan for Crannog Nua. This will be developed in January 2019 and will include a training schedule for staff.</p> <p>The Policies and procedures for Crannog Nua Special care Service will be reviewed every three years after this and any necessary changes will be made. These changes will take into account any recommendations made by the HIQA Chief Inspector and will always reflect best practice.</p>	<p>Not Compliant</p>

The registered provider will establish a working group which will meet on a monthly basis. The purpose of this group will be to review routine practices such as bedtimes. The group will include senior management, social care staff and EPIC will be invited to represent the interests of the young people. This group will be established in October 2018.

Regulation 7: Programme of Care	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 7: Programme of Care:

The Person in Charge will conduct a review the paperwork (Individual Therapeutic Plan and the Young Person's Placement Support Plan) for the young people monthly, from the end of September 2018.

The young person's plans will become a fixed standing item on key workers supervision agenda to ensure consistency of quality in planning and recording of planning.

There is now a scheduled meeting between Acts and the care team on a fortnightly basis beginning 27.09.2018. This meeting is to review the young people's attendance at appointments with the ACTS team, strategise to support them to do this and to consider alternative therapies if they still fail to attend. However where a young person indicates a wish not to engage in therapy, their right to a level of self determination reflecting readiness for therapy may result in a collaborative decision to support their decision not to engage. This is a supportive practice designed to develop personal autonomy. In these situations the Acts team will support the practice of the staff working with the young person so that the young person is being managed in the most appropriate way to ensure maximum benefit while in Crannog Nua.

Tusla have undertaken a review of the current documentation for young people in Special Care. This group is due to finish with its updated paperwork by the end of January 2019.

Regulation 8: Health care	Not Compliant
---------------------------	---------------

Outline how you are going to come into compliance with Regulation 8: Health care:

To ensure that all medicines will be administered at the correct times, as per prescription and in line with the Safe Administration of medication policy the SCL will now assign a staff member to do this at the start of every shift and then check that it has been done. This has been implemented since 14th September 2018.

An audit of errors where some medicines were administered at incorrect times will be undertaken by the Person in Charge by the end of September 2018. Findings of this review will be shared at the team meeting and management meeting immediately following the date of the review.

All staff are now required to sign off on the administration sheets using their signatures. This issue was raised at the care staff team meeting and was placed on the supervision agenda for every member of staff, this has commenced on the 17th September 2018.

Staff have been instructed at both team meeting and supervision to ensure that prescriptions are signed by the GP. The Person in Charge will meet with other prescribers of medication to try to ensure that they will sign the prescription sheets. This will be completed by the Person in Charge by the end of October 2018.

Checks on controlled drugs are now carried out at times of shift handovers as outlined in the policy. The SCL has responsibility for this and this practice commenced on the 17th September.

Monthly medication audits will be brought to the management meeting for sign off on the week they have been completed. Any actions arising for these audits will be put into the centre's action plan commencing on 17th September 2018.

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

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Education, individual needs, religion, ethnicity, culture and language:

The Person in Charge shall meet with the Principal of the school on a fortnightly basis to review why young people are late for school. Recommendations arising from this meeting will be discussed at the team meeting and changes will be made to the young person's support plan. These meetings will commence the week beginning 17th September 2018.

The registered provider will review fire safety procedures within the centre in order to try to establish if a solution to automatically locking internal doors can be found. If there is a solution the registered provider will apply for funding to have this door issue resolved. This initial meeting has occurred in September 2018.

The Person in Charge has met with all young people to discuss their bedtimes, following this discussion a group which includes Education, Acts and Care will meet to discuss the feedback and make any necessary changes. The meetings with the young people have occurred the Person in Charge has met with Acts and Education in September. If necessary a plan to change policy will be developed during this meeting.

Regulation 14: Staff members and others working in the special care unit

Not Compliant

Outline how you are going to come into compliance with Regulation 14: Staff members and others working in the special care unit:

The Person in Charge will conduct a gap analysis will be conducted by the Person in Charge of all staff files with HR to ensure that they are compliant with the 2007 Act Health Act. This will be completed by the end of October 2018.

For all new staff previous social care employers will be contacted to ensure that there are no concerns about their employment history.

The person in charge will keep a record of all delegations , this has commenced on the 21 st of September 2018.	
Regulation 15: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Training and staff development:</p> <p>The Person in Charge shall ensure that those staff who had not received training in Fire Safety and behaviour management will receive it. Two training sessions in both fire safety and behaviour management will provided before the end of October 2018 to ensure that all staff can avail of the training.</p> <p>A comprehensive training schedule will be developed by the Registered Provider and the Person in Charge in December 2018 for the training needs of 2019.</p>	
Regulation 16: Staff supervision and support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Staff supervision and support:</p> <p>The Person in Charge will put supervision on the managers meeting agenda. Any staff member whose frequency of supervision is not in line with policy will be prioritised and will be supervised within that week by one of the other managers. Supervision with normal supervisor will be prioritised within the following fortnight or a fortnight following the supervisors return from leave.</p> <p>A workshop will be held with all managers and Social Care Leaders who conduct supervision. The purpose of this is to review how supervision is being delivered by each supervisor in order to develop consistency in quality of supervision. This will be delivered by Person in Charge and Registered Provider in October 2018. This workshop will be repeated every six months As part of the regular training schedule.</p> <p>The Person in Charge will conduct a supervision audit bi annually beginning in November 2018.</p>	
Regulation 17: Accommodation	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Accommodation:</p> <p>The Person in Charge is perusing getting acoustic sounds boards installed in the unit to reduce noise levels. Minor Capital has been approved and the company has been approached seeking a date for work to begin.</p> <p>The original residential buildings on the Campus have have had considerable upgrading works completed including retro fitting secure windows which can be opened to allow air</p>	

circulate.

The environment will go under further review prior to young people taking up residence in the unit.

A risk assessment has been conducted on the bedrooms in the two unoccupied units to ensure that behaviour can be managed appropriately within them. This was completed by the Person in Charge on the 20th September 2018. |

Regulation 24: Governance and management	Not Compliant
--	---------------

Outline how you are going to come into compliance with Regulation 24: Governance and management:

The management structure for Crannog Nua has been agreed. The Centre when it is fully operational will have three residential units each of which will have two Deputy Social Care Managers who support the Social Care Manager. The Social Care Manager will report to the Person in Charge (PIC). The PIC is supported in the management of Crannog Nua by the Person Participating in Management (PPIM).

The PIC ensures the governance of the Centre by regularly meeting with the PPIM, supervision with the Social Care Managers, meeting with the Social Care Leaders on a fortnightly basis and the weekly management meeting. An internal self auditing system is also used to ensure that the systems in place are working. These audits are reviewed on a rolling basis so that the PIC can assure themselves that the internal governance structures are working.

The Registered Provider will review the automatically locking of internal doors to ensure that a fire complaint solution can be found. The registered Provider will meet with both Tusla Maintenance and Estate Management before end of September 2018 to see if a solution can be found. When this has been identified minor capital shall be applied for in order to resolve the problem.

The Person Participating in Management will meet with the Service Director with responsibility for Special Care on a monthly basis. This meeting will cover SEN overview, Complaints, Child Protection, Safeguarding, Admissions, Restrictive practices, Absconding these monthly meetings will begin in October 2018.

In the event that risks cannot be managed by the centre, there is now a process of how these risks will be escalated to the line management which can include where necessary the Board of Tusla. This formal risk escalation process will begin in October 2018.

The registered provider has provided a monitor who will independently review practice in the centre. This will be done through regular visits and two unannounced visits annually in line with regulations. The learning and recommendations from these visits will be developed into an action plan, which will be available for Inspectors to review on their visits.

Regulation 25: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Risk management:</p> <p>The Risk Management Policy for Crannog Nua will include all the areas identified in the regulations.</p> <p>Risks will be reviewed weekly at the management meeting, the purpose of this is to ensure that all learning is taken from incidents and feed back into daily practice. The risk register will be updated to reflect this, and escalations will be forwarded to the line manager as required. This will begin on the 1st October 2018.</p> <p>As part of the agenda of the management meeting any of the above named incidents are reviewed by the management meeting. As well as this the Person in Charge will chair a group which will include Managers, Social Care Leaders and members of Acts to review incidents. The learning and recommendations from these incidents will be fed back to staff meetings and changes if required will be made to the placement plans and placement support plans by the key worker, this will begin in October 2018.</p>	
Regulation 26: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Fire precautions:</p> <p>Fire Safety training has been sourced for staff and this will be delivered by the end of September 2018. The Registered Provider will provide Fire Training on a monthly basis to ensure that all staff are always up to date on their training.</p> <p>The Registered Provider will ensure that all staff will participate in a fire drill by the end of September 2018. The Registered Provider will meet with the Fire Safety Consultant and develop a plan that will ensure the large staff team participates in regular fire drills.</p> <p>Within the first week of Induction Fire prevention, emergency procedures, building layout and escape routes will be explained. This will form part of new induction from the Start of September 2018.</p> <p>The daily records of the fire safety checks will be brought to the management meeting for weekly review and sign off, from 17th September 2018.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been

risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 5(1)	The registered provider shall prepare in writing a statement of purpose relating to the special care unit concerned which shall contain the information set out in Schedule 1	Not Compliant	Orange	3 rd October 2018
Regulation 6(1)	The registered provider shall promote and protect the life, health, safety, development and welfare of each child who is detained in the special care unit.	Not Compliant	Orange	End of January 2019
Regulation 6(2)	The registered provider shall ensure that the special care unit has care practices, operational policies and procedures in place in accordance with best practice and paragraph (1) having regard to the number of children detained in the special care unit and the nature of their needs, which practices, policies and procedures shall	Not Compliant	Orange	End of January 2019

	include, but shall not be limited to, the matters set out in Schedule 2 and the obligations of the person in charge under these Regulations.			
Regulation 6(3)	The care practices, operational policies and procedures referred to in paragraph (2) shall be set out in writing by the registered provider.	Not Compliant	Orange	End of January 2019
Regulation 6(4)	The registered provider shall ensure that the care practices, operational policies and procedures referred to in paragraph (2) are implemented by the person in charge having regard to the particular needs of each child.	Not Compliant	Orange	End of January 2019
Regulation 6(5)(a)	The registered provider shall ensure that all written care practices, operational policies and procedures are reviewed and updated in accordance with best practice and such reviews shall have due regard to any recommendations made by the chief inspector.	Not Compliant	Orange	End of January 2019
Regulation 6(5)(c)	The registered	Not Compliant	Orange	End of January

	<p>provider shall ensure that all written care practices, operational policies and procedures are reviewed and updated at least every three years and such reviews shall have due regard to any recommendations made by the chief inspector.</p>			2019
Regulation 6(6)	<p>The care practices, operational policies and procedures referred to in paragraph (2) shall take account of any guidelines issued by the Child and Family Agency in accordance with the Act of 2011 and any standards relating to a special care unit prepared by the Health Information and Quality Authority in accordance with Section 8(1)(b) of the Act of 2007.</p>	Not Compliant	Orange	End of January 2019
Regulation 7(3) (c)	<p>The programme of special care referred to in paragraph (2) may contain, but is not limited to, details of all required interventions in relation to that child and in accordance with the child's placement support</p>	Not Compliant	Orange	End of September 2018

	plan.			
Regulation 7(3)(e)	The programme of special care referred to in paragraph (2) may contain, but is not limited to, details of all required interventions in relation to that child and in accordance with the child's therapeutic plan.	Not compliant	Orange	End of September 2018
Regulation 8(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber to the child concerned and in accordance with any advice provided by the medical professional regarding the appropriate use of the product.	Not Compliant	Orange	14 th September 2018
Regulation 9(1)(a)	The registered provider shall ensure that adequate arrangements are in place for access by each child detained in the special care unit to educational facilities, educational supports and services appropriate to the assessed needs for that child.	Not Compliant	Orange	27 th September 2018

Regulation 9(5)(b)	The registered provider shall ensure that each child, in accordance with his or her wishes can exercise appropriate choice and control in his or her daily life.	Not Compliant	Orange	End of September 2018
Regulation 14(3)(b)	A person shall not be employed in a special care unit, or work in the unit as an intern, a trainee or a person on a placement as part of a vocational training course, unless and until the registered provider has obtained, in respect of that person, the records and documents specified in Part A of Schedule 3.	Not Compliant	Orange	End of October 2018
Regulation 15(1)(a)	The person in charge shall ensure that each staff member in the special care unit and each person working as an intern, a trainee or a person on a placement as part of a vocational training course has access to appropriate training, including refresher training, as part of a continuous professional development	Not Compliant	Orange	End of December 2018

	programme to enable the staff member to provide care in accordance with evidence based practice, the statement of purpose and policies and procedures.			
Regulation 16	The person in charge shall ensure that an appropriate level of professional supervision and support is provided to staff members in the special care unit.	Not Compliant	Orange	End of October 2018 workshop[Audit November 2018
Regulation 17	The registered provider shall provide adequate and suitable accommodation, as set out in Schedule 4, having regard to the number of children detained in the special care unit and the nature of the needs of each child.	Not Compliant	Orange	End of September 2018
Regulation 24(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the special care unit that identifies the lines of authority and accountability, specifies roles, and details responsibilities for areas of special care provision.	Not Compliant	Orange	10 th September 2018
Regulation	The registered	Not Compliant	Orange	15 th October

24(1)(c)	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate to the child's needs, consistent and effectively monitored.			2018
Regulation 25(2)	The registered provider shall ensure that the risk management policy includes the following: (a) the ongoing identification, assessment, management and review of risks throughout the special care unit, (b) the measures and actions in place to control the risks identified, (c) the measures and actions in place to control the following risks to a child— (i) child abuse, (ii) situations where a child may be removed or absconds from the special care unit, (iii) accidental injury to a child, (iv) aggression and violence from or towards a child, and (v) self-harm, (d) arrangements for the identification,	Not Compliant	Orange	End of October 2018

	<p>recording, investigation and learning from incidents involving children detained in the special care unit, (e) accidental injury to a staff member, an intern, a trainee or a person on a placement as part of a vocational training course in the special care unit, and (f) aggression and violence towards a staff member, an intern, a trainee or a person on a placement as part of a vocational training course in the special care unit.</p>			
Regulation 26(1)(d)(i)	The registered provider shall make adequate arrangements for preventing fire.	Not Compliant	Orange	End of September 2018
Regulation 26(1)(e)	The registered provider shall make arrangements for staff members, interns, trainees and persons on placements as part of vocational training courses at the special care unit to receive suitable training in fire prevention, emergency procedures, building layout and escape routes,	Not Compliant	Orange	Beginning of September 2018

	<p>location of fire alarm call points and first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a child detained in the special care unit catch fire, and arrangements for the evacuation of children detained in the special care unit, calling the fire service and for assisting the fire brigade.</p>			
<p>Regulation 26(1)(f)</p>	<p>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff members, interns, trainees, persons on placements as part of vocational training courses at the special care unit and, in so far as is reasonably practicable, children detained in the special care unit, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.</p>	<p>Not Compliant</p>	<p>Orange</p>	<p>End of September 2018</p>