Report of a Designated Centre Special Care Unit

Issued by the Chief Inspector

Name of designated centre:	Coovagh House
Name of provider:	The Child and Family Agency
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	19 March 2024
Centre ID:	OSV-004219
Fieldwork ID	MON-0043122

About the designated centre

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

Our aim is to provide a safe, secure 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.

The objective is to provide a high quality standard of young person centred care to young people who are detained under a High Court Special Care Order. This is supported through the use of a model of care which ensures young people live in a comfortable, clean and safe environment. This environment promotes the wellbeing, health, education, rights and independence of the young people in Coovagh House and assists in reducing their risk-taking behaviour and to return them to a non- secure environment as soon as possible.

The rights of all children and young people in Coovagh House are respected, protected and fulfilled, their voices are heard and they are supported to realise their maximum potential and develop their hope. Taking into account the nature of the environment in special care and the individual needs of each young person, every effort will be made to reduce restrictive practices in terms of care practices and accommodation.

Coovagh House caters for young people who present with risk taking behaviours including but not limited to being unable to keep themselves safe and protected, exploitation by adults/peers, drug and alcohol misuse (excluding dependence), non- school attendance, violence and aggression. The above behaviour is deemed as posing a real and substantial risk of harm to their life, health, safety, development or welfare and has been assessed as not being able to be managed in a non-secure environment.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	03

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, and the Health Act 2007 (Registration of Designated Centres) (Special Care Units) 2017. To prepare for this inspection the inspectors of social services (**hereafter referred to as 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 summarise 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
Tuesday 19 March 2024	10:00hrs to 19:00hrs	Sharron Austin	Lead
Tuesday 19 March 2024	10:00hrs to 19:00hrs	Lorraine O' Reilly	Support

What children told us and what inspectors observed

This was an unannounced inspection carried out following receipt of information in relation to three concerning incidents of physical restraint in January 2024 that were not in line with Tusla's approved behaviour management methods and changes to staffing personnel resulting in the use of close protection personnel within the designated unit. The inspection was carried out to determine the level of compliance with the regulations that related to positive behaviour support, protection, programme of care, governance and management, risk management, staffing and notification of incidents. Given the focus of the inspection, not all aspects of the relevant regulations were reviewed.

At the time of the inspection, the designated unit had three children placed on the register, of which one had transitioned to an alternative placement. This child was being supported by staff from the designated unit until their proposed discharge in April 2024. Of the two children that were currently living in the unit, one had been admitted two weeks prior to the inspection.

On a walk around of the designated unit, observations of the children with staff were warm and affectionate and the children seemed to be comfortable in the staff's presence who were working on the day of the inspection. The children were on their easter break from school, and staff were encouraging and supporting the children to engage in their daily plans and activities.

Both children spoke with inspectors during the inspection who said they were happy with the care being provided and spoke about how staff supported them on a daily basis. For example, one child spoke about how staff were kind to them when upset and they felt assured that the staff made themselves available to them when they needed extra reassurance.

The impact on children when significant incidents occurred appeared to be minimised by staff. For example, one child brought an inspector to an activity room and apologised for the couches having been removed. This meant that while children may not be directly involved in incidents, they still had an impact on their daily living. Both children told inspectors they enjoyed mixing with one another and engaging in activities when offsite when risk-assessed it was appropriate.

Inspectors spoke with the person in charge (PIC), a social care manager and two social care workers to get their views and experiences of the management of risks, particularly those associated with the use of close protection personnel within the unit and responses to serious incidents involving the use of physical restraint.

Inspectors also spoke to a guardian ad litem[1] and a social worker to get their views on the service provided who indicated that they had some concerns in relation to the use of physical restraint.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impacted on the quality and safety of the designated unit.

Capacity and capability

This unannounced inspection was undertaken following receipt of information in March 2024 indicating three concerning incidents of physical restraint in January 2024 that were not in line with Tusla's approved behaviour management methods. The person in charge (PIC) was requested by HIQA to submit a retrospective notification which was received on 4 March 2024 (42 days after the initial incident).

The inspection was carried out to determine the level of compliance with aspects of various regulations including, positive behaviour support, protection, programme of care, governance and management, risk management, staffing and notification of incidents. Of the eight regulations assessed in this inspection, the registered provider was substantially compliant with three regulations and not compliant with five regulations.

The inspection found that while the registered provider had a clearly defined management structure that identified lines of authority and accountability, specific roles and responsibilities for special care provision, it was not being operated in line with the regulations, standards and their own policies. The management systems in place were not sufficiently robust to assure the registered provider that the service provided was safe, consistent and effectively monitored. The management of a number of serious incidents involving the use of close protection personnel (CPP) staff were not in line with the designated unit's interim policy and procedure: *Use of Close Protection Personnel Staff in Special Care*. Child protection and safeguarding risks were not consistently identified following the review of serious incidents. Given the level of concern, a provider meeting was convened following the inspection on the 4 April 2024 to seek assurances that adequate and sustained arrangements were implemented to ensure ongoing compliance with the regulations.

In December 2023, HIQA were informed that the registered provider had engaged the services of a security company to provide CPP staff to ensure the safety of social care staff due to a number of serious incidents perpetrated against staff members by

[1] A guardian ad litem refers to an individual appointed by the court to represent the best interests of a minor child in legal proceedings.

a child resulting in serious injury. The Chief Inspector and Deputy Chief Inspector held a meeting with Tusla on the 20 December 2023 to discuss concerns regarding issues in special care units, including the use of CPP staff. The registered provider submitted an application to vary a condition of their registration on the 22 December 2023. The reason for the variation of a condition of registration outlined a change to the statement of purpose to provide an option to utilise close protection personnel in exceptional circumstances to protect staff and children from serious harm where a risk assessment indicated that it was required. The application to vary was put on hold pending the submission of a revised statement of purpose and additional assurances in relation to the policy and procedure regarding the use of CPP staff. Subsequently the application to vary was granted in February 2024.

At the time of inspection, there were sufficient resources in place to ensure the delivery of special care and management told inspectors that they were satisfied that they had the required number of staff to currently care for two children in the designated unit. Unit staff were also providing daily support to a child who had transitioned to another placement, pending proposed discharge from special care in April 2024. In order to reach full capacity of four children, the designated unit required a further three social care leaders and 14 social care workers. Management outlined that the service continued to recruit on an ongoing basis.

From December 2023 to 11 February 2024, the registered provider had engaged the services of a security company to provide CPP staff to ensure the safety of social care staff as outlined above. An interim policy and procedure for the use of CPP staff in the designated unit was put in place and a practice matter guidance was issued to provide staff with clear information on the provision of CPP staff. Notwithstanding that the use of CPP staff had ceased the week prior to the inspection, inspectors reviewed the file maintained on all CPP staff that had been employed in the designated unit and found that management had continued to engage these services despite not having all required documentation on file for a number of the CPP staff, such as compliance letters, evidence of *Children First: National Guidance for the Protection and Welfare of Children (2017)* training and a copy of the CPP staff identification badge. A written request for outstanding documentation was issued to the external service provider from the unit management four days prior to the use of CPP staff ceasing. This was not in line with the documents specified in Part A of schedule 3 of the regulations.

Not all aspects of the regulation relating to training and development were reviewed as part of this inspection, specifically in relation to ensuring that copies of the relevant legislation, regulations, standards and guidelines made available to staff. Staff had access to an ongoing programme of training that included mandatory training. A training audit had been completed in January 2024 and an online training schedule for 2024 was available. Both documents demonstrated that refreshers were

due for a number of staff in training modules such as manual handling, first aid, safe use of ligature cutter, Children First (2017) and the management of challenging behaviour. Seven staff required safeguarding briefing, six staff required fire training, five staff required first aid training and four staff required Children First (In Action). Training had expired for a number of staff in the areas of medication management, GDPR and health and safety awareness. Given the concerns raised in relation to incidents that had occurred in the unit since December 2023, a more robust learning culture was required to ensure a safer and more effective service.

As part of the provider's review of the quality and safety of services provided at the designated unit, the Interim National Service Director for children's residential services (CRS) requested Tusla's Practice Assurance and Service Monitoring (PASM) team to review a serious incident that occurred in the unit in December 2023, and subsequently undertook three separate announced visits to the designated unit in February 2024. This was carried out to provide assurances that the use of restraints and physical interventions in the designated unit were in line with policy and procedure, with the child's placement support plan (PSP) and that children were not harmed during a restraint. This involved the review of a targeted sample of significant event notification (SENs) in order to establish that the written facts of the incidents were in line with the closed circuit television (CCTV) footage. The report on their findings was issued to the registered provider at draft stage and the person in charge was considering the feedback required at the time of the unannounced inspection. While their findings coincided with the findings of this inspection, subsequent concerns were found during this inspection in relation to the governance of the service, which included child protection concerns, staff training and development and further use of non-routine physical interventions.

The director of the designated unit completed a review of the CCTV footage related to a number of serious incidents on the 27 February 2024. A key finding was that there were significant practice concerns in relation to the use of non-routine physical interventions that required engagement and training interventions with staff. Despite managers identifying unsafe practice, and a plan being put in place with one staff member, it was ineffective as it took four weeks to put a safety plan in place. This included fortnightly supervision sessions for three months. Inspectors found that while aspects of the plan were being followed, the staff member's supervision sessions were limited to one in the previous four week period to the inspection. This required improvement so as to ensure accountability and learning.

A Need to Know (NTK) report had been completed by the director of the designated unit to the interim national director (CRS) on 1 March 2024 in relation to the capacity of the provider to continue to provide special care unit placements. The report noted that the designated unit was unable to provide assurances to meet its obligations under the Safety, Health and Welfare at Work Act, 2005. The NTK outlined that in

the previous 12 months there had been 204 incidents reported on the National Incident Management system (NIMS), including 138 direct physical assaults on staff. Management had responded by implementing actions to reduce the risks of injury to staff, responses to serious and imminent danger and priority training requirements for critical incident management. This was evidenced in the designated unit’s action plan tracker.

Further to the NTK outlined above and concerns raised by PASM’s review of incidents to assess staff’s adherence to policy and procedure when using physical restraint and or intervention, senior management convened a crisis management team (CMT) to ensure an immediate response. This team was in place since 12 March 2024 to provide direction and oversight in relation to the provision of a safe and effective service. The team comprised the interim national director, the directors from two special care units, the person in charge (PIC) of the designated unit and the national quality, risk and service improvement (QRSI) manager. The frequency of the meetings was to take place on a weekly basis, as such there had only been an initial meeting in the week prior to the inspection where terms of reference for this team had been agreed. The overall aim of this team was to identify and implement improvements and control measures within the designated unit, as such, the impact of this level of assurance and additional oversight could not be measured at the time of the inspection.

Not all aspects of the regulation relating to the notification of incidents occurring in a special care unit were reviewed as part of this inspection, specifically in relation to the death of a child, the outbreak of any notifiable disease, where a child is removed, fails to return, is missing or otherwise absent from the unit, a fire and an unplanned evacuation. Unsolicited information received by HIQA in March 2024 in relation to three concerning incidents of physical restraint in the designated unit in January 2024 were not in line with Tusla’s approved behaviour management methods. The PIC did not submit the appropriate notification in a timely manner and was requested to submit a retrospective notification to the chief inspector. This was received on 4 March 2024 (42 days after the initial incident). This was not in compliance with the regulations which require the registered provider to give notice in writing to the Chief Inspector within three working days of any investigation of incidents as outlined in the regulations.

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

In relation to the aspects of this regulation inspected against it was found that, the provider had appropriate staffing to provide for the number and needs of the children living in the unit at the time of the inspection, but did not have sufficient resources in place to operate the service at full occupancy. However, the provider continued to engage the use of CPP staff up until February 2024 despite not having all required documentation on file for a number of the CPP staff as specified in Part A of schedule 3 of the regulations.

Judgment: Not compliant

Regulation 15: Training and staff development

Staff had access to an ongoing programme of training that included mandatory training and a training audit had been completed. There were gaps in mandatory training for a number of staff, as well as some expired training dates. Given the concerns raised in relation to incidents that had occurred in the unit since December 2023, a more robust learning culture was required so as to ensure a safer and more effective service.

Judgment: Substantially compliant

Regulation 24: Governance and management

The oversight and management systems in place were not sufficiently robust to ensure a safe and effective service. The management of a number of serious incidents involving the CPP staff were not in line with the designated unit's interim policy and procedure. Child protection and safeguarding risks were not consistently identified following the review of serious incidents. Despite managers identifying unsafe practice, the collective or cumulative overview of incident reviews was not appropriately considered in order to consistently identify poor practice and safeguarding issues in relation to the non-routine use of behaviour management techniques.

Judgment: Not compliant

Regulation 27: Notification of incidents

In relation to the aspects of this regulation inspected against, it was found that the notification of three concerning incidents of physical restraint in the designated unit in January 2024 were submitted at the request of HIQA as a retrospective notification which was received on 4 March 2024 (42 days after the initial incident).

Judgment: Not compliant

Quality and safety

The quality and safety of care was not at the required standard for a designated centre. The use of restrictive procedures were not always in line with national policy and the approved behaviour management methods, having due regard to the care and welfare of a child concerned. While efforts to support children to engage positively with staff and to de-escalate behaviours, the oversight of restrictive practices by management required significant improvement as findings from reviews did not ensure compliance with the regulations. The oversight and reporting of one child protection concern following an incident in December 2023 was not identified and reported in a timely manner.

An individual programme of care was in place for the children in the designated unit. Records specified in the regulations such as the child's care plan, placement plan and therapeutic plan were on file. Records reviewed by inspectors were appropriately detailed, up to date and clearly presented individual needs. Children had access to the assessment consultation therapy service (ACTS) who provided children with support specific to their individual care needs. Records noted how children's needs were being met, achievements reached, progress that was made as well as any presenting issues that required further support. Inspectors found that during periods of the month of February, the child's placement support plan and behaviour support plan were not being adhered to consistently by staff. At the time of inspection, staff were clearer and worked more consistently in line with the plans.

Multi-disciplinary meetings which included members from the ACTS team, social work and guardian-ad-litem (GAL) were taking place on a regular basis, where the child's needs were discussed and decisions made in relation to the supports and plans required to meet the child's needs. Of note, was that following the decision to cease

the use of CPP staff in February 2024, resulted in a less restrictive programme of care for one child who had been in single occupancy since their admission in 2023. The child had regained full access to areas of the designated unit that had previously been restricted in the week prior to the inspection. On a walkthrough of the designated unit, inspectors found this to be the case and the child told the inspectors that they "liked living there now". Staff who spoke with inspectors commented on the positive progress for one child particularly in the previous two months. They acknowledged that while there were still some challenges in the provision of safe care to the child, great improvements had been made. This had a positive impact on the child's programme of care overall.

Unsolicited information received by HIQA in March 2024 indicated three concerning incidents of physical restraint in the designated unit in January 2024 that were not in line with Tusla's approved behaviour management methods. This information indicated that the concerns about these physical restraints only came to light on foot of a Tusla Practice Assurance and Service Monitoring (PASM) review of the incidents and the CCTV footage almost two months after the incidents had taken place. Following an internal review of a serious incident that occurred in the unit in December 2023, PASM were requested by the interim national director to undertake a review of practice. Subsequently, PASM undertook three separate visits to the unit in February 2024. The interim national director required assurances that the use of restraints and physical interventions were in line with policy and procedure. The report on their findings was issued to the registered provider at draft stage and the person in charge was considering the feedback and action plan required at the time of the unannounced inspection. In the intervening time period between December 2023 and February 2024, a number of safeguarding measures were put in place, such as management connect meetings with the children, increased management presence on shift, staff workshops and reflective practice facilitated by ACTS and refresher training in behaviour management methods.

Inspectors reviewed the restrictive practice register and sampled 11 significant event reports which included three incidents where CPP staff were involved in a restraint. Records pertaining to the oversight of incidents by managers and behaviour management instructors as well as CCTV footage were also sampled by the inspectors. The review of the sample of SENs demonstrated that full and accurate details of physical restraint or interventions, reference to medical care required or offered and life space interviews conducted with the child were not consistently recorded. Non-routine holds were noted in eight of the SEN reports which were not in line with policy. The review of CCTV footage details was also not consistently recorded so as to provide a full and accurate account of what was viewed and what was deemed inappropriate or not compliant. Such were the concerns viewed on the CCTV footage of three incidents that took place in January 2024 that may constitute

physical abuse, inspectors made a formal child protection report to Tusla and An Garda Síochána.

Oversight and monitoring of serious incidents, including the use of restrictive practices was in place via a number of forums but these were ineffective. The forums in place included significant event review group (SERG) meetings, internal and external behaviour management instructor reviews as well as management reviews of incidents. While these provided clear information in relation to incidents, there were significant gaps in the accurate recording of incident details or consideration of the collective or cumulative overview of individual reviews completed in relation to a specific incident. As such, the existing review systems were not sufficiently robust to consistently identify poor practice and safeguarding risks.

Not all aspects of the regulation relating to protection were reviewed as part of this inspection, specifically in relation to children being supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The service was not consistently identifying all safeguarding concerns. A review of the designated unit’s 2024 child protection register outlined that one child protection concern was reported to Tusla in January 2024 in line with policy and procedure and relevant persons, including the Chief Inspector were notified in a timely manner. At the time of the inspection, the referral had been closed by Tusla following review and assessment of the concern. However, a child protection concern identified following an internal review of a serious incident in December 2023 was not reported in a timely manner. As such, the service was not consistently identifying all safeguarding concerns. A number of safeguarding measures were put in place following the internal review with a corresponding action plan. At the time of the inspection, the action plan tracker demonstrated that six actions were completed and six actions were in progress. Action due dates for five actions in progress ranged from the end of March to end of June 2024 and one other action in relation to refresher training in the approved model of behaviour management was due at the end of December 2024. Notwithstanding the measures put in place, this inspection identified further concerns in relation to serious incidents. As noted earlier, such were the concerns viewed on the CCTV footage of a number of incidents, inspectors reported a child protection concern to Tusla and to An Garda Síochána that may constitute physical abuse.

The provider had a risk management policy in place which included the arrangements for the identification, management and ongoing review of risk. An electronic risk register was maintained by the PIC and was accessible to people participating in management (PPIM) with oversight by the interim national director. The risk register was also reviewed by the national QRSI manager. The PIC maintained appropriate records relating to incidents and accidents. At the time of the inspection, there were nine open risks recorded on the register, of which three were rated very high, one

high and five medium. The risks sampled by inspectors had appropriate controls identified and steps were being taken to lessen any impact of these risks. While the risk register identified the risks found on this inspection, the control measures outlined were not sufficiently effective to protect children.

The risk posed to the safety, health and welfare of staff due to the profile and presenting behaviours of children placed in the service had been on the register since December 2021. This was compounded by the lack of onward placements and staffing resources. Following an internal review of the risk register on the 8 March 2024, it was noted by the national QRSI manager, that given the high level of assaults of staff in December 2023, the risk rating had been increased from high (risk rating 15) to very high (risk rating 25). A consequence of this risk was the decision taken, as noted earlier in the report to employ the use of close protection personnel (CPP) to ensure the safety of social care staff. While this was recognised by the designated unit as a restrictive practice that infringed on the rights of children placed in the unit, it was deemed an additional safety measure necessary at a point in time for the safety of children and staff. The use of CPP staff had ceased on the 11 February 2024 and the crisis management team had identified three training modules as priority requirements for the management of challenging behaviours, as well as other actions to mitigate the risk. These were at various stages of planning, implementation and delivery at the time of the inspection.

Inspectors reviewed individual and collective risk assessments for children and found that overall, they were comprehensive and clearly outlined the primary purpose which was to ensure the safety of the children and staff. Improvements in the oversight and monitoring of these records were required as some of the risk assessments were not fully completed. Formal sign off by relevant persons was not consistently recorded, however, this did not impact on the safety of the child.

Regulation 7: Programme of care

Individual programmes of care were in place for the children and the records specified in the regulations such as the child's care plan, placement plan and therapeutic plan were on file. Records were appropriately detailed, up to date and clearly presented individual needs. Children had access to the assessment consultation therapy service (ACTS) who provided support specific to their individual care needs and guidance to staff in their implementation of the programme of care. Inspectors found that the child's placement support plan and behaviour support plan were not consistently being adhered prior to the inspection. However, staff were now clearer and worked more consistently in line with the plans.

Judgment: Substantilally compliant

Regulation 11: Positive behavioural support

Oversight and monitoring systems of serious incidents, including the use of restrictive practices were in place, but were not effective as there were significant gaps in the accurate recording of incident details or consideration of the collective or cumulative overview of individual reviews completed in relation to a specific incident. As such, the existing review systems were not sufficiently robust to consistently identify poor practice and safeguarding risks.

Judgment: Not compliant

Regulation 12: Protection

An internal review of a serious incident that took place in December 2023 found that a child protection notification was required, but was not reported to Tusla until five days after the incident. There were significant practice concerns in relation to the use of non-routine physical interventions that required engagement and training interventions with staff. Notwithstanding the safeguarding measures put in place following the internal review, this inspection identified further concerns in relation to serious incidents that prompted inspectors to report a child protection concern to Tusla and An Garda Síochána that may constitute physical abuse.

Judgment: Not compliant

Regulation 25: Risk Management

The provider had a risk management policy in place which included the arrangements for the identification, management and ongoing review of risk. The risks sampled by inspectors had appropriate controls identified and steps were being taken to lessen any impact of these risks. Improvements in the oversight and monitoring of individual and collective risk assessments were required as some records were incomplete. Formal sign off by relevant persons was not consistently recorded, however, this did not impact

on the safety of the child. While the risk register identified the risks found on this inspection, the control measures outlined were not sufficiently effective to protect children.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, and the Health Act 2007 (Registration of Designated Centres) (Special Care Units) 2017. The regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Staff members and others working in the Special Care Unit	Not compliant
Regulation 15: Training and staff development	Substantially compliant
Regulation 24: Governance and management	Not compliant
Regulation 27: Notification of incidents	Not compliant
Quality and safety	
Regulation 7: Programme of care	Substantially compliant
Regulation 11: Positive behavioural support	Not compliant
Regulation 12: Protection	Not compliant
Regulation 25: Risk management	Substantially compliant

Compliance Plan for Coovagh House Special Care Unit
OSV – 0004219

Inspection ID: MON-0043122

Date of inspection: 19 March 2024

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 7: Programme of care	**Substantially Compliant**

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

Young people's Placement Support Plans are reviewed regularly,

- Reviewed at keyworking meetings where implementation of PSP is discussed and agreed upon by key team.
- Following these reviews, changes to PSP are discussed at staff team meetings, to allow for discussion and input from all staff. These changes are recorded in the need-to-know section of the daily handover document for staff who did not attend the team meeting.
- The Social Care Leaders through their regular meetings have been tasked to focus on staff interaction with the young people to ensure that this is in line with the PSP.
- The SCM has moved the office back to the residential building to ensure that they can review practice and give direct feedback to staff members.

Regulation 11: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 11: Positive behavioural support:

Management review of how incidents are reviewed, and information recorded and learning shared with the staff team.

- Restrictive practices log in place reviewed weekly by the Social Care Manager.
- The safeguarding register is also reviewed weekly by the Social Care Manager.
- Practice issues are discussed in the management meeting. If specific training is identified at this meeting additional training is sourced and delivered.

For all incidents of Physical Restraint and Single Separation, the CCTV of these incidents is reviewed within 7 days by the management team. This review happens in conjunction with the SEN to ensure their accuracy. The review allows for timely feedback to the staff team to ensure appropriate governance of incidents.

There are also weekly reviews which include external Coovagh Management to discuss incidents and review SENs to ensure best practice is being delivered within Coovagh House

Regulation 12: Protection	Not Compliant

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

There is a weekly Significant Event Notification Review Group meeting each Friday from 05th April 2024 to 28th June 2024 and will be reviewed at that point.

This group reviews all Incidents of physical restraint, that have occurred in the week prior to the meeting. Membership of the group includes TCI trainers from both Coovagh House and the other Special Care Services who provide feedback on the physical holds.

The PPIM will review all incidents of Restrictive Practices within 7 days of their occurrence.

In addition to TCI Ed.7 refresher training is delivered to staff every six months. Staff are receiving additional training based on the SEN review groups findings.

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:

There is a commitment to ensure that all staff have all required documentation on file as specified in Part A of Schedule 3 of the regulations. This includes CPP if they are to be deployed.

There is a further commitment that the service will operate at full capacity, only when there are sufficient resources in place to do so. There are several recruitment campaigns in place to fill vacant posts.

Coovagh House continues to operate at reduced capacity (with 3 young people) due to its current staffing challenges. Full capacity (4 young people) will not return until these matters have been resolved and the centre is appropriately staffed.

There has also been engagement with agency providers to identify staff who will replace those staff who are currently on short-term vacancies.
Coovagh does not currently use CPP staff. The approved policy for the use of CPP outlines clearly how CPP staff will be deployed in the future. The Service Level Agreement between Tusla and the CPP provider sets out how Part A Section 3 will be covered in line with the regulations.

Regulation 15: Training and staff development	**Substantially Compliant**

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

There is a training schedule in place for 2024 to ensure that all staff complete mandatory training on or before certification expiration dates. There is also additional training in place to support a more robust learning culture. Bespoke training in situational awareness, safe approaches to challenging situations, safe egress, and staff physiological awareness is being developed by the PMCB trainers in Special Care.

A training gap analysis was conducted by the PIC, following this all staff have been made aware of the gaps in their training. Protected time and support have been provided to staff to ensure that all online training has been completed.

Face-to-face training that is required has been sourced and will be rolled out to ensure that all staff are within the fidelity requirements concerning the particular training.

Feedback from the Crisis Management Team and the weekly SERG reviews have also been used to identify specific training gaps on how to respond to the young people's needs. This bespoke training is provided by the PIC and the management team.

Admin staff will hold the training register and prompt both the staff member and unit manager on when the individual staff members' training is close to recertification. They will provide the PIC with a monthly tracker to ensure governance.

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

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

There is a CMT group in place from 05th April to support governance and management systems in Coovagh House. This group will remain in place until 30th June 2024 and review at that point. The combined Coovagh Action Plan is tracked to completion at the CMT.

SERG Review group meets weekly to review the physical restraints that have been used in the Coovagh House.

The PPIM will review all restrictive practices within a 7 day period to increase governance and oversight.

The learning from these meetings is brought back to the staff meetings and also discussed in SCL meetings.

Regulation 25: Risk management	**Substantially Compliant**

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

Management review of Risk Assessments completed and plan in place to ensure all sections of Risk Assessments are completed and signed by management consistently.

Risk Register review to be completed by 31st May, to ensure additional control measures are identified to effectively protect the children in Coovagh House.

Tusla CRS QRSI manager is part of the Crisis Management Team and is also part of the weekly review of restrictive practices to ensure appropriate governance.

A Quality Risk Support Improvement Officer has been recruited and will be shared between Coovagh and another Special Care Service at the end of Q3. This person’s role will be to support oversight of control measures and actions in place to manage risk.

Regulation 27: Notification of incidents	**Not Compliant**

Outline how you are going to come into compliance with Regulation 27: Notification of incidents:

Commitment to ensuring that all notifications are made to HIQA within notification timelines.

There is a weekly review of all physical incidents in Coovagh House which includes external oversight to ensure if any potential NFO notifications have not been identified, this process will support current governance processes.

The Social Care Manager is being coached and supported by PPIM from another special care Service with experience in reporting NFO's.

Reviewing of incidents using the CCTV is been rolled out to support training by the PIC and management team. This training is focused on reviewing care delivery and identifying good practice as it occurs, while also looking at practice that needs to change and discussing this rationale with staff. This is supporting a more robust training culture.

The PPIM will review all Restrictive Practice incidents within 7 days of their occurrence.

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 7(2)	Following consultation with the social worker assigned responsibility for the child by the Child and family Agency, the person in charge shall oversee in conjunction with the social worker so assigned, the implementation of a programme of special care for the child, in accordance with the interim special care order or special care order relating to the child.	Substantially Compliant	Yellow	30/06/2024
Regulation 7(3)	The programme of special 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: (a) care plan (b) placement plan (c) placement support plan (d) education plan (e) therapeutic plan	Substantially Compliant	Yellow	30/06/2024

	(f) psychiatric treatment and intervention plan		Yellow	
Regulation 11(2)	The registered provider shall ensure that where restrictive procedures including restraint or single separation are used, they are only carried out in accordance with relevant national policy and methods recognised and approved by the Child and Family Agency and, at all times, having due regard to the care and welfare of the child concerned.	Not Compliant	Red	30/04/2024
Regulation 11(3)	The person in charge shall ensure that staff members in the special care unit have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support a child detained in the special care unit to manage his or her behaviour.	Not Compliant	Red	30 April 2024
Regulation 11(4)(a)	The registered provider shall ensure that each person employed in the special care unit has up to date knowledge and skills to identify underlying causes of behaviour.	Not Compliant	Red	30 April 2024
Regulation 11(4)(b)	The registered provider shall ensure that each person employed in the special care unit has up to date knowledge and skills to assist and support a child to manage his or her behaviour.	Not Compliant	Red	30 April 2024
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	Red	30 April 2024
Regulation 11(5)(b)	The person in charge shall ensure that all alternative	Not Compliant	Red	30 April 2024

	procedures are considered before a restrictive procedure is used.			
Regulation 11(5)(c)	The person in charge shall ensure that the least restrictive procedure for the shortest duration necessary is used.	Not Compliant		30 April 2024
Regulation 11(6)	The person in charge shall ensure that staff members in the special care unit receive training in the management of behaviour that is challenging including the use of restraint, single separation and de-escalation techniques, and that only approved techniques are used, in accordance, where applicable, with the child's individual crisis management plan.	Not Compliant		30 April 2024
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		30 April 2024
Regulation 12(2)	The registered provider shall protect all children placed in the special care unit from all forms of abuse.	Not Compliant		30 April 2024
Regulation 12(3)	The registered provider shall ensure that, where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child, the requirements of national guidance for the protection and	Not Compliant		30 April 2024

	welfare of children and all relevant statutory obligations are complied with.			
Regulation 12(4)	The person in charge shall initiate and put in place an investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a child is harmed or suffers abuse while in the care of the special care unit.	Not Compliant		30 April 2024
Regulation 12(5)	The person in charge shall ensure that all staff members receive training in relation to safeguarding children and in the prevention, detection and response to abuse.	Not Compliant		30 April 2024
Regulation 12(6)	The person in charge shall ensure that parents and guardians are informed of any incident, allegation, suspicion or investigation of abuse or neglect in accordance with the communications policy set out in Schedule 2.	Not Compliant		30 April 2024
Regulation 12(7)	The person in charge shall ensure that any incident, allegation, suspicion or investigation of abuse or neglect in relation to a child is recorded in the child's Care Record.	Not Compliant		30 April 2024
Regulation 14(3)(a)	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 is satisfied that the person is suitable to work in the special care unit.	Not Compliant		30 April 2024
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	Not Compliant		30 April 2024

	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.			
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.	Substantially Compliant		30/06/2024
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		30 April 2024
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		30 April 2024
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.	Substantially Compliant		30/06/2024

Regulation 25(2)	The registered provider shall ensure that the risk management policy includes the following: (a) the ongoing identification, assessment, management and review of risks throughout the special care unit, (b) the measures and actions in place to control the risks identified, (c) the measures and actions in place to control the following risks to a child— (i) child abuse, (ii) situations where a child may be removed or absconds from the special care unit, (iii) accidental injury to a child, (iv) aggression and violence from or towards a child, and (v) self-harm, (d) arrangements for the identification, recording, investigation and learning from 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.	Substantially Compliant		30/06/2024
Regulation 25(3)(a)	The registered provider shall ensure that there is a plan in place for responding to interruption to services.	Substantially Compliant		30/06/2024
Regulation 25(3)(b)	The registered provider shall ensure that there is a plan in place for responding to damage to property.	Substantially Compliant		30/06/204

Regulation 25(3)(c)	The registered provider shall ensure that there is a plan in place for responding to incidents likely to cause death or injury.	Substantially Compliant	Yellow	30/06/2024
Regulation 25(3)(d)	The registered provider shall ensure that there is a plan in place for responding to emergency situations.	Substantially Compliant	Yellow	30/06/2024
Regulation 25(6)	The registered provider shall ensure that adequate arrangements are in place for the reporting of an accidental injury occurring in a special care unit to a child, a staff member, an intern, a trainee, a person on a placement as part of a vocational training course or to a visitor.	Substantially Compliant	Yellow	30/06/2024
Regulation 25(8)	The person in charge shall keep a report of an accident or an injury to a child detained in the special care unit in the child's Care Record.	Substantially Compliant	Yellow	30/06/2024
Regulation 27(1)(c)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit any serious injury to a child requiring immediate medical treatment.	Not Compliant	Red	30 April 2024
Regulation 27(1)(d)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit an allegation of child abuse.	Not Compliant	Red	30 April 2024
Regulation 27(1)(h)	The person in charge shall give the chief inspector notice in writing within three working	Not Compliant	Red	30 April 2024

	days of the following incidents occurring in a special care unit an allegation of misconduct of the registered provider or a staff member or a person working as an intern, a trainee, a person on a placement as part of a vocational training course or a person employed under a contract for services.			
Regulation 27(2)	Where an incident referred to in paragraph (1) relates to a child the person in charge shall retain a record of that incident as part of the child's Care Record.	Not Compliant		30 April 2024
Regulation 27(5)	The registered provider shall give the chief inspector notice in writing within three working days of any investigation regarding the alleged misconduct of the person in charge.	Not Compliant		30 April 2024
Regulation 27(6) (b)	The person in charge shall, as soon as is possible, notify the social worker assigned responsibility for a child by the Child and Family Agency where any of the following incidents occur in a special care unit, in relation to that child: (b) any serious injury to the child requiring immediate medical treatment.	Not Compliant		30 April 2024
Regulation 27(6) (c)	The person in charge shall, as soon as is possible, notify the social worker assigned responsibility for a child by the Child and Family Agency where any of the following incidents occur in a special care unit, in relation to that child, an allegation of abuse of the child.	Not Compliant		30 April 2024

Regulation 27(6) (f)	The person in charge shall, as soon as is possible, notify the social worker assigned responsibility for a child by the Child and Family Agency where any of the following incidents occur in a special care unit, in relation to that child, any instance of restraint of the child.	Not Compliant	Red	30 April 2024
Regulation 27(6) (h)	The person in charge shall, as soon as is possible, notify the social worker assigned responsibility for a child by the Child and Family Agency where any of the following incidents occur in a special care unit, in relation to that child, any injury to the child not required to be notified under paragraph (1)(c).	Not Compliant	Red	30 April 2024