



# 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:	29 August 2018
Centre ID:	OSV 0004219
Fieldwork ID	MON-0024614

## 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 located in Limerick. It is custom built and designed to be secure to ensure only appropriate and approved access and egress from the campus is permitted. The occupancy of the special care unit is up to four children of mixed gender, aged between 11 and 17 years on admission. All young people have their own en-suite bedroom and personal storage spaces for their belongings. Young people have access to sittings rooms with satellite television and computer games, an outdoor playing area, gym, pool room, computer with internet and sensory room. Residents have access to cooking facilities in the kitchen where they can prepare meals, bake or make a snack in a planned way.

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

Our objective is to provide a high quality and standard of young person centred care to young people who are detained under a high court order and in accordance with evidence based practice; to ensure young people live in a comfortable, clean and safe environment that promotes the wellbeing, health, education, rights and independence of the young person in Coovagh House Special care Unit, assist in reducing risk taking behaviour and return them to a non-secure environment as soon as possible.

### **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
29 August 2018	08:00hrs to 17:50hrs	Ruadhan Hogan Paul McDermott Ann Delany	Inspector Inspector Regional Manager

## Views of children who use the service

Two of the three children spoke to inspectors on the day of the inspection. Some of the comments these children made were that it was stressful to live in the special care unit as it was very hard to stick with the rules. They said it was hard being locked in their room at nine pm and it felt like they were living in a youth prison. They said that they were not allowed have a hot drink in the sitting room. The children said that rules in the special care unit were not applied in the same way every day which they felt was not fair. For example, they said that some staff allowed them to use knives to prepare a meal on a particular day and on the next day they were not allowed which caused them to be confused and frustrated.

They said that sometimes they felt listened to and respected and other times, they did not. These children were subject to stringent restrictions on day trips which they felt were not justified and made them extremely unhappy. One child said that they were facilitated to write to EPIC (Empowering People In Care). Following a child in care review, these restrictions were lifted. However, they felt they were not listened to during the child in care review process.

Children said they liked some staff and got on really well with their key workers. They said they would like to be assigned certain staff all the time but that didn't happen. One child said that the person in charge sat and talked with them about how things were going. Children liked going to the psychologist and said that they felt like they could talk about things on their mind.

Children could get involved in a range of activities in the special care unit. One child said they loved playing football over going to the gym. They said they could go on three trips per week and staff usually organised the things they asked for. For example, they told inspectors that they were going to an 'all you can eat' restaurant for their dinner which they were really looking forward to.

## Capacity and capability

Governance and management in the special care unit required improvement. This was a one day inspection of the special care unit to assess how the registered provider had addressed areas of significant non compliance and high risk found on the last inspection in April 2018. On this inspection, inspectors found work had been completed. However, the rate of improvement was slow and further work was required to bring the centre into compliance.

The organisational structure for the unit had been clearly defined. The person in charge worked fulltime in the special care unit. She was qualified, experienced and had the skills to manage the unit. However, oversight arrangements during periods of leave had not been adequately planned. The director of special care (PPIM) was in the unit approximately every two weeks with the exception of the six weeks prior to the inspection, as for a variety of reasons, he had not visited the unit at that frequency.

Some management systems in the centre had been developed and improvements had been made since the last inspection. Communication had improved as staff told inspectors they were happier with the arrangements and that persons participating in management had a greater presence in the special care unit.

Other management systems were not being developed at a sufficient pace. Care practices, operational policies and procedures were not in place in line with the regulations and their development had been significantly delayed hindering the implementation of consistent and proportionate care practices. Systems of risk management and monitoring and oversight remained underdeveloped. A six monthly unannounced visit by the registered provider had not been completed at the time of the inspection.

Planning associated with development of the accommodation was poor quality and negatively impacted on children. During the inspection the director of special care identified that the opening of doors throughout the unit would help effect positive changes in care practices as children could have free movement through the unit where appropriate. However, it later transpired that newly installed doors required locking when not in use to ensure the safety of children and staff. Inspectors found that the doors contributed to the regression in care practices. For example, if children wanted to spend time in the sitting room, two staff members had to unlock the door, accompany the child into the room, and stay with them with the sitting room door locked behind them. If a child wished to use their toilet, a staff member had to accompany them to unlock a number of doors in order for them to access the toilet.

While the registered provider was undertaking work to address care practices, which were identified as a significant issue on the last inspection in April 2018, the rate of change was slow, was not comprehensive and did not ensure consistent care practices were in place. Both the person in charge and director of special care acknowledged that the staff team had been traumatised from negative experiences in the past. Considerable work was required to increase their confidence and enable them to safely and proportionately respond to children.

As the review and update of policies and procedures to guide staff was delayed, the director of special care told inspectors that other measures were put in place to balance the risk associated with the delay in updating policies and procedures. These included discussions with staff to explore and prepare for upcoming changes to practices and increasing the range of activities available so children could have a more satisfying experience while living in the special care unit. Since the last inspection, training had been provided to staff in attachment, trauma and alternative models of engaging with children in order to increase the skills base of staff relating to how behaviour that was challenging was managed. A new model of care was due to be introduced with new admissions to the unit but was not in operation at the time of this inspection.

Despite these measures, care practices reverted while the person in charge was on leave. Inspectors found that the director of special care did not have sufficient presence in the unit to provide oversight of the service to ensure, on behalf of the registered provider that a safe, quality service was being delivered. This impacted on the implementation of consistent care practices. For example, the staff team reverted to nine pm bedtimes for all children while the person in charge was on leave. This had not been risk assessed or based on the individual assessed needs of children. Assurances were later provided by the director of special care that these bedtimes would change back to 10pm.

#### Regulation 5: Statement of purpose

The registered provider did not ensure that the statement of purpose was in line with schedule one of the regulations nor that a child friendly version of the statement of purpose 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. Policies and procedures were out-of-date and the person in charge did not ensure some policies were consistently implemented in line with the individual needs of children.

Judgment: Not compliant

### Regulation 13: Person in charge

The person in charge had the qualifications, skills and experience necessary to manage the special care unit.

Judgment: Compliant

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

The person in charge did not keep a written report of whom she delegated her duties under the regulations to, during periods of leave.

Judgment: Substantially compliant

### Regulation 15: Training and staff development

While staff had opportunities to attend a number of different training programmes to enable them to provide care in line with the statement of purpose and policies and procedures some areas remained outstanding, for example first aid.

Not all staff had an adequate understanding of the requirements of the regulations.

Judgment: Not compliant

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

The person in charge did not adequately maintain records as set out in Part B of Schedule 3 of the regulations as records of operational weekly rosters did not contain full names of staff.

Judgment: Substantially compliant

## Regulation 24: Governance and management

The management systems in place did not adequately ensure that the service provided was effectively monitored. In addition, the registered provider did not ensure that an unannounced visit to report on the safety and quality of care and support provided in the special care unit was carried out in accordance with regulations.

Judgment: Not compliant

## Regulation 29: Complaints

The registered provider did not ensure that the person in charge maintained a record of all complaints.

Judgment: Not compliant

## Quality and safety

Children's basic needs were met while living in the special care unit. Children were safe while inside the unit. The programme of special care helped to stabilise behaviours that were challenging. The range of activities that children could engage had expanded. However, the best outcome for children could not be achieved as a lack of timely onward placements, restrictive living environments, institutional care practices and a lack of suitable opportunities to develop life skills prevented children from realising their full potential.

There was a programme of care in place that was overseen and implemented by the person in charge. Child-in-care reviews and professionals meetings took place every alternative two weeks. Decisions taken in these meetings as part of the programme of special care were well recorded in associated documentation and directly influenced care practices in the special care unit which had both positive and negative impacts on children.

Children did not have sufficient opportunities to learn how to make the right

decisions and choices that would help them in adult life. One child, who was approaching 18 and discharge from special care was subject to restrictions on day trips from the special care unit for over a month. As this child was due to be discharged shortly after restrictions were lifted, this did not give adequate opportunities for the child to develop life skills to prepare for adulthood. Additionally, there was no identified onward placement for two children due for discharge, which were impacting on the goal's they were working towards and there was a risk of being institutionalised into special care living and regression in their progress.

Safeguarding measures while children were in the unit protected children from abuse. With the exception of one staff member, all staff had received training on the role of a mandated person and the Children First Act, 2015. Children could access the internet, albeit in an appropriately restricted and supervised way.

Not all children had obtained the skills required for self-care and protection in the community. One child was not appropriately safeguarded during planned day trips outside of the special care unit as they approached strangers requesting cigarettes, potentially placing themselves at risk.

Behavioural support for children was appropriately implemented. A review of a sample of significant event notifications found that where restraints were used, including physical restraints, they were justified, appropriately carried out and lasted for the shortest possible duration.

Work had been undertaken to address issues associated with the premises which had both a positive and negative impact on children living in the special care unit. A fully equipped gym was in place which along with the employment of an activities coordinator provided children opportunities to engage in physical activities they liked. All childrens bedrooms were now ensuite thus providing appropriate privacy for children. The sitting room had been colourfully decorated with carpets, soft furnishings, sofas and was a more pleasant environment to spend time in. However, while the installation of heavy and more robust doors alleviated some security concerns, the functioning of the new doors had imposed significant restrictions on childrens daily living. Additionally, as the new doors were extremely loud as they closed, this door slamming sound echoed around the accommodation. During the inspection, inspectors experienced the impact of this level of noise and found it was likely to affect children with sensory needs.

## Regulation 7: Programme of care

The person in charge, in conjunction with the social workers assigned to each child, did not ensure the full implementation of the programme of special care. This was evidenced in a lack of adequate forward planning in finding a suitable follow on placement for some children.

Judgment: Compliant

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

The registered provider did not ensure there were adequate arrangements for all children to have access to educational services appropriate to the assessed needs for that child.

Children's rights were not always promoted or upheld. The privacy and dignity of children in the special care unit was not always respected, due to some institutional care practices which were universally applied to children and not individually risk assessed.

Children could not exercise appropriate choices and control in their life such as going to the toilet without a staff member.

The registered provider did not ensure that children were prepared for leaving care.

Judgment: Not compliant

### Regulation 11: Positive behavioural support

The person in charge did not adequately retain a record of instructions in relation to behavioural supports as the quality of recording on significant event notifications was not consistent.

The person in charge did not ensure that all staff members had up-to-date training in the management of behaviours that were challenging.

Judgment: Not compliant

## Regulation 12: Protection

Children were not always safeguarded during planned day trips outside of the special care unit.

Judgment: Not compliant

## Regulation 17: Accommodation

The registered provider did not provide adequate and suitable accommodation as set out in Schedule 4 of the regulations.

Judgment: Not compliant

## Regulation 25: Risk management

While the registered provider ensured that risk management policies and procedures were in place, the national policy for risk management did not meet the criteria in the regulations. Some risks in the service were not appropriately identified, up-to-date and premises specific.

Judgment: Not compliant

## Regulation 26: Fire precautions

The registered provider did not ensure that all staff members had up-to-date training in fire safety.

Fire drills within the unit did not include simulation of night time drills and/or involving the children themselves.

During the inspection, HIQA sought confirmation from the registered provider that fire doors were adequately performing as fire doors and that fire dampeners were fitted throughout the ventilation. A satisfactory response was subsequently received

which provided assurances on the fire doors and fire dampners.

Judgment: Not compliant

### Regulation 27: Notification of incidents

The person in charge had notified all incidents to the chief inspector as required.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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	Substantially compliant
Regulation 15: Training and staff development	Not compliant
Regulation 22: Record of a person employed in the special care unit	Substantially compliant
Regulation 24: Governance and management	Not compliant
Regulation 29: Complaints	Not compliant
<b>Quality and safety</b>	
Regulation 7: Programme of care	Compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Not compliant
Regulation 11: Positive behavioural support	Not compliant
Regulation 12: Protection	Not compliant
Regulation 17: Accommodation	Not 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 – 0004219

Inspection ID: MON-0024614

Date of inspection: 28 August 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
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 Special Care Unit which encompasses the information set out in Schedule 1 of the regulations.</p> <p>The statement will set out the services and facilities to be provided by the registered provider in order to accommodate 4 children.</p> <p>A copy of the Statement of Purpose will be given to Social Workers, Guardian ad Litem 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> <p>The Registered Provider will produce a set of Policies &amp; Procedures in line with Schedule 2 of the Regulations in the interim the 2014 Policies for Special Care remain in place.</p> <p>The new policies and procedures document will support staff to deliver a safe and quality service in Coovagh House Special Care Unit.</p> <p>The Person in Charge will ensure that staff will receive training in relation to the new policies and procedures at staff meetings and this will be recorded in the Coovagh House training record. Training records will be reviewed by the Director on a monthly basis.</p>	

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. 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.

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 will meet with the Principal of the School on a monthly basis to review the educational provision for each young person in the Service and establish what additional services are required to meet the educational needs of each young person. The Director of the service will source any additional supports that are required.

Young people who struggle with attending school on a daily basis will be offered and supported to participate in alternative vocational programmes both on and off the unit. A working group has been established to explore apprenticeship opportunities for the young people

A restrictive / institutionalised practice working group is being established by the Director of Coovagh House to review all care practices to ensure that all interventions with young people are appropriate to their individual needs and where restrictions of any type are required that they are time limited and according to need. Young people's participation in discussions relating to this will sought by the Director and acted upon where appropriate

Substantial investment in equipment for outdoor activities has already been secured. These enhancements will focus primarily on the therapeutic benefit of outdoor pursuits for the young people.

The Director of the service is seeking approval by "The President's Award in Youth Service" to deliver the Gaisce Award Program in Coovagh House. Staff will be trained as President's Award Leaders (PAL's) and will support the staff team to deliver the program to the young people to assist them to achieve their first award. Gaisce have offered us significant support to deliver the program and we see it as having a hugely beneficial outcome for our young people.

Aftercare planning will be discussed at Child in Care Meetings and where a deficit exists in relation to access the Person in Charge will Escalate the matter to the Director of the Centre for resolution, if necessary this will be further escalated to the National Director for CRS to ensure services are in place to support young people moving from the service.

Regulation 11: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Positive behavioural support:</p> <p>Staff will continue to receive training in relation to the management of challenging behaviour throughout the year in order to ensure that all staff have up to date skills in relation to both physical and de-escalation interventions.</p> <p>A Manager will be delegated the task to review all incident reports relating to restrictive practice. The Manager will bring any findings of concerns to both the weekly Managers meeting and also the staff meeting.</p> <p>Significant Events will also be forwarded to the external Significant Event Notification Review Group monthly meeting for further scrutiny for identified learning or actions. Report writing training will be sourced for staff where appropriate.</p> <p>At the initial SCOAP meeting Therapeutic Interventions to manage behaviours will be discussed and agreed.</p> <p>All staff will receive training in Restrictive Practice with a view to extracting learning from previous incidents and to assist in the identification of the underlying causes of the young person's behavior, restrictive practices will only be applied where required for the shortest period possible.</p> <p>A record of instruction to staff as a result of these inputs in relation to behavioural supports will be kept by the Person on Charge.</p> <p>The focus of the service will be on engaging the young people in a range of activities to assist in the development of positive relationships with the care staff which will in turn assist the young people to build trusting relationships with the care team.</p> <p>The introduction of the Well Tree Model of Care will further enhance the service delivery to the young people and will support the staff team to deliver appropriate supports to the young people. The service has commenced the introduction of this model supported by an external expert.</p>	
Regulation 12: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Protection:</p> <p>The Director of the Service will ensure that Children are safeguarded when outside of the campus.</p> <p>Staff will discuss behaviour expectations with young people and their mobility plan prior to exiting the campus.</p> <p>Key sessions will be held with young people to address the areas of self-care and protection in the community.</p>	

Specific work will be completed with staff and young people to address “cessation of smoking” supports for the young people.

In the event that staff feel it is unsafe to allow a young person off site then a decision is taken to keep young person on site until deemed safer. This is formally recorded in a younger person’s Risk Assessment book.

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

Substantially 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 ensure that a written record of the delegation of her duties when on periods of leave is prepared and available to all persosnnel in the centre.

Regulation 15: Training and staff development

Not Compliant

Outline how you are going to come into compliance with Regulation 15: Training and staff development:

The person in charge will update the training audit on a monthly basis and will ensure that all staff are recieving all essential training and refresher training on consistent basis.

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 where appropriate.

Specific training modules relating to the individual needs of the young people will be sourced as required.

Further specific training in relation to the Acts of the Oireachtas and associated Regulations and Standards will be delivered to all staff, this will be arranged by the Director of the service.

Regulation 17: Accommodation

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Accommodation:

A review of the fire safety proceedures has been scheduled to review the new build and will seek to find a solution that will allow the young people live in less restrictive environment.

Measures will also be sought by the Director to reduce the noise created when doors are being closed.

A committee is being established to oversee the enhancement of the environment and décor of the service. New brighter and more comfortable furnishing has been ordered for the service. This group will meet on a regular basis and will progress plans to continually improve the environment. Young people's rooms will be decorated to a high standard with input from the young people in the design of the own rooms.

Additional outdoor furnishing has been ordered and will add to the ambiance on the campus, New equipment has been ordered to further expand the range of activities available onsite

A separate committee is being established to focus on continually improving the activities available on site.

Young people's views will be actively sought by the Director in relation to this initiative. |

Regulation 22: Record of a person employed in the special care unit	Substantially compliant
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Outline how you are going to come into compliance with Regulation 22: Record of a person employed in the special care unit:

The staff roster has been updated to include the full names of each staff member on duty |

Regulation 24: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Governance and management:

The Registered Provider will ensure that a clear organisational structure is outlined in the Statement of Purpose.

The management structure for Coovagh House has been agreed, The Centre has one residential unit which has two Deputy Social Care Managers who support the Social Care Manager (PIC). The person in charge is supported by the Director of the Service (PPIM)

The PIC ensures the governance of the centre by meeting with the PPIM on a regular basis, supervision with the deputy social care Managers, meetings with the Social care leaders on a fortnightly basis and weekly management meeting. An internal auditing system is also used to ensure that the systems in place are working. These audits will be reviewed on a rolling basis so that the PIC can assure themselves that the internal governance structures are operating correctly.

Weekly Management meetings that are in place review the safety and effectiveness of the service being delivered to the young people. Supervision structures are in place to support individual staff members and Managers. Supervision between the Director of the Service and the Person in Charge will be increased to Monthly from September 2018.

The Director of the Centre will meet with the Service Director for Children's Residential

Care on a monthly basis from October 2018. This meeting will review the following Significant Events, Child protection, safeguarding, admissions, restrictive practices, absconsions from the service, this list is not exhaustive.

The Service Director reports on the operation of the service to the board of Tusla on a quarterly basis commencing the last quarter of 2018.

The registered provider has made provided an external monitor who will independently review practice in the Centre. This will be done through regular visits and two unannounced visits in line with the regulations.

A review of staff consistency in the delivery of daily routines and activities shall be undertaken by the Director of the service on a monthly basis and discussed with the Person in Charge during supervision.

Staff Connect and Young People Connect meetings will be implemented at the beginning of Novemeber 2018 to ensure that the young people and staff all have more structured access to the Director of the Service so their views and thoughts can be heard and acted upon. The Director will retain a record of these meetings and actions implemented as a result of these meetings.

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Regulation 25: Risk management

Not Compliant

Outline how you are going to come into compliance with Regulation 25: Risk management:

A new Health Safety, Quality and Risk Framework will be implemented within the service which will include all areas identified in the regulations.

A Quality and Risk Manager for Children's Residential Care Services is due to commence with the National Service in the coming weeks and will guide this process in conjunction with our Health and Safety Advisor.

The Director of the service will review the Risk Register weekly with the Person in charge and will implement any control measures required to reduce and manage risks identified. The risk register will be updated accordingly.

All learning from the above reviews will be shared with the staff team.

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Regulation 26: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Fire precautions:

All remaining staff will complete training in relation to Fire Precautions as per regulation.

Fire drills will be scheduled to include simulation of night time drills and involvement of the young people.

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Regulation 29: Complaints procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Complaints procedures:	
<p>The Person in Charge will review the complaints register and daily logs on a monthly basis to ensure all complaints have been identified and fully investigated</p>	
<p>Young people his or her parents or guardians and his or her assigned social worker will be informed of the outcome in writing in relation to all complaints</p>	
<p>A copy of all complaints and their outcomes will be held on the young person's file.</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	4 <sup>th</sup> October 2018
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.	Not Compliant	Orange	31 <sup>st</sup> December 2018
Regulation 5(6)	The registered provider shall put in place procedures to	Not Compliant	Orange	31 <sup>st</sup> October 2018

	ensure that the parents or guardian(s) of a child placed in a special care unit are provided with a copy of the statement of purpose.			
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	31 <sup>st</sup> January 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 Schedule 2 and the obligations of the person in charge under these Regulations.	Not Compliant	Orange	31 <sup>st</sup> January 2018
Regulation 6(4)	The registered provider shall	Not Compliant	Orange	31 <sup>st</sup> January 2018

	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.			
Regulation 6(8)	The person in charge shall implement the care practices, operational policies and procedures 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.	Not Compliant	Orange	31 <sup>st</sup> January 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	31 <sup>st</sup> December 2018
Regulation 9(5)(b)	The registered	Not Compliant	Orange	31 <sup>st</sup> October

	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.			2018
Regulation 9(6)	The registered provider shall ensure that each child's privacy and dignity is respected, including but not limited to, his or her personal and living space, personal communications, professional consultations and personal information.	Not Compliant	Orange	31 <sup>st</sup> October 2018
Regulation 9(8)(b)	The registered provider shall ensure that each child has opportunities to develop life skills to help prepare for adulthood.	Not Compliant	Orange	31 <sup>st</sup> December 2018
Regulation 9(9)	The registered provider shall ensure that children are prepared for leaving care, where appropriate, in accordance with the child's care plan or aftercare plan as the case may be.	Not Compliant	Orange	31 <sup>st</sup> December 2018
Regulation 11(5)(a)	The person in charge shall ensure that every effort is made to	Not Compliant	Orange	31 <sup>st</sup> December 2018

	identify and alleviate the cause of the child's behaviour.			
Regulation 11(7)	The person in charge shall retain a record of any instructions made in relation to behavioural supports provided to a child in accordance with this Regulation, the reasons why such instructions were made and the nature and duration of any action taken or sanction imposed on a child, and shall include such record in the child's Care Record.	Not Compliant	Orange	31 <sup>st</sup> October 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 <sup>st</sup> November 2018
Regulation 12(2)	The registered provider shall protect all children placed in the special care unit from all forms of abuse.	Not Compliant	Orange	31 <sup>st</sup> October 2018
Regulation 14(7)	The person in charge may, from	Substantially compliant	Yellow	15 <sup>th</sup> October 2018

	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.			
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 programme to enable the staff member to provide care in accordance with evidence based practice, the statement of purpose and policies and procedures.	Not Compliant	Orange	31 <sup>st</sup> December 2018
Regulation 15(1)(b)	The person in charge shall ensure that each	Not Compliant	Orange	31 <sup>st</sup> December 2018

	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.			
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	31 <sup>st</sup> December 2018
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.	Substantially Compliant	Yellow	15 <sup>th</sup> October 2018
Regulation 24(1)(b)	The registered provider shall	Not Compliant	Orange	31 <sup>st</sup> November 2018

	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.			
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	31 <sup>st</sup> November 2018
Regulation 24(3)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the special care unit at least once every six months, or more frequently as determined by the chief inspector, and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of	Not Compliant	Orange	31 <sup>st</sup> November 2018

	care.			
Regulation 24(3)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the special care unit at least once every six months, or more frequently as determined by the chief inspector, and shall maintain a copy of the report prepared under subparagraph (a) and make it available on request to children placed in the special care unit, and their parents or guardians, and the chief inspector.	Not Compliant	Orange	31 <sup>st</sup> November 2018
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 <sup>st</sup> November 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	Not Compliant	Orange	31 <sup>st</sup> November 2018

	<p>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 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</p>			
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	training course in the special care unit.			
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, 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.	Not Compliant	Orange	31 <sup>st</sup> November 2018
Regulation 26(1)(f)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Not Compliant	Orange	31 <sup>st</sup> November 2018

	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.			
Regulation 29(2)(c)	The registered provider shall ensure that all complaints are investigated promptly and the child, his or her parents or guardians and his or her assigned social worker are informed promptly of the outcome of his or her complaint and the details of the appeals process.		Orange	31 <sup>st</sup> October 2018
Regulation 29(3)	The registered provider shall ensure that the person in charge maintains a record of all complaints, including, in accordance with paragraph 8 of Schedule 6, details of the investigation and resolution of the complaints.	Not Compliant	Orange	31 <sup>st</sup> October 2018

Regulation 29(4)	The person in charge shall keep the record made under paragraph (3) in the Care Record of each child concerned.	Not Compliant	Orange	31 <sup>st</sup> October 2018
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