



Report of a Designated Centre Special Care Unit

Name of designated centre:	Ballydowd Special Care Unit
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Announced
Date of inspection:	18 th and 19 th of June 2018
Centre ID:	OSV 0004221
Fieldwork ID	MON- 0024051

About the designated centre

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

Children are detained in Ballydowd Special Care Unit under a High Court order, for a short-term period of stabilisation, when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Ballydowd Special Care Unit caters for both male and female children, aged between 11 and 17 years and the group living unit is mixed gender. The unit is described as a secure unit, meaning that it is locked and the young people are not allowed to leave without permission.

The aim 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 objective is to provide a welfare-based social care intervention through placements that are intensively supported with on-site education, vocational training, therapeutic supports and detailed programmes of special care aimed at supporting and achieving positive wellbeing outcomes that facilitate a timely return to the Child and Family Agency's community based centres, foster care or home as soon as this can be achieved.

The children we provide a service to have usually had a long history of challenging and troublesome behaviour and before entry into the secure intervention programme, the young person must be deemed not amenable to intervention in less restrictive settings due to the seriousness of the risk presented by such behaviour.

The following information outlines some additional data of this centre.

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

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
18 June 2018	10.00hrs to 17.00hrs	Jane Mc Carroll Ann Delany Tom Flanagan	Inspector
19 June 2018	08.00hrs to 18.30hrs	Jane Mc Carroll Ann Delany Tom Flanagan	Inspector

Views of children who use the service

Children said that they felt safe and that their personal belongings were safe. Children had their own rooms and their day-to-day care needs were met and promoted by the staff team in the special care unit. They had access to guardian ad litem, social workers and solicitors if they wanted to raise an issue.

Children said that they had good relationships with staff. However, some children said that they did not feel they were getting the supports they required to achieve their goals.

Children were supported to maintain contact with their families. Two of the three parents who spoke to inspectors said that the staff team provided and facilitated good quality contact between children and their families. Children felt included when decisions were made to organise and plan activities. However, all children were unhappy with the level of participation they had with their wider community while living in the special care unit.

Inspectors observed children sitting around the special care unit on the first day of inspection. In these scenarios, inspectors observed a lack of priority amongst staff to entice children to engage in stimulating activities.

The purpose of some activities which were planned for children did not always promote the best interests of children. Guardian ad litem's and parents told inspectors that the special care unit did not facilitate a broad range of activities which would be of benefit to the children.

Children said that they were unhappy about the locking of doors in the special care unit. In particular, some children said that they did not like their bedroom door locked at night, and as a result, not all children were content with the bedtime routines in the special care unit. In five questionnaires returned to inspectors following the inspection, two children said they were unhappy and two children said they were undecided in relation to how their right to dignity and respect were supported within the secure special care environment.

Three of the five children told inspectors that they were not being supported or prepared for leaving the special care unit. For example, one child wanted to cook and had not been afforded the opportunity to do so. Two children were unhappy about the support they received to develop their education. Two children expressed dissatisfaction with the lack of follow on placements from the special care unit. This meant that children had to remain in the special care unit long beyond the intended

duration of their placement.

Capacity and capability

Governance and management arrangements required improvement. The Child and Family Agency (Tusla) did not have adequate arrangements in place in line with the regulations for the oversight and supervision of practice, the implementation of policies and procedures in a consistent manner and adequate resources to ensure safe and effective care. While children at the time of inspection were safe in the special care unit and in general, 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 the special care unit because their behaviours placed them at a significant risk. Work was undertaken with the child in a multi-disciplinary manner by the social care staff, the child's social work team, and the Assessment Consultant Therapy Service team (ACTS) 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.

The registered provider had applied to register 10 children's placements within the campus. At the time of this inspection, the designated centre was staffed to accommodate five children. Inspectors found that there was uncertainty in relation to the governance arrangements in place in the special care unit. This lack of clarity was reflected in the statement of purpose which did not include all the information required under schedule 1 of the regulations. In addition, it was not clear whether the current managerial structure in the unit would be replicated in the other unit when it became operational. If so, this could result in a situation where there could be up to six managers and 12 supervisors in a centre accommodating 10 children and this would appear to be excessive.

The management structure was transitioning, following a short period of frequent changes in managerial personnel and their respective roles. There had been three people identified as the person in charge since the commencement of the regulations. At the time of inspection, the post of person in charge was full time. The person in charge had the qualifications, skills and experience necessary to manage the special care unit. Other managers within the management structure were due to commence alternative roles outside of the designated centre. However, there was no clarity or timeframe provided for this transition to commence. Inspectors observed that certain duties, for which the person in charge was responsible, had not been formally

discharged from other managers to her, for example the management of the programme of care reviews or notification of incidents occurring in the special care unit as set out in the regulations.

Management systems were not effective in ensuring that the service provided was safe, appropriate to the child's needs, consistent and effectively monitored. Risk management and safeguarding practices were not adequate as inspectors found that children were utilising outings to the local shopping centre, for example, to smoke cigarettes. In these scenarios, inspectors found that children were not safeguarded appropriately as they were approaching strangers requesting cigarettes. While this was identified on the special care unit's risk register as a high risk, measures and actions were not in place to mitigate risk. In addition, the system in place for the registered provider to be assured that appropriate vetting was in place for all staff was not effective. Inspectors found that a record of garda vetting was not on file in one of the six staff files sampled. This was formally escalated to the registered provider who subsequently advised that the record had been located and confirmed that vetting was in place for all staff.

The registered provider did not ensure that all policies and procedures set out Schedule 2 of the regulations were in place and were in line with best practice having regard to the particular needs of each child. In addition, the person in charge did not all ensure that all care practices, operational policies and procedures were consistently implemented. There were institutional practices in the special care unit which were universally applied to children. For example, children were routinely checked every 15 minutes during the night. This practice was not child centred or based on children's individual risk and/or need. While a child's guardian ad litem had complained about this, there was no change in practice. Freedom of movement within the unit was also restricted due to the constant locking of doors, despite there being times when this may not be required.

Some areas were in compliance. Inspectors found that at the time of inspection, there was a suitable number of qualified and experienced staff in the special care unit. Inspectors observed staff advocating on children's behalf and children's day-to-day care needs were adequately met by staff. The supervision of staff occurred in line with policy. However, not all staff had received the required training to meet the needs of the children, for example fire training and behaviour management training. In addition, while the majority of the children smoked, there had been no smoking cessation training facilitated for staff to enable them to encourage and support children to stop smoking.

The person in charge ensured that each child's programme of care was contained in their respective care record. However the system of recording information on children was excessive and hindered staff having ready access to the current plan for the child.

There were numerous documents on children's files, some of which were very long and some details were recorded in multiple places. This meant that new staff or agency staff would be required to read a range of documents when they started work and before they engaged with children in order to know the plan of care for each of the children. The voluminous nature of the recording made it difficult for all staff to navigate the information.

The person in charge and person participating in management had been appointed to these roles in April 2018. Inspectors found that they had the potential capacity and capability to transform the service to a vision that was described to inspectors by the director of the special care unit. Key priority areas to be addressed in the unit's two year enhancement plan were described to inspectors. These included targeting some of the routine care practices within the special care unit in order to develop a more child centred and open environment within the secure confines of special care. For example, the development of a campus open area to incorporate a greater range of facilities and activities for all children.

Regulation 5: Statement of purpose

There was a statement of purpose that was not compliant with the regulations, for example the statement did not fully set out the services and facilities to be provided by the registered provider in order to accommodate 10 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 also out-of-date and a number of policies were not 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 centre.

Judgment: Compliant

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

The registered provider did not obtain and maintained records specified in Part A and B of Schedule 3 of the regulations in relation to all staff members in the special care unit. For example a full employment history, together with a satisfactory history of any gaps in employment was not available in all staff records sampled. Verification of the reason why employment ended for persons who previously worked with children or vulnerable adults was not available in all staff files sampled. Furthermore, the system in place to ensure the availability of garda vetting for all staff was not robust.

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 appropriate training in order to meet the needs of the children. Not all staff were equipped with a full understanding of the requirements of the regulations. Training figures for staff showed deficiencies in mandatory training for a number of staff, for example fire training and behaviour management training.

Judgment: Not compliant

Regulation 16: Staff supervision and support

An adequate level of supervision was provided to staff in line with Tusla policy. However, some care practices, for example adequate safeguarding of children, were not addressed in either supervision or team meetings.

Judgement: Not compliant

Regulation 19: Care record

Care records were well maintained, and had all the requirements of schedule 5 of the regulations. However, inspectors found that, due to the volume of paperwork, these records were difficult to navigate.

Judgment: Substantially compliant

Regulation 20: Maintenance of records

All records listed in schedule 6, were maintained by the person in charge.

Judgment: Compliant

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

The register was not up-to-date. While children's information was up-to-date and accurate, contact details for other professional involved with children were not accurate.

Judgment: Not compliant

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

The person in charge maintained records set out in Part B of Schedule 3.

Judgment: 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 were robust governance and management structures and systems in place. Lines of accountability and authority were forming and not yet embedded in the day-to-day management of the special care unit. The management systems in place did not adequately ensure that the service provided was effectively monitored. In addition to poor risk management and safeguarding practices, a number of care practices were institutionalised, for example, bedtimes, routine locking of internal doors and routine 15 minute checks of children during the night.

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.

Judgement: Compliant

Regulation 29: Complaints

Most complaints were dealt with and managed in line with their policy. However, inspectors found examples of complaints that were not recorded on the complaints log. For example, children's dissatisfaction with the locking of doors and a complaint made by a guardian ad litem regarding night time checks of a child.

Judgment: Not compliant

Quality and safety

Children are placed in the special care unit by a high court order for a 12 week special care programme which is 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 the child.

Children felt safe in the special care unit. However, inspectors found that some children

were not safeguarded appropriately during planned mobilities outside of the special care unit. For example, some children were approaching strangers requesting cigarettes and this was potentially placing children at risk. This practice, while known by the management team, had not been addressed with staff to ensure that when children were out of the centre they were safeguarded.

The centre was located on a secure campus, which comprised of three residential units, a school, a gymnasium and an administration building. Two residential units were in operation at the time of the inspection. The internal layout and structure of the special care unit was not conducive to creating a therapeutic environment. Narrow corridors consisted of several locked door ways which contained movement and compromised space. The interior design was dull and uninspiring. Light and ventilation were not adequate. While children had access to a gym, the outdoor grounds had not been developed to give children opportunities to participate in activities in line with their interests and developmental needs. Children had opportunities to decorate their bedrooms with personal possessions.

There was a programme of care in place for each of the children which incorporated inputs from the multi-disciplinary team, including psychologists, speech and language therapists, school teachers, social workers as well as the staff team. In order to stabilise the child's risk taking behaviour, the child's needs were assessed with the intention of engaging them in a therapeutic programme and an education programme. Children responded in different ways and at different paces to both therapeutic assessments and interventions. This meant that the 12 week programme, as set out in the special care unit's statement of purpose, did not always lend itself to the provision of both therapeutic assessment and intervention for all children in order to stabilise them.

Child-in-care reviews and professionals meetings took place fortnightly, on alternative weeks to consider the impact of the programme of care on the child. Parents and children were invited and encouraged to attend. The voice of the child was clearly represented at meetings either by the child in person or through the child's key worker and or guardian ad litem. However, inspectors found that a representative from the school was not always present at professionals meetings. In addition, the person in charge had not taken ownership of this forum to ensure she had appropriate oversight of the implementation of the programme of care.

The quality of placements plans varied and some placement plans were not up-to-date. For example, in situations where alternative measures were implemented to address a child's behaviour, the child's placement support plan was not always updated to reflect this. This meant that the intended purpose of the placement support plan was compromised and staff did not always have updated information about the particular

care needs of children which impacted on the consistent implementation of the programme.

The quality of some educational plans was good but others varied from mixed to poor which had an impact on the child's educational programme. While the majority of children were attending the on-site school the levels of attendance for the children varied. Inspectors found that opportunities had been missed during the child's placement in the centre to engage them in suitable educational or vocational training that matched the child's interests and abilities and could have led to better attendance. The development of real skills and qualifications to assist the children to prepare for adulthood was lacking.

Children's health needs were met and there was good quality family contact provided for children and their families. A spiritual room had been developed in the special care unit in order to promote and develop the religious and spiritual needs of children. Children had access to a range of advocacy services in the unit. Internet access was also provided to children with appropriate supervision.

Inspectors found that not all children had obtained the skills required for self-care and protection in the community. Children were supported to develop their understanding of risk taking behaviours which had ultimately led to their placement in the special care unit. However, the impact of this support did not always lead to a reduction of risk. Two children were living in the special care unit for a protracted length of time which was not in line with the unit's statement of purpose and function.

Children's rights were not always promoted or upheld. While the designated centre was a secure unit, inspectors found routine locking of internal and external doors of each unit and routine checking of children at night through a hatch. This was raised by a guardian ad litem who was concerned that a child was woken every 15 minutes throughout the night by a torch shining into their room which was impacting on their sleep routine. Despite this being raised, inspectors found that this practice continued without appropriate review and risk assessment.

When single occupancy arrangements were required, inspectors found that this was reviewed on a 48 hour basis by a multi-disciplinary team. Inspectors found that children detained within these arrangements accessed the community and managed these visits well. However, inspectors were told that the staff team were unable to reintegrate these children within their peer group in the special care campus. This meant that children remained in single occupancy for protracted periods of time.

Children were not empowered to make decisions and choices in relation to their transition from the special care unit and or in their preparation for leaving care. Some children remained in the special care unit long beyond the intended duration of their

placement. This compromised the children's ability to establish realistic personal goals and hopes for the future. In the absence of an identified pathway for some children from special care, co-ordinated and individualised planning for children's future was absent. There was also a risk that delays in securing onward placements for children could undermine the progress they had made during their placements.

Regulation 7: Programme of care

While there was a programme of care in place for children, it was not always fully documented, updated or integrated into practice.

Judgment: Not compliant

Regulation 8: Healthcare

Children had access to a range of healthcare services.

While the prescription required the signature of the prescriber, the person in charge did not ensure that a signature was in place for all prescriptions. Inspectors found that some prescribed medication had initials of the prescriber.

Judgment: Substantially compliant

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

Adequate arrangements were not in place to meet the educational needs of the children. 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. The special care unit did not facilitate a broad range of activities which would be of benefit to the children.

Judgment: Not compliant

Regulation 10: Family contact and visiting arrangements

There were arrangements in place for children to have access with their families where appropriate. Good quality family contact was facilitated by the special care

unit.

Judgment: Compliant

Regulation 11: Positive behavioural support

The person in charge did not ensure that the least restrictive procedure for the shortest duration of time was applied in the special care unit. Efforts to identify and alleviate the cause of the child's behaviour were not always adequate.

Judgment: Not compliant

Regulation 12: Protection

Children were not always safeguarded during planned mobility's outside of the special care unit. Allegations were appropriately reported to the relevant social work department, and when there were delays in these reports being investigated by an external social work team the person in charge escalated this to the Registered provider. However, one concern remained open for a protracted time. Not all children had obtained the skills required for self-care and protection in the community.

Judgment: Not compliant

Regulation 17: Accommodation

The registered provider did not provide suitable accommodation in the special care unit as set out in schedule 4 of the regulations. The structural layout of the indoor unit was cramped and confined. Heat, light and ventilation were not adequate. While there were some improvements made to incorporate colour and stimulating décor in the unit, the interior design was generally dull and lacklustre. Indoor and outdoor recreational facilities were not wholly adequate.

Judgment: Not compliant

Regulation 18: Food, nutrition and cooking facilities

The registered provider ensured that there were adequate arrangements in place for the provision of food, nutrition and cooking facilities.

Judgment: Compliant

Regulation 25: Risk management

Risk management policies and procedures were not in line with the regulations. There were some gaps in the identification and risk rating of all known risks in the unit. Measures and actions were not in place to control and mitigate all identified risks, for example children attempting to ascertain cigarettes while off site.

Judgment: Not compliant

Regulation 26: Fire precautions

Some precautions against the risk of fire were in place. Fire fighting equipment was suitable and safe. Furnishings and furniture were subject to flame retardant and flammability testing. Each child had a personal evacuation plan. However, not all staff had completed fire training. The system in place to ensure that all staff had participated in a fire drill was not effective.

Judgment: Not compliant

Regulation 27: Notification of incidents

At the time of the inspection, the person in charge had notified all incidents to the chief inspector as required. However, the record of notifications contained in the special care unit was not accurate.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 5: Statement of purpose	Not compliant
Regulation 6: care practices, operational policies and procedures	Not compliant
Regulation 13: Person in charge	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Not compliant
Regulation 15: Training and staff development	Not compliant
Regulation 16: Staff supervision and support	Not compliant
Regulation 19: Care record	Substantially compliant
Regulation 20: Maintenance of records	Compliant
Regulation 21: Register of children detained in the special care unit	Not 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	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	Not compliant
Regulation 10: Family contact and visiting arrangements	Compliant
Regulation 11: Positive behavioural support	Not compliant
Regulation 12: Protection	Not compliant
Regulation 17: Accommodation	Not compliant
Regulation 18: Food, nutrition and cooking facilities	Compliant
Regulation 25: Risk management	Not compliant
Regulation 26: Fire precautions	Not compliant
Regulation 27: Notification of incidents	Not compliant

Compliance Plan for Ballydowd OSV – 0004221

Inspection ID: MON-0024051

Date of inspection: 19 June 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 will provide the NF30 Change of Person in Charge form to HIQA</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 Ballydowd which encompasses the information set out in Schedule 1 of the regulations. The statement will set out the services and facilities to be provided by the registered provider in order to accommodate 10 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 & 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 Ballydowd SCU.</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 Ballydowd SCU training record. Training records will be reviewed by the Director on a monthly basis.

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

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

The Person in Charge will chair a Special Care Order Application Preparation Meeting (SCOAP Meetings) prior to the beginning of each young person's placement. This meeting will invite representatives from the Ballydowd School, ACTS, Social Workers and family (if appropriate) 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 (or appoint a case manager) 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.

The Person in charge will ensure that records are fully documented, updated and integrated into practice|

Regulation 8: Health care	Substantially Compliant
---------------------------	-------------------------

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 Ballydowd Special Care Unit.

Safe medicines management practices will be audited and monitored by the Person in Charge on a monthly basis, and will include ensuring that a prescriber signature is in place for all prescriptions.

All medication errors, suspected adverse drug events will feed into a quality improvement plan and all learning will be fed back to the staff team and relevant parties.
|

Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Not Compliant
<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.</p> <p>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.</p> <p>Young people approaching school leaving age will be given the opportunity to voice what their interest are in relation to training. Views will be recorded and explored as part of the placement plan</p> <p>Ballydowd will create a multi-functional room within the centre where young people can discuss their beliefs and when requested practice their religion. This space will also promote interests and explore life skills.</p> <p>A list of available religious services will be kept updated in the centre.</p> <p>A working group has been established to review institutionalized and restrictive practices and significant changes have already been implemented. Interventions will be individualised to each of the young people's needs and restrictive practices will only be implemented where it has been risk assessed as being appropriate. Where they are implemented it will be for the shortest period possible.</p> <p>There is a comprehensive enhancement plan in place in relation to upgrade the recreational facilities available on site. These enhancements will focus primarily on the therapeutic benefit of outdoor pursuits for the young people.</p> <p>The service has recently been approved by "The President's Award in Youth Service" to deliver the Gaisce Award Program. Four of our staff have now been 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.</p> <p>All young people currently in the service have agreed to sign up to the program and all future admissions will be strongly encouraged to participate in the program. Gaisce have offered us significant support to deliver the program and we see it as having a hugely beneficial outcome for our young people.</p> <p>A number of new committees have been established in the service to enhance the provision of care to the young people and working environment for staff.</p> <ul style="list-style-type: none"> - Environment and décor Committee - Activities Committee 	

<ul style="list-style-type: none"> - Restrictive Practices Review Committee - Health and Safety Committee - Positive Working Group committee 	
Regulation 11: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Positive behavioral support:</p> <p>Staff will continue to receive training in Therapeutic Crisis Intervention throughout the year in order to ensure all staff have up to date training in 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.</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>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>	
Regulation 12: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Protection:</p> <p>Allegations in relation to abuse are sent to TUSLA HUB, and HIQA Allegations of abuse involving or allegedly involving Ballydowd staff are sent to the Duty In Take for investigation and copied to HIQA.</p> <p>Following discussion with and notification to the Area Manager, there has been an immediate response to the duration of outstanding Child Protection notifications. This has resulted in a prompt investigation and conclusion of same. Ballydowd will continue to include the Area Manager in updating emails to encourage quick response to Child Protection Notifications</p> <p>Where a response is not received in a timely manner the matter will be escalated to the Director who will liaise with the relevant Area Manager, If this does not resolve the issues the Director will escalate to the National Director for CRS who will liaise with the relevant</p>	

Service Director.

Children are safeguarded when outside of the campus. Staff will discuss behaviour expectations with young people and their mobility plan prior to exiting the campus.

Key sessions will be held with young people to address the areas of self-care and protection in the community.

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.

Ballydowd Child Protection register will include HIQA notification reference number and TUSLA Hub reference number. |

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

Not Compliant

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

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.

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 CPL agency records.

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. |

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 ensure that all staff have access to professional development courses and training. This will be provided by Tusla Workforce Training and Development, and additional training identified as required by the Person in Charge, will focus primarily on child centered care and protection.

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.

Management will develop a training workshop that will cover relevant legislation to the role and safeguarding documentation. The workshop will be delivered to all staff as part of their professional development.

The Person in Charge will complete a staff training needs analysis which will be reviewed on a quarterly basis.

Regulation 16: Staff supervision and support

Not Compliant

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 supervision session will be maintained with a signed copy given to the supervisee.

All staff will receive supervisee training.

If a 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.

Safeguarding issues will be made a standard item on both the supervision agenda and team meeting agenda

Regulation 17: Accommodation

Not Compliant

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

The Registered provider will review the accommodation in the special care unit and will liaise with our estates department to enhance the current living accommodation.

The center will be redecorated and furnishings and fittings will be improved, Young people and staff will be consulted in relation to these enhancements and the service will engage the services of an interior design expert to guide the redecoration of the centre.

The ventilation system has recently been upgraded however this will be reviewed with Tusla Estates with the intention of seeking to change the windows to allow fresh air into the buildings.

It is accepted that the building requires substantial work to improve the ambiance and living environment for young people and staff. The Registered provider will seek to review the entire facilities on the campus with our Estates department with a view to

substantially upgrading the current buildings.

A committee has been established to oversee the enhancement of the environment and décor of the service. Painting is commencing and 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 such as trampolines and a climbing wall to further expand the range of activities available onsite and the addition of a beauty room is due for completion by the end of October 2018.

A separate committee has been established to focus on continually improving the activities available on site. |

Regulation 19: Care Records	Substantially Compliant
-----------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 19: Care Records:

Person in Charge will carry out internal review of all paperwork generated within Ballydowd SCU with the view to establishing potential duplication and unnecessary recording. Findings will be implemented.

The Register Provider will also carry out a review of the recording system |

Regulation 21: Register of children detained in the special care unit	Not Compliant
---	---------------

Outline how you are going to come into compliance with Regulation 21: Register of children detained in the special care unit:

The Register for Children will continue to be reviewed daily; changes in relation to initial information pertaining to the young person's professionals will be communicated to the Register Administrator by Unit Management within one working day in order to ensure the register reflects accurately. |

Regulation 22: Record of a person employed in the special care unit	Not Compliant
---	---------------

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

Within the body of this report this Regulation was deemed Compliant |

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

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 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.

Weekly Management meetings are in place to 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.

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 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.

A comprehensive review of Institutionalized / Restrictive practices has commenced within the service and a plan to address these care practices is being overseen by the Director of the Service.

Weekly meetings are taking place to ensure that any restrictive practices implemented within the service are individualized and only implemented following risk assessment and for the shortest period possible. Personal support plans will be updated to reflect this.

Staff Connect and Young People Connect meetings will be implemented at the beginning of October 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.

|

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 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.

|

Regulation 26: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Fire precautions:</p> <p>Fire drills will continue throughout the year and will be recorded in Fire Register and Fire Drill Register.</p> <p>The Person in Charge will carry out a review of current the Fire Drill Register in order to establish what staff need to engage in a fire drill and training.</p> <p>The Registered provider will continue to schedule staff training in relation to fire safety.</p>	
Regulation 27: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Notification of incidents:</p> <p>..</p> <p>Ballydowd SCU will revise the Notification Register in order to ensure it accurately reflects notifiable incidents to the Chief Inspector. </p>	
Regulation 29: Complaints procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Complaints procedures:</p> <p>Training will be continued with all staff in relation to the Tell Us complaints policy. The Complaints Register will be record all dissatisfactions expressed by young people and professionals.</p> <p>The Person in Charge with meet with all young people weekly in order to provide an opportunity for the young people to express verbally any issues they may have in relation to the environment ,individuals or care provided to them. The minutes for this meeting will be used to populate Complaints Register.</p> <p> </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
Registration Regulation 6(1)(a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a special care unit.	Not Compliant	Orange	1.10.18
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	1.10.18
Registration Regulation 6(2)(b)	Notwithstanding paragraph (1), the registered provider shall in any event supply, within 10	Not Compliant	Orange	1.10.18

	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.			
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	30.09.18
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	30.09.18
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,	Not Compliant	Orange	31.12.18

	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.			
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	31 st August 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	31.12.18
Regulation 6(6)	The care practices, operational policies and procedures referred to in paragraph (2) shall take account of any guidelines	Not Compliant	Orange	31.12.18

	issued by the Child and Family Agency in accordance with the Act of 2011 and any standards relating to a special care unit prepared by the Health Information and Quality Authority in accordance with Section 8(1)(b) of the Act of 2007.			
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	12.3.19
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	Substantially Compliant	Yellow	30.9.18

	child, in accordance with the interim special care order or special care order relating to the child.			
Regulation 7(3)(c)	The programme of special care referred to in paragraph (2) may contain, but is not to be limited to, details of all required interventions in relation to that child and in accordance with the child's placement support plan.	Not Compliant	Orange	30.9.18
Regulation 7(3)(d)	The programme of special care referred to in paragraph (2) may contain, but is not to be limited to, details of all required interventions in relation to that child and in accordance with the child's education plan.	Not Compliant	Orange	30.9.18
Regulation 7(3)(e)	The programme of special care referred to in paragraph (2) may contain, but is not to be limited to, details of all required interventions in relation to that child and in accordance with the child's	Not Compliant	Orange	30.9.18

	therapeutic plan.			
Regulation 8(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber to the child concerned and in accordance with any advice provided by the medical professional regarding the appropriate use of the product.	Substantially Compliant	Yellow	30.9.18
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	31.01.19
Regulation 9(1)(b)	The registered provider shall ensure that children approaching school leaving age are supported, in conjunction with their social worker and in accordance with their programme of care or after care plan,	Not Compliant	Orange	31.3.19

	to achieve their training and educational potential as appropriate to their preferences and abilities in so far as is practicable and reasonable.			
Regulation 9(5)(a)	The registered provider shall ensure that each child, in accordance with his or her wishes participates in and contributes to decisions about his or her care and support.	Not Compliant	Orange	31.12.18
Regulation 9(5)(b)	The registered provider shall ensure that each child, in accordance with his or her wishes can exercise appropriate choice and control in his or her daily life.	Not Compliant	Orange	31.12.18
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	31.12.18
	The registered provider shall	Not Compliant	Orange	31.12.18

Regulation 9(8)(a)	ensure that each child has, in so far as is reasonably practicable, opportunities to participate in activities in accordance with his or her interests and developmental needs.			
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	30.9.18
Regulation 11(1)(f)(i)	The registered provider shall ensure that the care practices, operational policies and procedures, developed in accordance with Regulation 6 and relating to positive behavioural support shall provide in respect of the use of single separation that, unless and for so long as it is necessary to protect the child or any other person from risk of injury, or to protect property from serious damage, a child shall not be confined on his or her own in any room or area in the special care unit, other than his	Not Compliant	Orange	5.11.18

	or her usual bedroom during usual bedtime hours.			
Regulation 11(1)(f)(ii)	The registered provider shall ensure that the care practices, operational policies and procedures, developed in accordance with Regulation 6 and relating to positive behavioural support shall provide in respect of the use of single separation that, unless and for so long as it is necessary to protect the child or any other person from risk of injury, or to protect property from serious damage, a child shall not be deliberately separated from other children detained in the special care unit, with a view to preventing contact with the other children.	Not Compliant	Orange	5.11.18
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	5.11.18
Regulation 11(5)(c)	The person in charge shall ensure that the	Not Compliant	Orange	5.11.18

	least restrictive procedure for the shortest duration necessary is used.			
ation 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	15.10.18
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	31.12.18
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	Not Compliant	Orange	31.12.18

	or a person on a placement as part of a vocational training course.			
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	31.12.18
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	Not Compliant	Orange	15.11.18

	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 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	31.12.18
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	20.9.19
Regulation 21(2)	Without prejudice to the generality of paragraph (1), an entry in the register provided for in that paragraph, with respect to a child detained in a special care unit, shall include the following: (f) the name and contact details of the social worker assigned	Not Compliant	Orange	31.8.18

	responsibility for the child by the Child and Family Agency; and (g) the name and contact details of the guardian ad litem, where appropriate.			
Regulation 21(3)	Every change in the particulars entered in the register provided for in paragraph (1) with respect to a child shall be recorded in the register.	Not Compliant	Orange	20.9.18
Regulation 24(1)(a)	The registered provider shall ensure that the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose.	Not Compliant	Orange	31.12.18
Regulation 24(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the special care unit that identifies the lines of authority and accountability, specifies roles, and details responsibilities for areas of special care provision.	Not Compliant	Orange	31.12.18
Regulation 24(1)(c)	The registered provider shall ensure that management	Not Compliant	Red	31 st August 2018

	systems are in place to ensure that the service provided is safe, appropriate to the child's needs, consistent and effectively monitored.			
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	31.12.18
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	Not Compliant	Red	31 st August 2018

	<p>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 training course in the special care unit.</p>			
Regulation 26(1)(e)	<p>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</p>	Not Compliant	Orange	22.11.18

	<p>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 27(4)	<p>The person in charge shall keep a record of incidents notified to the chief inspector in accordance with paragraph (1) and any report made to the chief inspector in accordance with paragraph (3).</p>	Not Compliant	Orange	31.8.18
Regulation 29(2)(c)	<p>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</p>	Not Compliant	Orange	31.8.18

	complaint and the details of the appeals process.			
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	31.8.18