



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# 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:	05 – 07 October 2022
Centre ID:	OSV-0004219
Fieldwork ID	MON-0037812

## 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 the well tree 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:	02
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## 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
05 October 2022	09:15hrs to 17:00hrs	Lorraine O Reilly Susan Talbot	Lead inspector Support inspector
	09:15hrs to 16:30hrs	Niall Whelton	Support inspector
06 October 2022	08:00hrs to 16:30hrs	Lorraine O Reilly Susan Talbot	Lead inspector Support inspector
07 October 2022	09:30hrs to 16:00hrs	Lorraine O Reilly (remote work)	Lead inspector

## What children told us and what inspectors observed

This inspection on 05 October 2022 was an unannounced follow-up inspection. There were significant risks identified on an inspection in June 2022. The purpose of this inspection was to assess whether the special care unit had made satisfactory progress to comply with regulations and to see if it was safely operating in line with their revised conditions of registration and revised statement of purpose. The previous inspection identified non-compliances across all eight regulations assessed. These related to its statement of purpose, governance and management, notification of incidents, positive behavioural support, protection, accommodation, risk management and fire precautions. Following the risk-based inspection in June 2022, the special care unit reduced its capacity from a four-bedded unit to a two-bedded unit. The special care unit acknowledged this was required in order to continue to provide safe care to its residents.

During this inspection, inspectors observed and met with children while being shown around the centre. Inspectors also spoke with staff and managers, one social worker and one guardian-ad-litem. Their views, and the observations of inspectors' onsite are presented in this section of the report, to provide an insight into children's experience of living in the centre at that time. Efforts were made to contact parents but these efforts were unsuccessful.

Inspectors observed that children had built positive and respectful relationships with staff. Children were being encouraged to engage in activities and outings and children were observed to interact with staff in an appropriate manner. Inspectors heard about children's interests and their interactions with staff. Children attended school and liked subjects such as maths and exercise. They also had other interests such as basketball, watching television and playing video games.

Children spoke positively about the staff at the centre and they were aware of their keyworkers. Children spoke openly around staff and they were listened and responded to in a meaningful way. Inspectors observed high levels of supervision of children in the centre. With bed numbers within the centre being reduced to two, several staff were available to children.

Staff told inspectors there had been positive changes since the last inspection. Staff were contributing to new actions and initiatives such as the improved induction of new staff, fire safety and various audits. There was a strong sense of renewed team work and a focus on practice improvement. Whilst recognising there was work still to be done, they demonstrated an enthusiasm and strong child-centred approach to driving continuous improvement in the quality of the service.

External professionals said that there had been improvements in the care provided to children. This was noted through listening to the children and a reduction of incidents in the centre. They felt that staff made great efforts to build relationships with the children which improved the day-to-day lives of the children at the centre. They told inspectors there was good communication with them and they did not have any concerns to report. They were satisfied with how management responded to any incidents in the centre and were consulted appropriately about any issues.

The accommodation and premises was observed to have improved since the inspection in June 2022. The provider was progressively working through a number of actions to address outstanding repairs and improve the quality of the building. On a walk around of the premises, inspectors saw that previous damage to the property which had resulted from an escalation in incidents as well as a general decline in the quality of the building over time had been repaired. Walls had been repainted and children were involved in choosing the colours for the walls. New couches had been purchased and efforts had been made to make the dining room homely. Certain structures such as various windows and doors still required replacing. The centre had employed a contractor to oversee and coordinate the outstanding work and managers had good oversight of the outstanding works required. HIQA had been advised of delays in the completion of this work given issues in relation to sourcing appropriate material for these replacements.

The centre's sports and leisure facilities for children were of a good standard and were regularly used and valued by children. The equipment included a range of sports equipment, basketball and table tennis equipment, with go-karts and bicycles. The grounds also included sports and other equipment such as swings.

Managers recognised the vulnerability of children and sought to ensure their environment was safe. Television sets had returned to being 'boxed in' within activity rooms used by the two children and in the sports centre. This detracted from a homely feel and had been raised as an issue by children in their weekly feedback meetings and highlighted by one young person to the inspector. Staff told inspectors this was due to previous property damage and had been taken as a safety measure at the time of the inspection. However, in one sitting room electrical cables under a television set had not yet been safely and securely stored.

## Capacity and capability

This inspection found that the governance and management arrangements in place in this designated centre had improved. There were governance systems and structures in place to support the delivery of the service to children and there were improved measures in place for the effective management and oversight of the centre. Overall, the provider was either compliant or substantially compliant with all of the regulations assessed in this inspection. Prior to this inspection, the provider had given satisfactory assurances in relation to the previous non-compliances in regulations. These related to governance and management, risk management, fire safety and the notification of incidents to the Chief Inspector.

Overall, accountability for the delivery of the service remained clearly defined, and there were clear lines of accountability at individual, team and organisational level so that all staff working in the service were aware of their responsibilities and to whom they were accountable. The provider had hoped to recruit a social care manager to alleviate the amount of work placed on the person-in-charge and this remained outstanding at the time of this inspection. Managers told inspectors that this post would be re-advertised as they recognised this was something of significance for the centre to have going forward.

Since the last inspection, there were improvements in relation to staff recruitment and retention and a reduction in incidents of aggression and violence in the centre. While there were still some concerns about the structural layout of the building, improvements were made in terms of the presentation of the building.

On this inspection, inspectors found that there was sufficient staffing resources in place for the effective delivery of children's programme of special care. Posts were no longer filled by student social care workers and at the time of the inspection, seven agency staff were changing to be Tusla employees. Although the registered provider had a system in place to maintain the records as specified in Part B of Schedule 3, a review of staff files found gaps in the information required by the regulations. Staff were qualified and had completed their mandatory training. Managers told inspectors that mandatory training was now completed through a national induction program prior to staff completing an induction specific to the centre.

The level of mentoring, support and supervision required by new staff in the centre had improved. Inspectors requested evidence of the induction process and this was found to be of good quality. The induction programme for new staff had been reviewed and updated since the last inspection. Due to the risks from the last inspection, the management team had taken actions including audits to improve the frequency of supervision. Managers told inspectors that these arrangements, although initially for a

three-month period, would continue for as long as required to support the person-in-charge to fulfil all of their duties. While the frequency of supervision had improved and managers received weekly updates about this, the quality of supervision records varied. Managers were aware of this and told inspectors improving the quality of supervision would be a focus moving forward.

Oversight and auditing processes in relation to the management of incidents, complaints and allegations concerning children in the centre were effective. The systems put in place by the provider since the last inspection for more robust managerial oversight and review of individual incidents and significant events in the centre were strong. Actions taken included two deputy directors from another centre providing additional support and oversight of issues such as the reporting of notifications in a timely manner and a review of previous significant events at the centre. An internal review was also completed with regard to complaints. Several recommendations were being actioned at the time of the inspection such as the daily debriefs and enhanced weekly governance meetings. Daily debriefs occurred at the beginning of each shift to ensure that all staff were aware about all of the appropriate information about incidents, complaints and allegations that had occurred from the previous shift. These debriefs were also sent to management on a daily basis and this meant that incidents could be acted upon in a timely manner.

The previous under-reporting of child protection and welfare concerns in line with the requirements of Children First: National Guidance for the Protection and Welfare of Children (2017) had been addressed since the last inspection. Effective actions were taken by the provider, which included a review by Tusla's chief social workers office, as well as additional oversight by a deputy director from another centre. Staff were responding to incidents to ensure the immediate safety of children as well as now following the national guidance for the protection and welfare of children. This meant that allegations of harm against children had been appropriately investigated and the provider was now assured that children's welfare was always promoted and safeguarded.

The oversight and management of the requirements to notify HIQA of incidents in the centre had improved since the last inspection. As an action in the centre's compliance plan, they had completed a review of all significant incidents since January 2022. This resulted in HIQA receiving 13 retrospective notifications in June 2022. This increased the monitoring of the centre by Chief Inspector who could then follow-up with centre management with regard to the management of incidents and seek additional information when required. This meant there was greater oversight of incidents in the centre and it provided assurances with regards to required actions being taken to promote the safety and well-being of the children residing in the centre. Since the last inspection, the majority of incidents were notified in a timely way; however, one



notification was submitted within one week rather than the requirement of within three days, which the provider explained was due to their need to carry out further enquiries first to determine if it met the threshold for notification.

At the time of this inspection, the centre was operating in line with their statement of purpose which described the service’s aim, to provide a safe and secure therapeutic environment for up to two children. This statement of purpose was revised following the previous inspection of the centre. Inspectors found that the physical environment could now provide safe living spaces for two children. Inspectors discussed with management what the plan would be regarding increasing the number of children who could reside at the centre. They acknowledged that this would need to be carefully planned and the impact upon the current residents would need to be taken into consideration.

Monitoring and reporting systems required by the regulations such as unannounced visits by or on behalf of the provider, and periodic reviews of the safety and quality of the service, had been addressed at the time of this inspection. Actions taken included visits by Tusla’s practice assurance and service monitoring team. These reports looked at what actions were required from the last inspection and were those actions achieved. Initially these visits were every two weeks and at the time of this inspection, it was planned they would occur on a six-weekly basis as progress was being made on addressing the identified risks. A verification report of these actions was also completed by the quality assurance and monitoring team which detailed the level of progress the provider had made. This meant that the provider was well-informed of the quality and safety of the service, and increased the provider’s capacity to prioritise tasks for the improvement of the service.

**Regulation 5: Statement of purpose**

The statement of purpose described the service’s aim, to provide a safe and secure therapeutic environment for up to two children. Given the reduction in residents from four to two, the provider now had the capacity to safely provide a service to two children.

**Judgment: Compliant**

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

The provider had appropriate staffing to provide for the number and needs of the children living in the centre. The registered provider had a system in place to maintain the records as specified in Part B of Schedule 3. However a review of a sample of staff files found there were gaps in the information held. Supervision frequency had improved to be in line with national policy and there was greater oversight of this. Managers were aware that the quality of some supervision records required improvement.

Judgment: Substantially compliant

### Regulation 16: Staff supervision and support

The level of supervision had improved and there was a weekly management report to monitor the frequency of supervision. The quality of supervision required improvement and this had been identified through service audits carried out since the last inspection.

Judgment: Substantially compliant

### Regulation 24: Governance and management

Sufficient staffing resources were in place for the effective delivery of children's programme of special care. Oversight and auditing processes in relation to the management of incidents, complaints and allegations concerning children in the centre had improved and were effective. The systems failure in recognising under reporting of child protection and welfare concerns in line with the requirements of Children's First 2017 in the centre had been addressed. Monitoring and reporting systems had improved due to increased managerial oversight. However, further improvements were required to ensure complete oversight of the service as required by this regulation.

Judgment: Substantially compliant

## Regulation 27: Notification of incidents

The person in charge ensured that most incidents were notified to the Chief Inspector in a timely way. Notifications to the Chief Inspector did not always contain adequate information on the risk posed by the incident being notified and additional information was sought with regard to some notifications. There was a delay with one notification since the last inspection.

Judgment: Substantially compliant

## Quality and safety

The quality and safety of care provided in the designated centre had improved since the last inspection. Inspectors found that children were generally well-cared for and the welfare and safety of children was promoted and protected. There was a decrease in incidents of high risk behaviours. Some improvements were still required in terms of the accommodation and fire safety measures and there were plans in place to bring the centre into full compliance with regards to these regulations.

Children were provided with individual programmes of care to meet their specific needs and goals. Children's records were appropriately detailed, up to date and presented a picture of their individual needs. Records also noted how children's needs were being met, progress made as well as any issues that required further support. There was evidence of regular discussions and sharing of required changes to their individual plans within staff meetings, multidisciplinary (MDT) forums and monthly child-in-care reviews. Both children had individual therapeutic plans which were reviewed on a monthly basis. The assessment consultation therapy service (ACTS) met with children regularly and involved them in setting the agenda for discussion about what was important to them. The ACTS team provided ongoing support to staff and managers in developing shared approaches for engaging with children as well as developing clear and consistent approaches and boundaries to underpin the delivery of care.

Key worker check-ins indicated some improvement was required to ensure sessions occurred on a regular basis, but it was also acknowledged that this sometimes depended on children's needs at a particular time. Records required improvement to ensure they were consistently signed off by the young person and relevant social care manager. Four core areas were checked - the child's wishes in relation to practice of their faith, their access to their care records, whether they had any feedback to make on their experience of staff support, and things they would like to see happen. Although

not all records reviewed by inspectors were signed by young people, they were offered the opportunity to review their files on a weekly basis.

Children were encouraged to contribute their views about living in the centre. Children were encouraged to contribute to weekly house meetings although inspectors noted a two-month gap in meetings occurring. This had been addressed by the person-in-charge at the time of the inspection. It was clear from an overall review of records that the process for capturing children's feedback had been strengthened since the last inspection, with children taking responsibility for recording discussions on some occasions. Issues raised by each child were formally considered by the person-in-charge, with feedback given about their decision. Children's menu options and food choices were routinely considered in weekly discussions. In addition, the person-in-charge had scheduled regular meetings with each child to hear directly from them what was working well, what was not, and to seek their feedback on their relationships with staff and things they wanted to change. These meetings also provided an opportunity for open discussion about what was fair and reinforced the need for clear routines and boundaries to help promote children's safety and development.

Children were encouraged to be involved in the development of their plans. Children's placement support plans provided a clear picture of children's needs and risks. They had a strong focus on supporting children to keep active and promote their personal interests. Placement support plans were reviewed monthly and supported ongoing assessment of progress in meeting the agreed goals. Inspectors also reviewed children's weekly planners and considered there was potential to introduce some changes into evening activities which were pre-dominantly watching television or playing video games.

It was of concern to the provider that the future planning for children had been hindered by a lack of robust alternative placements for children to move on to; resulting in increasingly lengthy stays in the centre, which impacted on their future goal planning. MDT meetings had flagged the increased frustration experienced by one child in relation to the lack of future placement options.

Staff wellbeing and support to assist them to reflect on their practice helped to ensure a whole team approach when supporting children with behaviours that challenge. There were a number of relatively new staff and it was deemed that such actions would help with their experience and confidence when responding to children.

Staff were challenged by some of the behaviour of children. Although incidents had decreased since the last inspection, there was concern about one incident of restraint which was not in line with national training. Inspectors were satisfied that management had responded appropriately to the incident. Managers continued to review all incidents of physical restraint within the centre and took actions to ensure staff were made

aware of these as well as taking steps to prevent these actions happening again. These actions included meetings with staff and additional training.

The accommodation and premises was in better condition overall since the last inspection. The building had been re-painted and walls had been repaired. There was an upcoming programme of work designed to reduce infrastructural damage and provide solutions to current challenges with the premises. The person in charge and person representing the provider were knowledgeable about the programme of work and how it would improve these challenges. Some external windows and doors were also going to be replaced with a more suitable type. These improvements were being implemented with the input of a team of technical advisers. The date for completion of this work was not yet confirmed at the time of inspection.

Inspectors found the oversight and management of fire safety had significantly improved. Management systems had been implemented to sustain this oversight. These systems included the replacement of fire compartment doors and provision of an additional fire compartment, with a more robust door type. An improved system of connecting these doors to the fire detection and alarm system was also proposed.

Improvements since the previous inspection included;

- The fire door to the laundry room had been re-instated. The laundry ceased operation in the evening time and it was managed well.
- The fire containment deficits to the staff office, noted on the previous inspection, had now been rectified.
- The fire alarm panel was free of fault and service records were available, confirming the system was recently serviced as required.
- Documentation for fire safety training demonstrated that the content of training met the requirements of the regulations.
- While further property damage had occurred, the inspectors noted systems in place and saw evidence that these were being repaired in a timely manner.
- The assessed evacuation requirements of each young person were documented in a personal emergency evacuation plan (PEEP) and these had been recently updated.
- Simulated drills were taking place with children to reflect lowest staffing levels.
- Good fire safety practices were observed during the walkthrough of the residential section of the centre. Fire doors were not routinely left open.

Notwithstanding the improvements noted above and good practices observed, further action was required to ensure full compliance with fire precautions. Further action was required to ensure adequate means of escape. The lock to an exit door was difficult to open; the person in charge immediately actioned this. Additional emergency lighting was required outside a designated exit. Although there was a plan in place to replace

some fire doors, inspectors observed deficits to the maintenance of fire doors, for example, sections of heat and smoke seals were missing, gaps were observed and small glazing panels were covered with timber owing to damage. The floor plans on display were outdated. Inspectors were told these would be updated as part of the programme of work to reflect the updated fire compartment strategy.

All staff in the centre were mandated under the Children First Act (2015) to report any concerns they may have to Tusla child protection and welfare services. In addition, the person in charge was required to have oversight of these concerns so that the provider is aware of risks in the service, and to ensure a good level of reporting to Tusla. They were also the designated liaison person (DLP) for the unit.

As part of their compliance plan, the person-in-charge and the director of special care commissioned a review of all significant event notifications for 2022. This, as well as a review by Tusla's chief social worker's office, ensured that all potential child protection concerns and complaints were identified and appropriately notified to the relevant personnel through the appropriate channels. Additional support by an external deputy director was working well at the time of the inspection and this was to continue for as long as required.

Managers had also taken action to ensure that all staff members completed training in relation to Children First and safeguarding. They ensured that all staff were fully aware of the guidance and their responsibilities as mandated persons. The centre training log reflected that training had been completed by all current staff since the last inspection.

## Regulation 7: Programme of care

Each child had a programme of care to meet their individual needs. They were implemented by the staff and the programmes of care were prepared as part of the child's record.

Judgment: Compliant

## Regulation 9: Education, individual needs, religion, ethnicity, culture and language (5) (6)

Inspectors reviewed regulations 9(5) and 9(6) only, as part of this inspection. Children were encouraged to participate in, and contribute to decisions about their life and care. Generally children's dignity and privacy was respected throughout the service. However, one use of restraint was not in line with national guidance. This required ongoing monitoring and oversight to ensure children's dignity was respected at all times.

Judgment: Substantially compliant

## Regulation 11: Positive behavioural support

Improvements were required to ensure that all restrictive practices were used in line with policy. While the majority of restrictive practices were carried out in accordance with the policy, the registered provider had not ensured the policy was adhered to in one instance. In the remaining instances of restrictive practices reviewed by inspectors, they were found to be proportionate, adequately reviewed and overseen by managers.

Judgment: Substantially compliant

## Regulation 12: Protection

Since the last inspection, allegations and concerns were appropriately reviewed and evaluated to determine if the legal thresholds for mandated reporting had been reached.

Judgment: Compliant

## Regulation 17: Accommodation

The centre appeared more homely and was in better decorative condition. Further work remained outstanding, managers were fully aware of this and there was a programme of works in place to ensure everything required would be completed.

Judgment: Substantially compliant

## Regulation 25: Risk management

The provider had put additional risk management strategies in place since the last inspection. This provided greater oversight and ensured a timely response to risk identified. The structure and fabric of the centre required further improvement and actions remained outstanding at the time of the inspection.

Judgment: Substantially compliant

## Regulation 26: Fire precautions

Notwithstanding the improvements since the previous inspection, further action was required to ensure the safety of children living in the centre. Further action was required to ensure adequate means of escape. Additional emergency lighting was required outside a designated exit. Inspectors observed deficits to the maintenance of fire doors. The floor plans on display were outdated.

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 and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 5: Statement of purpose	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Substantially compliant
Regulation 16: Staff supervision and support	Substantially compliant
Regulation 24: Governance and management	Substantially compliant
Regulation 27: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 7: Programme of care	Compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Substantially compliant
Regulation 11: Positive behavioural support	Substantially compliant
Regulation 12: Protection	Compliant
Regulation 17: Accommodation	Substantially compliant
Regulation 25: Risk management	Substantially compliant
Regulation 26: Fire precautions	Substantially compliant

# Compliance Plan for Coovagh House OSV – 0004219

Inspection ID: MON-0037812

Date of inspection: 05 – 07 October 2022

## 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 9: Education, individual needs, religion, ethnicity, culture and language	Substantially compliant
<p>Outline how you are going to come into compliance with Regulation 9: Education, individual needs, religion, ethnicity, culture and language:</p> <p>All incidents of restraint are now reviewed by the Management team, through review of CCTV, analysis of Significant event notifications and engagement with staff where necessary.</p> <p>All incidents of restraint as well as any restrictive practice utilised during the previous week are now discussed at the weekly Management team meeting.</p> <p>The Director and PIC met with the staff team on the 17<sup>th</sup> of November 2022 to discuss the use of restrictive practices within the service with the aim of reducing these interventions as much as possible.</p>	
Regulation 11: Positive behavioural support	Substantially compliant
<p>Outline how you are going to come into compliance with Regulation 11: Positive behavioural support:</p> <p>Staff members to receive full refresher training in relation to TCI.</p> <p>Director (PPIM) and Deputy Director (PIC) to meet with Social Care Leader team to outline expectations in relation to physical intervention and restrictive interventions</p>	

<p>Physical Escorts of young people from one area to another should not be used unless there is a real and immediate risk to the safety of the young person or staff member</p> <p>Individual member of the team should be assigned to oversee physical intervention and they will need to take a leadership role in these situations and aid the remainder of the team to bring the intervention to a conclusion as soon as possible.</p> <p>The numbers of staff entering an area with a young person will be carefully planned and kept to the minimum numbers required to bring the matter to a safe conclusion. Staff without a designated role should not be involved in the intervention will not enter the area unless requested to do so by the intervention leader. To assist in this, part of the daily shift plan will include who is on pinpoint response to each young person.</p>	
Regulation 14: Staff members and others working in the special care unit	Substantially compliant
<p>Outline how you are going to come into compliance with Regulation 14: Staff members and others working in the special care unit:</p> <p>PIC &amp; PPIM have scheduled a meeting with HR to review all staff files on the 2<sup>nd</sup> December 2022. Where deficits are identified during this review an action plan to address this will be implemented. Deputy Director PIC or their delegate will review the files of all new starters upon their commencement in the service.</p>	
Regulation 16: Staff supervision and support	Substantially compliant
<p>Outline how you are going to come into compliance with Regulation 16: Staff supervision and support:</p> <p>An external Deputy Director is to commence external Supervision in December 2022 which will focus on reflective practice and support around Supervising. Line Managers will continue with Line Management Supervision in line with supervision policy. Deputy Director (PIC) will conduct regular audits of supervision which will focus on frequency and quality.</p>	
Regulation 17: Accommodation	Substantially compliant
<p>Outline how you are going to come into compliance with Regulation 17: Accommodation:</p> <p>The building works were due to commence on the 5<sup>th</sup> of December with a three-week period set aside for the first phase of the works to be completed. However due to a further delay in relation to the manufacture of the doors and windows they will now not now be available before the 12<sup>th</sup> of December we have therefore made the decision to suspend the works until the 9<sup>th</sup> of January 2023. The concern was that if we proceeded on the 12<sup>th</sup> of December that the works in relation to phase one would not be completed</p>	

before the Christmas period. This would potentially leave half of the building out of commission during that period which would have been unacceptable.

The building works are therefore now scheduled to take place over two phases commencing on the 9<sup>th</sup> of January 2023.

**Phase one** will take three weeks and will be handed back to us on the 27<sup>th</sup> of January 2023.

**Phase two** will take four weeks as it is larger section of the building, that phase will commence on 30<sup>th</sup> of January 2023 and that section of the building will be given back to us with all works fully completed on the 24<sup>th</sup> of February 2023.

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

The Deputy Director (PIC) is now screening all SENs to ensure HIQA 3 day notifications are made in a timely manner. Deputy Social care managers will also immediately appraise the Deputy Director of any incidents that they identify which are required to be notified.

Interviews took place on the 22<sup>nd</sup> of November 2022 for a Social Care Manager for the service. This will add another layer of support to the centre in the provision of oversight, governance and Management. It is hoped that the successful candidate will be in place early in the new year.

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

The Deputy Director (PIC) completed a risk management plan review with the Children's Residential Care Services Quality Risk and Service Improvement Manager on 10<sup>th</sup> November 2022

Children's Residential Care Services, Health & Safety Advisor conducted a further building review on 28<sup>th</sup> October 2022 and key actions were identified in this review which will be implemented by the Director (PPIM) and Deputy Director (PIC)

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

Additional emergency lighting to be installed over external sitting room door

Once fire doors are replaced, they will be certified on a bi-annual inspection of all fire doors

Weekly check of fire seals on all fire doors and replace fire stripes where missing/removed

A new fire strategy will be implemented for the service once all building works have been completed. Until then contingency measure remain in place.

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

In addition to the measure previously outlined above the Deputy Director (PIC) and Director will review the previous week's significant events at our weekly management team meeting to ensure all notifications are made within the timeframes required

## 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 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.	Substantially compliant	Yellow	28/10/2022
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	Substantially compliant	Yellow	28/10/2022

	approved by the Child and Family Agency and, at all times, having due regard to the care and welfare of the child concerned.			
Regulation 14 (3)	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— (a) is satisfied that the person is suitable to work in the special care unit, and (b) has obtained, in respect of that person, the records and documents specified in Part A of Schedule 3.	Substantially compliant	Yellow	31/01/2023
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.	Substantially compliant	Yellow	31/01/2023
Regulation 17	The registered provider shall provide adequate and suitable accommodation, as set out in Schedule	Substantially compliant	Yellow	28/02/2023



	4, having regard to the number of children detained in the special care unit and the nature of the needs of each child.			
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.	Substantially compliant	Yellow	31/01/2023
Regulation 25(5)	The registered provider shall ensure that adequate arrangements exist in the special care unit to guard against the risk of injury occurring on the premises, particularly with regard to the structure and fabric of the special care unit including stairways, electrical and gas appliances and fittings, windows and doors, glazing and the storage of medicines, cleaning and other potentially dangerous materials.	Substantially compliant	Yellow	28/02/2023

Regulation 26(1)(a)	The registered provider shall take adequate precautions against the risk of fire.	Substantially compliant	Yellow	28/02/2023
Regulation 26(1)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially compliant	Yellow	28/02/2023
Regulation 26(1)(d)(ii)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially compliant	Yellow	
Regulation 26(1)(d)(vi)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially compliant	Yellow	31/03/2023
Regulation 26(2)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place or places in the special care unit.	Substantially compliant	Yellow	31/03/2023
Regulation 27(1)(h)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring	Substantially compliant	Yellow	28/10/2022

	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.			
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