



Report of a Designated Centre Special Care Unit

Name of designated centre:	Coovagh House Special Care Unit
Name of provider:	The Child and Family Agency
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	10 th and 11 th of April 2018
Centre ID:	OSV 0004219
Fieldwork ID	MON-0021250

About the designated centre

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

Coovagh House special care unit is one of four special care units in the country. The occupancy of the special care unit is up to four children of mixed gender, aged between 11 and 17 years on admission. It is located on the grounds of a hospital in Limerick. Inside the special care unit, there are four buildings; a residential unit, an administration building, a school and a gym. The residential unit, school and gym buildings face onto a large open space.

The aim of the special care unit is to provide a short-term period of stabilisation to children who are detained under a High Court order, when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. The unit is described as a secure Unit meaning it is locked and the young people are not allowed to leave without permission.

The objective of the special care unit is to provide a safe and caring environment and therapeutic environment where children learn to make safer choices and develop their wellbeing, reduce their risk taking behaviour and so enable the child to return to a less secure placement as soon as possible based on the needs of that child.

The following information outlines some additional data of this centre.

Current registration end date:	New application
Number of children on the date of inspection:	Three

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
10 APRIL 2018	09:00hrs to 17:30hrs	Ruadhan Hogan, Tom Flanagan, Jane McCarroll	Inspector
11 APRIL 2018	08:15hrs to 15:30hrs	Ruadhan Hogan, Tom Flanagan, Jane McCarroll	Inspector

Views of children who use the service

Children said that they did not like being locked up in the special care unit. While children said they knew about their rights and could go to their social workers and guardians and let them in along with staff in the centre should they want to raise an issue, they said they did not have choice or control over what happened in their lives. Some children said they wanted to be moved to another placement immediately as there was no freedom and no comfort in the special care unit.

Some children told inspectors they were very angry at having to stay in the special care unit as a follow on placement had not been identified at the time the placement was due to end.

Children could maintain contact with their families through phone contact and visits inside and outside of the centre. Some children said that they would like time on their own with their families as it was their only time away from staff.

Children told inspectors that rules in the special care unit were applied in different ways by staff. They said that this caused them frustration. Some children said that other rules were not fair, such as being locked in their bedrooms at nine o'clock each night, which they said caused them anxiety.

Children said that they had a good relationship with some staff and did not with other staff. Children said they could go to a favourite staff member when they needed to talk about something but they did not like the amount of new staff as they did not like change.

Capacity and capability

Governance and management arrangements required significant improvements. The Child and Family Agency (Tusla) did not have adequate arrangements in place in line with the regulations for the appointment of the person in charge, oversight and supervision of practice and the implementation of policies and procedures in a consistent manner to ensure safe and effective care. While children at the time of inspection were not at risk and, in general, were receiving adequate care, the governance and management arrangements left the service with potential risks that had not been adequately assessed and or managed.

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.

While there was a governance structure in place, management systems in the centre did not identify clear lines of accountability and authority. The management team was relatively new and key staff were unsure as to their role despite requesting role clarification during supervision with their line manager. Some staff told inspectors they had not been formally delegated specific responsibilities and as a result they were not sure what they were responsible for.

The arrangements that the provider had put in place for the appointment of a person in charge were not adequate for geographical reasons and the relevant regulatory documentation had not been submitted by the provider. While the person in charge met the requirements of the regulations in that the post was full time, and they were suitably experienced and capable to undertake the role, they did not have the capacity to be the person in charge for two designated centres that they were responsible for as one was based in Dublin and the other was based in Limerick. Inspectors found that the person in charge had been in this special care unit four times since his appointment. While there were arrangements in place for staff to raise concerns about the quality and safety of the care provided, some concerns had not been investigated in a timely manner. Inspectors found that the person in charge, was not aware of the concerns and subsequently committed to undertaking an investigation. The inspectors were not satisfied with this arrangement as the person in charge was not sufficiently engaged in the effective governance, operational management and administration of the unit.

While all of the required policies and procedures required under Schedule 2 were in place, not all had been reviewed and were not up-to-date to provide good guidance to the staff team.

Inspectors found the staff group were dedicated and professional, but there were staff shortages and the registered provider was reliant on a large number of agency staff to ensure a full staff compliment. Some staff were newer, less experienced and needed to be rostered with more experienced staff. This did not always happen. Additionally, the supervision of staff was not frequent and in line with the policy. This impacted on the continuity of care and support and consistency in practice with children as the programme of care, behavioural support and consistent measures to protect children had not been fully implemented. For example, when some behaviours that were challenging arose, they were not always managed in the best way as staff did not have the confidence to intervene at the right time and on seven

occasions this resulted in An Garda Síochána being called to the unit to manage the situation. In addition due to the lack of consistency of the staff team and poor managerial oversight children experienced inconsistent boundaries which frustrated them. For example inconsistent bedtime routines and some staff allowed children to smoke just outside the unit, while others did not which was not consistent with the special care policy on smoking.

Deficits in staff skills, specifically in responding to behaviours that were challenging had been identified following an internal investigation in August 2017 but no additional training had been provided or scheduled at the time of inspection to address this identified deficit. In the interim, the person in charge told inspectors that the occupancy of the unit was to be reduced to a maximum of two children. At the time of inspection, the occupancy of the unit was three children and the reduction in occupancy did not take place until the day after the inspection. The person in charge said that this would allow the whole staff group to build up the skills, competency and confidence to safely manage behaviours that challenge in the special care unit.

Some areas were in compliance such as the centre register, insurance and care records. Additionally, inspectors found good systems in place for the management of children's complaints. There were some measures being developed as a means to monitor the units compliance with the regulations such as auditing.

Following the fieldwork inspectors met with a representative of the provider to discuss the concerns regarding the governance and management arrangements. The provider identified that they were reviewing and intended to revise the person in charge arrangements. In addition they spoke about the challenges they have been presented with in recruiting staff for special care units due to the nature of the work. However, they reported that they have had some success in recruiting staff on a three year contract basis for the special care unit and they would be in place in the near future which should improve the continuity of care and support that the children receive.

Regulation 5: Statement of purpose

There was a statement of purpose that was not compliant with the regulations as it did not outline all aspects of Schedule 1 of the regulations. For example, not all services provided in the special care unit were outlined such as the school. Additionally, it did not adequately describe the full organisational structure of the special care unit and did not include the layout of the special care unit. The registered provider did not ensure that a child friendly version of the statement was provided to children.

Judgment: Not compliant

Regulation 6: Care practices, operational policies and procedures

The registered provider did not ensure: that all care practices, operational policies and procedures were in place in line with Schedule 2 of the regulations, had been reviewed in line with the regulations and that the person in charge had implemented the practices, policies and procedures.

The person in charge did not have any systems in place to ensure these practices, policies and procedures were implemented and therefore did not sufficiently promote and protect the life, health, safety, development and welfare of each child who is detained in the special care unit. For example, children in the centre were not permitted to smoke and all paraphernalia such as tobacco, matches and lighters were required to be handed up. Despite this, children took these items in secretly. This impacted on fire safety across the whole unit as incidents of fire setting in bedrooms increased due to children having prohibited items. The person in charge acknowledged this during interviews and said alternative procedures were required to guide staff so these behaviours did not escalate.

Judgment: Not compliant

Regulation 13: Person in charge

At the time of the inspection the person in charge was not adequately engaged in the effective governance, operational management and administration of the centre. The registered provider did not ensure that information and documentation for the person in charge was obtained as specified in Part A & B of Schedule 3 of the regulations.

Judgment: Not compliant

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

The registered provider did not ensure that: there was a suitable number, experience, and availability of staff members in the special care unit and that children received continuity of care and support due to the high number of agency

staff in use. The registered provider did not ensure there were appropriate numbers of staff present in the unit at all times.

The registered provider did not maintain records specified in Part A and B of Schedule 3 of the regulations in relation to all staff members in the special care unit. The person in charge did not keep a written report of his duties under the regulations which he may, from time to time, delegate to appropriately qualified staff.

Judgment: Not compliant

Regulation 15: Training and staff development

The person in charge did not ensure that all staff members in the special care unit had access to training to enable them to provide care in line with the statement of purpose and policies and procedures. Training figures for staff provided to HIQA showed that a significant number of staff did not have training in key areas, for example, medicines management, the safe use of ligature cutters and restrictive practices as per the unit own training and staff development policy. The person in charge did not ensure that all staff members were informed of the regulations, standards and guidance. Some staff who spoke to inspectors did not know the requirements of the regulations and had not received adequate guidance/training on the regulations.

Judgment: Not compliant

Regulation 16: Staff supervision and support

The person in charge did not ensure that an appropriate level of supervision and support was provided to staff members in the unit.

Judgment: Not compliant

Regulation 19: Care record

Care records were well maintained, and had all the requirements of schedule 5 of the regulations.

Judgment: Compliant

Regulation 20: Maintenance of records

All records met the requirements of the regulation, and contained all records required under schedule 6.

Judgment: Compliant

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

The register was up-to-date and met the requirements of the regulation.

Judgment: Compliant

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

The person in charge did not maintain the records as set out in Part B of Schedule 3 of the regulations for each staff member in the special care unit. Records reviewed by inspectors had up-to-date An Garda Síochána vetting. However, there were significant gaps in the full time Tusla staff records where documents such as references and evidence of the persons identity were not on file. For the 13 agency staff employed in the special care unit, the person in charge was provided with assurance from the agency, that these staff members had some but not all of the required documents.

Judgment: Not compliant

Regulation 23: Insurance

Insurance was in place in line with regulations.

Judgment: Compliant

Regulation 24: Governance and management

The registered provider did not ensure that there was a clearly defined management structure that identified lines of authority and accountability, specified roles and detailed responsibilities for the area of special care provision. The registered provider did not ensure that some management systems were in place to ensure the

service was delivered in a consistent way and monitored effectively. Some management systems, such as notifications, auditing and oversight of the programme of care were developed and reliable. Deficiencies were found in other systems such as delegation of authority, risk management, oversight of staff and monitoring and oversight of staff records. The lines of authority and accountability were not clear as staff in the centre did not fully know their roles and responsibilities. Additionally, the registered provider did not ensure that effective arrangements were in place to investigate when staff members raised concerns about the quality and safety of special care provided to children.

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

Complaints were dealt with and managed well, and in line with their policy.

Judgment: Compliant

Registration regulation 6: Changes to information supplied for registration purposes

A new person in charge had been appointed on the 20 February 2018 but at the time of inspection the required documentation had not been submitted by the registered provider.

Judgment: Not 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 documented programmes of care for the children were comprehensive but these were not always being implemented consistently. Recommendations were made by the multi-disciplinary team to guide interventions for staff in stabilising children in the special care unit. While some of these interventions were effective, not all of the children's behaviours were being consistently addressed. For example, incidents of drug use and fire setting continued, indicating interventions were either not effective or were not being fully implemented and monitored by the person in charge.

Some of the children's needs were met while living in the centre. Children had access to a range of services to meet their needs. There was a school on the premises which children were facilitated and supported to attend. Independent living skills were promoted within the centre as children were encouraged to undertake activities such as cleaning, cooking and laundry. Children could occupy their time in the gym, out in the community on activities with staff and could access music, movies and television that they liked in their bedrooms.

Children were not always protected from abuse while living in the centre. Incidents of alleged abuse were notified to the relevant social work department in line with Children First 2017: National Guidance on the Protection and Welfare of Children. Care practices had not been consistently implemented and as such were not effective at preventing one incident of alleged peer abuse. Following the alleged incident safeguarding measures were put in place to prevent further incidents. Inspectors also found one child was not adequately supported to develop the knowledge and skills for self care and protection.

Behavioural support in the unit required improvement. Plans in place to address behavioural support were comprehensive, identifying early warning signs and diversion techniques but had not always been fully implemented. Inspectors found practice in the use of restraint and restrictive practices were transparent, as it was carried out in accordance with the national policy. However, children who displayed behaviours that were challenging were not always appropriately responded to so as to de-escalate their behaviour. As a result, on occasion, staff relied on An Garda Síochána to manage these behaviours. The impact for children was that they did not learn how to manage their own behaviour thus reinforcing the reason why they were detained in a special care unit. In addition, children observed that the staff team were not in control of the situation which in turn impacted on their experience of feeling safe.

Findings from two previous HIQA monitoring inspections of the special care unit in 2016 and 2017 against the National Standards for Special Care Units found the premises was not fit for purpose in the provision of safe and effective care. Refurbishment works were underway at the time of the inspection and included a redesign of the interiors, replacing internal doors and installing windows into the building to let in more light. Investment had also been made to upgrade and equip the gym which provided children with opportunities for stimulation. During the inspection, the person in charge identified that further investment was required to ensure children could safely access the internet and had adequate outdoor recreational facilities.

The premises was well maintained with newly painted walls. Children had their own bedrooms which were basic. However, they could decorate them if staff deemed it appropriate and safe to do so. Each bedroom was ensuite and had a television secured behind a locked see through cabinet. Communal and cooking areas were clean and facilitated children in healthy eating habits. Fire safety precautions within the special care unit required timely improvement as fire doors, that were due to be replaced, were not effective at preventing smoke from spreading.

Regulation 7: Programme of care

A suite of comprehensive documentation describing the programme of care was in place, it was reviewed regularly and was of good quality. However, the person in charge did not consult with the social workers assigned responsibility for the children to inform himself of the special care provided. In addition he did not oversee the implementation of each child's programme of special care.

Judgment: Not compliant

Regulation 8: Healthcare

Children had access to range of services to meet these needs including general practitioner, other health professionals such as occupational health, psychology and psychiatry. Health records held in the centre were of good quality. Medicines were safely and securely stored and medicines management was of good quality. However, records of administration of medicines required improvement. The person in charge did not ensure the child's care record included how medication was administered by staff.

Judgment: Substantially compliant

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

Children were facilitated and supported to attend school. Children's rights were promoted and protected while living in the unit. Children had opportunities to attend reviews to contribute to decisions about their care. Children's privacy and dignity was respected.

The registered provider did not ensure that each child had appropriate access to internet.

Judgment: Substantially compliant

Regulation 10: Family contact and visiting arrangements

There were arrangements in place for children to have access with their families where appropriate.

Judgment: Compliant

Regulation 11: Positive behavioural support

The registered provider did not ensure each person employed in the special care unit had up-to-date knowledge and skills to assist and support a child to manage their own behaviour.

The person in charge did not ensure that all staff members had up-to-date knowledge and skills to respond to some behaviours that were challenging. The person in charge did not ensure that consistent efforts were made to intervene at the right time in order to alleviate the cause of the child's behaviour. The person in charge did not ensure staff members received training in the management of behaviours that were challenging.

Judgment: Not compliant

Regulation 12: Protection

The registered provider did ensure that social work departments were informed of allegations of abuse and neglect. The registered provider did not ensure that:

children in the unit were protected from all forms of abuse and that following disclosures of alleged abuse, some children were not supported to develop the knowledge, self awareness and skills needed for self care and protection.

The person in charge did not ensure that all staff members received training in relation to safeguarding of children.

Judgment: Not compliant

Regulation 17: Accommodation

While works were underway at the time of the inspection, they had not been completed. Due to these unfinished works inspectors found that the registered provider had not yet provided adequate and suitable accommodation as set out in Schedule 4 of the regulations, for example, adequate outdoor recreational facilities.

Judgment: Not compliant

Regulation 18: Food, nutrition and cooking facilities

Adequate arrangements were in place for the provision of food and cooking facilities, in line with the regulations.

Judgment: Compliant

Regulation 25: Risk management

While the registered provider ensured a risk management policy was in place they did not ensure it was implemented throughout the unit. Individual risk assessments for children were good quality. However, there were gaps in categorisation of risks, and some risks were not adequately addressed, such as young people bringing cigarette lighters into the unit.

Judgment: Not compliant

Regulation 26: Fire precautions

The registered provider had not ensured that adequate precautions had been taken against the risk of fire and had not made adequate arrangements for maintaining the building fabric. Fire safety plans identified there had been damage to smoke seals around the doors thus preventing the containment of smoke within a room where a fire was ongoing. Fire doors had been ordered but had not been installed at the time of the inspection.

The registered provider had not made suitable arrangements for all staff members to receive training in fire safety and first aid and had not ensured that all persons in the special care unit were aware of procedures to be followed in the event of a fire. Inspectors found that records in relation to fire drills and the fire register were not kept.

Worryingly, there had been several incidents of fire setting by children which increased the risk and these had not been sufficiently managed to ensure further incidents did not take place.

Judgment: Not compliant

Regulation 27: Notification of incidents

With the exception of one incident, the person in charge notified all incidents to the chief inspector as required, following an incident where there was an allegation of child abuse.

Judgment: Not 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	Not 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	Not 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
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Quality and safety	
Regulation 7: Programme of care	Not compliant
Regulation 8: Health care	Substantially compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Substantially compliant
Regulation 10: Family contact and visiting arrangements	Compliant
Regulation 11: Positive behavioural support	Not compliant
Regulation 12: Protection	Not compliant
Regulation 17: Accommodation	Substantially 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 Coovagh House Special Care Unit OSV – 004219

Inspection ID: **MON-0021250**

Date of inspection: 10 April 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
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:</p> <p>The Registered Provider has notified HIQA in relation to the changes made in relation to the person in Charge of Coovagh House.</p> <p>This person is full time, has more than three years' experience in a supervisory role in Social Care and holds an appropriate qualification in Social Care.</p> <p>We have also supplied all information as specified in Part A & B of Schedule 3 of regulation to the Chief Inspector.</p>	
Regulation 5: Statement of purpose	Not Compliant
<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 Coovagh House which encompasses the information set out in schedule 1 of the regulations.</p> <p>An age appropriate Statement of Purpose document will be provided to the service by the registered provider. This has been given to the current young people residing in Coovagh House and all new residents will be provided with this booklet on the day of their admission.</p> <p>A copy of the Statement of Purpose will be given to Social Workers, GALs and parents within one week of a young person being admitted to the centre.</p> <p>The Registered Provider will review The Statement of Purpose annually to provide assurance that services are being delivered within the scope of the Statement of Purpose.</p>	
Regulation 6: Care practices, operational policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Care practices, operational policies and procedures:</p>	

The Registered Provider will produce an Interim set of Policies & Procedures in line with Schedule 2 of the Regulations whilst we await the completion of the National Policies which are currently being reviewed.

This document will support staff to deliver a safe and quality service in Coovagh House.

The Person in Charge will ensure that staff will receive training in relation to the implementation of these 20 policies & procedures at staff meetings and this will be recorded in the Coovagh House training record. Training records will be reviewed by the provider on a monthly basis through review of the Centre Governance reports.

The Registered Provider shall ensure that once the National Suite of Policies and Procedures have been updated that they are reviewed and updated at least every three years and such reviews shall have due regard to any recommendations made by the chief inspector and will reflect best practice.

A child friendly document outlining the updated care practices, operational policies & procedures in line with schedule 2 of the regulations will be produced by the Registered Provider.

The Registered Provider will ensure that training and education in relation to health risks relating to smoking will be rolled out to all staff and young people admitted to the centre.

A review of daily routines and activities shall be undertaken by the registered provider on a monthly basis and discussed with the Person in Charge during supervision. |

Regulation 7: Programme of Care	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Programme of Care:

The Registered Provider appointed a new Person in Charge on the 30th of April 2018.

The Person in Charge will chair a SCOAP meeting at the beginning of each young person's placement. This meeting will be attended by the representatives from the School, ACTS and Social Workers to develop a programme of care that is to be implemented for the young person.

The Person in Charge will review the care records on a monthly basis in advance of the Child in Care Review and will attend the Child in Care Reviews to ensure that the programme of care agreed at the SCOAP meeting is delivered as planned by the Multi-disciplinary team.

Any deviation from the plan will be escalated to the Registered Provider for review and action as appropriate. |

Regulation 8: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Health care:

The Person in Charge will ensure that Tusla's Medication Management policy training has been delivered to all staff members in Coovagh House.

Additionally the Person in charge has implemented a new medication management recording system in Coovagh House.

<p>Safe medicines management practices are reviewed and monitored by the Person in Charge on a monthly basis. This will include ensuring the route of administering medication by care staff is included in the medication management recording system.</p> <p>There was a scheduled Administration of Medication Audit was completed on the 16th July 2018. </p>	
<p>Regulation 9: Education, individual needs, religion, ethnicity, culture and language</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Education, individual needs, religion, ethnicity, culture and language:</p> <p>The Registered Provider will install internet access in designated areas within the centre. The young people will access the internet through the use of a laptop in the gym and smart TVs, based on risk assessment. </p>	
<p>Regulation 11: Positive behavioral support</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 11: Positive behavioural support:</p> <p>The Director of the service will prepare a three year plan which will look to improve the following elements:</p> <ul style="list-style-type: none"> - Environment - Staff and young people's wellbeing - Resources available to the young people - Ensuring the rights of young people are paramount - Reducing restrictive practices - Enhancing the training modules available to staff. <p>This will be broken down in to monthly targets which will be reviewed monthly by the Director of service in conjunction with both young people resident and Social Care Staff.</p> <p>The Person in Charge will carry out a quarterly Training Needs Analysis and any specific training requirements for staff following this review will be escalated to the Director of Service to ensure that relevant training is procured.</p> <p>The Person in Charge will ensure that all staff members have up to date training in behaviour management. When this training is completed all staff will receive 6 monthly refresher training in behaviour management. Training records will be updated monthly.</p> <p>The Registered provider will ensure that all staff members receive training in relation to attachment and trauma.</p> <p>The Person in Charge will ensure that every effort is made to identify and alleviate the cause of child's behaviour through ensuring that the following takes place:</p> <ul style="list-style-type: none"> - Weekly Treatment Planning Meetings with ACTS and key worker and young person - Clinical review of young person's presentation where there is a pattern of challenging 	

behaviour.

- Training
- Supervision
- Incident review all incidents involving the use of a restrictive practice will be reviewed by management using the SERG template and any learning or recommendations will be documented and the young person's Placement Support Plan will be updated accordingly. Completed SERG's will be filed in a SERG folder in the PIC's office.

If there is a pattern of risk taking behaviour and initial interventions are not effective, a professionals SERG will be convened by the Person in Charge to identify possible alternative intervention strategies and every effort will be made to identify and alleviate the cause of the young person's challenging behaviour to ensure that all alternative measures are considered before a restrictive procedure is used.

The Director has arranged for extra training in positive behavioural supports to further enhance the staff team's skills.

The Registered Provider will ensure that operational care practices & procedures in relation to restrictive practices such as full searches, room searches, and positive behaviour supports will be reviewed and updated and made available to all Social Care Staff.

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Regulation 12: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Protection:

A safeguarding policy & procedure as per policy no.3 in Schedule 2 of Regulations will be prepared in writing, adopted and implemented by the Registered Provider; these will be available to all staff.

The Person in Charge has ensured that all staff members currently working in Coovagh House have completed all 3 Children First on line training courses, The person in charge will ensure that all staff receive Tell Us training.

The Person in Charge will, where there has been an incident, allegation or suspicion of abuse ensure that the requirements of National Guidance for The Protection & Welfare of Children are complied with.

A safety plan to support the young person to be put in place in conjunction with other professionals.

All such incidents are notified to HIQA through provider portal.

The Person in Charge will ensure that a programme to support the young people in Coovagh House is implemented in consultation with ACTS. This will aim to develop the knowledge, self-awareness and skills needed for self care and protection. This will be delivered through Treatment Planning Meetings that are carried out with the young people on a weekly basis in collaboration with ACTS and the young person's key working team.

Where it is identified by Person in Charge that additional supports are required for a young person and where these services are not available within our own services these will be procured externally by the Director of services.

Regulation 13: Person in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: Person in charge:</p> <p>The Registered Provider has notified HIQA in relation to the changes made in relation to the person in Charge of Coovagh House.</p> <p>This person is full time has more than three years' experience in a supervisory role in Social Care and holds an appropriate qualification in Social Care.</p> <p>We have also supplied all information in part A and part B of Schedule 3 of Regulation to the Chief Inspector.</p>	
Regulation 14: Staff members and others working in the special care unit	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Staff members and others working in the special care unit</p> <p>The Registered Provider has addressed the deficit in staffing through a three prong recruitment and selection campaign. This includes Tusla contracts offered to agency staff working in Coovagh House over 12 months. We now have a full staff team in situ.</p> <p>The staff roster is reviewed weekly by the Person in Charge to ensure that there is a suitable number of staff working in the centre. The roster is populated with Tusla staff in the first instance and any gaps filled with the approved agency social care workers.</p> <p>In the event that the service cannot be staffed by the Person in Charge this will be escalated to the Director of Service who convene an emergency meeting of the National Management Team CRS to discuss alternative measures to staff the Centre.</p> <p>Records specified in Part A and B of Schedule 3 of the regulations will be held in respect of all staff members, The Person in Charge of the service will complete an Audit of all staff in the center as per regulation 22 to ensure all records are in place and that they comply with Part A and B of Schedule 3.</p> <p>The Person in Charge will prepare a written record of any duties under the regulations that she delegates to other appropriately qualified staff, these records will be held by the Person in Charge.</p>	
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 will ensure that all staff have access to professional development courses and training. This will be provided by Workforce training and development and additional training identified as required by the Person in charge will focus primarily on child centered care and protection.</p>	

The Person in Charge will ensure that all staff are aware of the legislation relevant to their roles and responsibilities. Copies of the relevant legislation and regulations will be made easily available to all staff. A staff training policy will be developed to ensure that all staff receive relevant training in a timely manner.

The Person in Charge completed a staff training needs analysis which will be reviewed on a quarterly basis which will review the following:

- All staff trained in 8 mandatory trainings identified by National Director CRS
- Training is provided to staff team on up to date evidence based practice
- CPD training focus on the needs of the young people in Special Care
- Training provided reflects Statement of Purpose. []

Regulation 16: Staff supervision and support	Not Compliant
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Outline how you are going to come into compliance with Regulation 16: Staff supervision and support:

The Person in Charge will ensure that all staff members receive support and supervision by appropriately qualified staff to ensure that they perform their duties to the best of their ability in line with our Supervision Policy.

A written record of each supervisor session will be maintained with a signed copy given to the supervisee.

All staff will receive supervisee training.

If supervisor is absent for an extended period, a contingency plan will be put in place by the Person in Charge to maintain regular supervision for all staff, additional support from other Special Care Services will be brought in as required to ensure this is maintained. []

Regulation 17: Accommodation	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Accommodation:

The Registered provider has ensured that building works to upgrade the centre have commenced this phase of the works are scheduled for completion 31st August 2018. Following completion of these structural works the registered provider will explore opportunities to make both the indoor and outdoor environment more young person friendly, stimulating and homely. The Director of the Service will undertake this initiative in conjunction with staff team and young people resident in the centre.

The design and layout of the centre will be outlined in Statement of Purpose by the Registered Provider.

A proposal has been submitted to the Registered Provider by the Person in Charge on 15th of June 2018 to develop outdoor recreational facilities; Soccer goals and basketball nets are have now

<p>been purchased and will be installed by the maintenance section. Additional resources will be sourced through our capital finance budget. </p>	
<p>Regulation 22: Record of a person employed in the special care unit</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 22: Record of a person employed in the special care unit:</p> <p>A gap analysis has been completed by the Person in Charge and our Human Relations Officer. A plan is now in place to obtain all outstanding records required in Part B of Schedule 3 of the Regulations.</p> <p>The Person in Charge will ensure that all records are present on an ongoing basis by scheduling a 6 monthly review of Tusla CFA and any staff from the agency we will also review their records.</p> <p>This review to include that staff records are accurate, complete, legible and up to date. Also, that staff records are kept secure but easily retrievable through our online “Therefore “system in conjunction with our HR Manager and that staff records are kept for the required timeframe. </p>	
<p>Regulation 24: Governance and management</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 24: Governance and management:</p> <p>The Registered Provider will ensure that a clear organisational Structure is outlined in the Statement of Purpose.</p> <p>The facility and service provided is now reflected in the Statement of purpose.</p> <p>The Registered Provider will ensure that the Management Structure is clearly defined and identifies the lines of authority and accountability and specifies roles and details responsibilities for all areas of service provision.</p> <p>The facility and service provided is now reflected in the Statement of purpose</p> <p>There is a delegation folder put in place, available to all staff, to inform management and staff of delegations of authority.</p> <p>A six monthly review of the quality and safety of care and support provided in Coovagh House will be completed by the Registered Provider to ensure that practice is based on best practice and complies with legislative and regulatory requirements.</p> <p>A copy of this review will be made available to the young people and their families.</p> <p>The Registered Provider has begun to investigate the staff concerns identified during inspection and an action plan is being formulated to ensure that any concerns raised by staff are addressed within a clearly defined timescale. </p>	

Regulation 25: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Risk management:.</p> <p>The Registered provider will ensure that the young people are more actively engaged in the development of risk assessments relating to their behaviors. The current risk assessment format will be revised to reflect this involvement and will seek to develop a culture of learning and support in relation to risk taking behaviors.</p> <p>The registered provider will ensure that the Tusla National Risk Management Policy will be fully implemented within the service and will be complemented by local procedures specific to the service. Training will be provided to all staff to ensure that there is familiarity with policy.</p> <p>The registered provider will audit the risk assessments on a fortnightly basis to ensure the correct categorization of risk and appropriate escalation as required.</p> <p>The registered provider will implement a risk management strategy which will be implemented for managing situations where the safety of the young people and or staff may be compromised. </p>	
Regulation 26: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Fire precautions:</p> <p>The Registered provider has scheduled staff training in relation to fire safety.</p> <p>The Registered provider scheduled a Fire safety review which was completed in conjunction with the Fire Officer to identify any further deficits. The Registered Provider will ensure that all identified deficits are addressed.</p> <p>Fire equipment such as the alarm, fire extinguishers and emergency lighting will be serviced by a professional provider.</p> <p>New doors and fire seals have been installed and fire seals where they were missing have been retrofitted on older doors.</p> <p>The registered provider will ensure that all staff are briefed in relation to completing the fire register to ensure that all fire records include details of fire drills, fire alarm tests, fire-fighting equipment, regular checks of escape routes, exits and fire doors.</p> <p>Fire plans will be displayed in prominent areas and all staff through their fire training will be made aware of the content and location of these plans.</p> <p>The risk posed by fire will remain on the risk register and will be reviewed fortnightly by the registered provider.</p> <p>All young people and staff will be included in fire drills and each young person will have a Personal Emergency Evacuation Plan (PEEP)</p> <p>Critical review will take place immediately after all incidents of fire setting in order to extract learning for individuals involved in the management of these incident, supports for staff and young people will be offered.</p> <p> </p>	

Regulation 27: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Notification of incidents:

All incidents will be notified to HIQA in accordance with regulation 27, The person in Charge will review all incidents on a weekly basis to ensure that they have been promptly notified.

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
Registration Regulation 6(2)(a)	Notwithstanding paragraph (1), the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a special care unit has ceased to be in charge.	Not Compliant	Orange	31 th May 2018
Registration Regulation 6(2)(b)	Notwithstanding paragraph (1), the registered provider shall in any event supply, within 10 days of the appointment of a new person in charge of the special care unit, the information set out in paragraph 5 of Schedule 2 and paragraph 3 of Schedule 3 in respect of the new person in charge.	Not Compliant	Orange	31 th May 2018
Regulation 5(1)	The registered provider shall prepare in writing a statement of purpose	Not Compliant	Yellow	10 th August 2018

	relating to the special care unit concerned which shall contain the information set out in Schedule 1			
Regulation 5(5)	The registered provider shall put in place appropriate procedures to ensure that a child detained in the special care unit is provided with a copy of the statement of purpose in a format which shall be age appropriate to ensure the child's understanding of it.	Substantially Compliant	Yellow	31 st September 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	Red	30 June 2018
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 include, but shall not be limited to, the matters set out in	Not Compliant	Orange	10 th August 2018

	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	10 th August 2018
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	Red	30 June 2018
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	10 th August 2018
Regulation 6(5)(c)	The registered provider shall ensure that all written care practices, operational policies and procedures are reviewed and updated at least every three years and	Not Compliant	Orange	10 th August 2021

	such reviews shall have due regard to any recommendations made by the chief inspector.			
Regulation 6(5)(d)	The registered provider shall ensure that all written care practices, operational policies and procedures are reviewed and updated when, in accordance with Regulation (5), there has been a change in the statement of purpose and such reviews shall have due regard to any recommendations made by the chief inspector.	Not Compliant	Orange	31 st November 2018
Regulation 6(7)	The registered provider shall ensure that there are appropriate procedures put in place by the person in charge to ensure that a child detained in the special care unit is made aware of the care practices, operational policies and practices of the special care unit and that information provided in accordance with this Regulation is accessible and age appropriate to ensure understanding.	Not Compliant	Orange	31 st August 2018
Regulation 6(8)	The person in charge shall implement the care practices, operational policies and procedures	Not Compliant	Red	30 June 2018

	required to be put in place by the registered provider under paragraph (2) and shall, in so doing, promote and protect the life, health, safety, development and welfare of each child who is detained in the special care unit.			
Regulation 7(1)	Where a child is to be detained in a special care unit, the person in charge shall consult with the social worker assigned responsibility for the child by the Child and Family Agency to inform himself or herself of the special care to be provided to the child while the child is detained in the special care unit.	Not Compliant	Orange	30 th April 2018
Regulation 7(2)	Following consultation with the social worker assigned responsibility for the child by the Child and Family Agency, the person in charge shall oversee, in conjunction with the social worker so assigned, the implementation of a programme of special care for the child, in accordance with the interim special care order or special care order relating to the child.	Not Compliant	Orange	30 th April 2018
Regulation 8(2)(b)	The person in charge shall include in the	Not Compliant	Yellow	31 st July 2018

	child's Care Record details of (b) any medication administered, whether or not it was prescribed by a registered medical practitioner, to a child detained in the special care unit.			
Regulation 9(7)	The registered provider shall ensure that each child has appropriate access to a telephone and appropriate media, such as television, newspapers and internet, if available, in accordance with the relevant policies set out in Schedule 2.	Not Compliant	Yellow	31 st August 2018
Regulation 11(3)	The person in charge shall ensure that staff members in the special care unit have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support a child detained in the special care unit to manage his or her behaviour.	Not Compliant	Orange	31 st November 2018
Regulation 11(4)(a)	The registered provider shall ensure that each person employed in the special care unit has up to date knowledge and skills to identify underlying causes of behaviour.	Not Compliant	Orange	31 st July 2018
Regulation 11(4)(b)	The registered provider shall ensure	Not Compliant	Orange	31 st July 2018

	that each person employed in the special care unit has up to date knowledge and skills to assist and support a child to manage his or her behaviour.			
Regulation 11(5)(a)	The person in charge shall ensure that every effort is made to identify and alleviate the cause of the child's behaviour.	Not Compliant	Orange	31 st July 2018
Regulation 11(6)	The person in charge shall ensure that staff members in the special care unit receive training in the management of behaviour that is challenging including the use of restraint, single separation and de-escalation techniques, and that only approved techniques are used, in accordance, where applicable, with the child's individual crisis management plan.	Not Compliant	Orange	27 th July 2018
Regulation 12(1)	The registered provider shall ensure that each child placed in the special care unit is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Not Compliant	Orange	31 st July 2018
Regulation 12(2)	The registered provider shall	Not Compliant	Red	15 June 2018

	protect all children placed in the special care unit from all forms of abuse.			
Regulation 12(5)	The person in charge shall ensure that all staff members receive training in relation to safeguarding children and in the prevention, detection and response to abuse.	Not Compliant	Orange	09 th July 2018
Regulation 13(2)	A person may be appointed as a person in charge of more than one special care unit if the chief inspector is satisfied that he or she is engaged in the effective governance, operational management and administration of the special care units concerned.	Not Compliant	Red	15 June 2018
Regulation 13(5)	The registered provider shall ensure that he or she has obtained, in respect of the person in charge, the information and documents specified in Part A of Schedule 3.	Not Compliant	Orange	31 st May 2018
Regulation 14(1)	The registered provider shall ensure that the number, qualifications, experience, suitability and availability of staff members in the special care unit is appropriate, having regard to the number	Not Compliant	Orange	31 st July 2018

	and assessed need of children detained in the special care unit, the statement of purpose and the size and layout of the special care unit.			
Regulation 14(2)	The registered provider shall ensure that the children receive continuity of care and support, particularly in circumstances where staff are employed on a less than full time basis.	Not Compliant	Orange	31 st July 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	31 st May 2018
Regulation 14(4)	The registered provider shall ensure that there are appropriate numbers of staff members present in the special care unit at all times to supervise each child detained in the special care unit in accordance with the requirements of registration of the special care unit.	Not Compliant	Orange	31 st May 2018
Regulation 14(5)	The person in charge shall ensure that an	Not Compliant	Orange	31 st July 2018

	appropriate level of professional supervision and support is provided to staff members in the special care unit.			
Regulation 14(7)	The person in charge may, from time to time, delegate all or some of his or her duties under these Regulations to one or more appropriately qualified staff members in the special care unit and shall keep a written report of when and to whom he or she has delegated those duties.	Not Compliant	Red	31 st July 2018
Regulation 14(8)	The registered provider shall maintain, as appropriate, the records specified in Part B of Schedule 3, in relation to 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.	Not Compliant	Orange	31 st July 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	Not Compliant	Orange	12 th July 2018

	part of a continuous professional development programme to enable the staff member to provide care in accordance with evidence based practice, the statement of purpose and policies and procedures.			
Regulation 15(1)(b)	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 is informed of the provisions of Acts of the Oireachtas and all regulations, standards and guidelines made thereunder, or otherwise, dealing with the care, welfare and protection of children detained in a special care unit.	Not Compliant	Orange	31 st Oct 2018
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	30 th September 2018
Regulation 17	The registered provider shall provide adequate and suitable accommodation, as set out in Schedule 4, having regard to	Not Compliant	Red	30 November 2018

	the number of children detained in the special care unit and the nature of the needs of each child.			
Regulation 22	The person in charge shall maintain the records set out in Part B of Schedule 3 in a secure, safe and accessible place, for each staff member employed in the special care unit.	Not Compliant	Orange	30 th 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	Red	15 June 2018
Regulation 24(1)(c)	The registered 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.	Not Compliant	Orange	15 th June 2018
Regulation 24(2)	The registered provider shall ensure that effective arrangements are in place to facilitate persons employed in the special care unit to raise concerns about the quality and safety of the special care provided	Not Compliant	Orange	30 th September 2018

	generally or the special care provided to any specific child detained in the special care unit.			
Regulation 25(1)	The registered provider shall ensure that the special care unit has a risk management policy in place and that it is implemented throughout the special care unit.	Not Compliant	Orange	31 st October 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, recording, investigation and learning from	Not Compliant	Orange	31 st October 2018

	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.			
Regulation 25(8)	The person in charge shall keep a report of an accident or an injury to a child detained in the special care unit in the child's Care Record.	Not Compliant	Orange	31 st July 2018
Regulation 26(1)(a)	The registered provider shall take adequate precautions against the risk of fire.	Not Compliant	Red	15 June 2018
Regulation 26(1)(d)(i)	The registered provider shall make adequate arrangements for preventing fire.	Not Compliant	Red	15 June 2018
Regulation 26(1)(d)(vi)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	15 June 2018
Regulation 26(1)(e)	The registered provider shall make arrangements for	Not Compliant	Red	15 June 2018

	<p>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, 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>			
Regulation 26(1)(f)	<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</p>	Not Compliant	Orange	30 th August 2018

	procedure to be followed in the case of fire, including the procedure for saving life.			
Regulation 27(1)(d)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit an allegation of child abuse.	Not Compliant	Orange	31 st August 2018

