



**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:	Announced
Date of inspection:	25-26 June 2024

About the centre

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

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 or 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 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.

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 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.

The following information outlines some additional data of this centre.

Number of children on the date of inspection	3
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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.

Compliance classifications

HIQA judges the service to be **compliant, substantially compliant or not-compliant** with the standards. These are defined as follows:

Compliant: A judgment of compliant means the service is meeting or exceeding the standard and is delivering a high-quality service which is responsive to the needs of children.

Substantially compliant: A judgment of substantially compliant means the service is mostly compliant with the standard but some additional action is required to be fully compliant. However, the service is one that protects children.

Not compliant: a judgment of not compliant means the service has not complied with a standard and that 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 will identify the date by which the provider must comply. Where the non-compliance does not pose a significant 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 time frame to come into compliance.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector name	Role
25 June 2024	09:10hrs to 17:20hrs	Mary Lillis	Lead
25 June 2024	09:10hrs to 17:20hrs	Sue Talbot	Support
25 June 2024	10:00hrs to 17:00hrs	Gordon Ellis	Support
26 June 2024	08:00hrs to 17:30hrs	Mary Lillis	Lead
26 June 2024	08:00hrs to 17:30hrs	Sue Talbot	Support
27 June 2024	14:00hrs to 15:00hrs	Mary Lillis	Lead - Remote

What children told us and what inspectors observed

The aim of this announced inspection was to assess ongoing compliance with the regulations. The inspection also provided inspectors with the opportunity to gain further information in relation to the special care unit's application for renewal of registration.

The inspectors found that young people received child centred care and support. The service catered for young people aged 11 to 17 years, at the time of the inspection three girls in their mid-teens lived in the centre. Inspectors spoke with all three teens. Inspectors also had opportunity to observe young people and staff over the course of the two days. Inspectors viewed the spaces young people lived in, including the on-site gym and the residential unit. The inspectors spoke with two family members, three social workers and two guardian's ad litem (GALs)¹, as part of the inspection.

The young people who spoke with inspectors had mixed views of living in special care. Two young people expressed how it was ok but they did not want to live in special care, or felt aspects of the service were unfair:

- "It's all right here - I could be in a lot worse places. I don't want to be here anymore."
- "It's okay here - but they don't treat all the young people with the same rules - not fair."

When speaking about staff, young people reported that there were enough staff. One young person spoke about how staff have helped them since they have lived in special care. "Staff here have got me to think about things - If I don't like or get on with staff, I still respect them" and "I am now learning to talk to people - I am not up and gone".

The young people all spoke about activities and how they spent their day, with varying degrees of enthusiasm. They all attended school and were engaged in activities both on campus and in the wider community. One young person reported that "I just watch telly, nothing much happening" but went on to acknowledge that they had gone on outings such as a walk in a forest, which they did not enjoy. Two young people spoke about doing activities they really enjoyed such as sea swimming and horse riding. One young person expressed their excitement to inspectors that they were going to the seaside for a swim that day, while another reported "I go out every day - every Saturday I go horse riding or go for a walk. I regularly go to the gym".

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.

Two of the young people spoke about their experience of making complaints. Neither were entirely happy with the outcome of their complaints.

- "I have made lots of complaints, they are closed, but nothing has changed."
- "I made a complaint - but they did not do anything about it - was told things are different for different children."

The accommodation provided to young people was colourfully decorated. There was one residential building with bedrooms, a dining room, kitchen, living room and activity rooms. There were numerous colourful murals on the walls, which the young people had contributed to including designing and painting. This brought colour, personalisation and a sense of fun to the space. There was a professionally painted mural of a café scene in the dining room. However building maintenance was required, and this is discussed further under regulation 17.

The young people gave permission to the inspectors to view their bedrooms. Two of the three bedrooms had been personalised with different paint colours chosen by the young people. The newest resident was in the process of choosing paint colour for her room, she told inspectors she would like pink. All three young people had soft toys and or cushions and photos and drawings on their wall. Inspectors could tell the young person's interests and likes from viewing their rooms. Each child had a television in their bedroom that was placed in a protective box. The shower rooms were clean and functional, if somewhat industrial in appearance, as the fixtures including the toilet and wash-hand basin were stainless steel.

There appeared to be a good relationships between staff and young people, with young people looking at ease in the company of staff and peers. Inspectors observed young people chatting and laughing with the staff. Young people appeared happy and confident in expressing their views and wishes with both staff and management. Inspectors observed one young person voice a complaint to the person in charge (PIC), which was acknowledged, and a plan to address the complaint outlined to the young person. Young people were observed to eat meals together with staff in a relaxed and friendly environment. Staff were observed to respect a young person's right to privacy by drawing away from the group when the young person indicated they wished to talk about something personal.

Inspectors observed staff speaking with young people in a warm and kind manner. Staff were noted to take account of young people's communication needs in their interactions. Staff were observed to use short simple sentences, gestures, visuals and a slow pace to communicate effectively with young people who required such supports. While with others there was free-flowing fast conversations appropriate to their communication ability. Inspectors also observed staff using visual aids to support a young person in understanding their plan for the day and choices they

could make, this included a visual timetable in the young person's bedroom and the menu blackboard in the dining room.

Over the course of the two days of the inspection, inspectors observed that young people were offered a wide variety of healthy food. Breakfast and lunch were cooked by the on-site chef, with choices on offer at both meal times. The menu for the day was written up on a blackboard in the dining room and staff supported young people to choose their preferred foods from those on offer for example salmon or chicken and vegetables. A vegetarian option was available at these meal times which was the preference for one young person. For tea or supper young people were supported to cook their own meal, which helped develop their independence skills.

As part of the inspection, two family members were spoken with, both family members were positive in their descriptions of the service the young people received. Both spoke highly of the staff noting how supportive they were of family contact, helping them build and maintain relationships with the young people. One person told inspectors "the staff are all lovely - they are very welcoming and allow me to come and cook [child's] favourite meals with her in the kitchen". Both family members spoke about being listened to by staff and management in the service.

In addition to family members, inspectors spoke with three social workers and two guardians ad litem (GAL). The professionals spoken with were complimentary of staff and the support provided to the young people saying "the staff are very good" and "the staff are lovely". Three of the professionals commented on the positive relationships and trust the staff have built up with the young people. They noted that communication between professionals and staff was good. One professional noted an improvement in recent months in the quality of significant event notifications (SENs) that they received, and noted that these now contained a deeper analysis of the causes of incidents and more detail on the incident itself and greater reflection. The professionals spoken with were aware of the complaints made by young people.

When asked about areas for improvement in the service, one professional commented that they were happy with the service and did not have any areas for improvement. Two professionals noted the environment and buildings needed improvement with one describing the physical environment as "cold, dark and unwelcoming". Another professional identified the need for further upskilling of staff in relation to the specific needs of a young person but also noted that since the introduction of improved oversight mechanisms that they had seen positive improvement saying "things are slowly starting to change".

Professionals for two of the young people raised concerns regarding the lack of identified onward placements and noted that while options were being explored there was no concrete plan for two young people. The lack of onward placements

for young people in special care was a concern also raised by the staff and management who spoke with inspectors and was listed on the risk register.

Capacity and capability

Overall, the special care unit demonstrated an improved level of compliance with the regulations, but further work was required to achieve full compliance. This service has been inspected five times during this registration cycle (2021 – 2024). The most recent inspection was on 19 March 2024. Following this inspection, the Chief Inspector placed an additional condition of registration on the service. This condition related to the oversight of restrictive practices and safeguarding. Inspectors found that newly strengthened oversight and governance mechanisms had a positive impact on the service leading to increased compliance levels. However, the registered provider did not have sufficient staffing resources to ensure the effective delivery of special care in accordance with its statement of purpose, which stated a capacity for four. At the time of the inspection a review of the national policies and procedures had not been concluded, and the updated policies and procedures were not in place as required. The service's statement of purpose and function was not fully accurate at the time of the inspection and the use of one bedroom as a safe room led inspectors to question the ability of the service to provide accommodation for four young people.

There was a clear management structure in place with definite lines of authority. Roles were clear and a record of delegated duties was maintained by the person-in-charge (PIC). The recent changes to delegated duties had been effectively communicated to and understood by staff at the time of the inspection. There was a suitably qualified person in charge as required by regulations. There was daily contact between the staff and management team resulting in good oversight of the service day-to-day. There were regular staff and management meetings in place, which supported good communication with the team.

The regulations require that the provider ensures the quality and safety of special care is monitored and reviewed. Tusla's national practice assurance and service monitoring (PASM) team had completed unannounced visits to the service at least every six months as required by the regulations. PASM also completed announced visits in February 2024 with a specific focus on significant event notifications. This highlighted concerns regarding the oversight of incidents and the implementation of the approved method of behaviour management. On foot of these visits, and a HIQA inspection in March 2024, changes were made to the management system and delegated duties. Increased managerial supports were put in place. This resulted in increased oversight of incidents and risks within the service. It supported good governance of actions identified in compliance plans to manage and address risks. It was noted that compliance plans were being actioned in line

with the timeframes identified. Young people were receiving a higher quality and safer service particularly during periods of upset or when engaging in behaviours that challenge.

The service had three young people resident at the time of the inspection (75% of its capacity). There was sufficient staffing for the number and care needs of the young people living in the special care unit. Despite recruitment and retention strategies in place, the registered provider did not have sufficient staffing resources to ensure the effective delivery of special care in accordance with their statement of purpose, which stated a capacity for four. The management team managed this risk by closely monitoring staffing levels and not admitting more children than was safe given the staffing levels. In addition, one of the bedrooms was being used as a safe room, as the safe room identified on the statement of purpose was not fit for purpose. This meant that should sufficient staffing be obtained to admit an extra child there may not have been sufficient accommodation for the fourth child.

The registered provider had appropriate arrangements in place to ensure continuity of care and support to children. The registered provider had systems in place to maintain records relating to members of staff as specified in Part A and Part B of Schedule 3. In line with the regulations, the PIC maintained a written record of all delegated duties. The PIC ensured that new staff who were still in training and were on induction were on the rosters as extra staff, and not included in the required staff-to-children ratios.

The person-in-charge maintained a register of the young people detained in the special care unit. Each young person had an up-to-date care record. Improvements were required in the recording of the young people's religious preferences. Otherwise the care records were maintained in line with regulations. With regard to the maintenance of records as set out in schedule six, improvements were required with regard to recording the food provided to young people.

The provider had a complaints procedure in place which also outlined the appeals process. Complaints were investigated promptly and young people informed of the outcomes and appeals process. Parents, guardians ad litem and social workers were informed when young people made complaints and of the outcomes of those complaints.

The regularity of supervision in the service depended on the role of a staff member. Those in a social care worker or social care leader roles received very regular, good quality supervision but large gaps were noted in the supervision for managers of the service, which was not in line with national policy. Regular audits

of supervision were carried out by social care manager to oversee the frequency of supervision.

There were good systems in place to ensure that the programme of training that was provided enabled the staff team to provide care in accordance with evidence-based practice, the statement of purpose and policies and procedures. These systems also ensured staff maintained up-to-date training. Training and information specific to the needs of young people in the service was provided to staff. Personal development plans were in place for staff members, which enabled staff and managers to identify and address areas for continuous professional development.

Regulation 5: Statement of purpose

The registered provider had ensured there was a written statement of purpose for the centre, but it required review in order to accurately reflect the service and therefore to be fully in line with schedule 1. The provider had reviewed the statement of purpose in May 2024. However it did not fully reflect the service being provided at the time of the inspection. The safe room was no longer in use as it was not fit for purpose and "bedroom 3" was being used as a safe room when required, with managerial sign off. This was not reflected in the statement of purpose or the floor plans for the unit. While the statement of purpose did reflect the managerial structure, it did not accurately reflect the whole-time equivalent of the service director.

Families, social workers and GALs for the young people were provided with a copy of the statement of purpose. There was a child-focused statement of purpose which outlined the purpose of the special care unit using simple language. Changes made during the registration cycle to the statement of purpose were reflected in the young person's version of the document. Inspectors, however, did not see evidence that this information was given to recently admitted young people. Staff and management reported that it was standard procedure to give a newly admitted young person a copy and speak with them about the service, but this was not clearly recorded in children's records, and young people were not clear if they had received it.

Judgment: Not compliant

Regulation 6: Care practices, operational policies and procedures

The provider had written policies, procedures and care practices in place which promoted and protected the life, health, safety, development and welfare of each child residing in the special care unit as per Schedule 2 of the regulations. These were dated 2021, and were due for review. As the policies referenced only the year and not the day or month, it was difficult to determine exactly when they were due to be reviewed. The provider commenced a review of the national set of policies and procedures in 2023, however, at the time of the inspection this had not been completed. Staff demonstrated good knowledge of the policies and procedures that underpin their work.

There were mechanisms in place to ensure the care practices and procedures were implemented by the person-in-charge and all staff members. New staff members were informed of policies and procedures during their induction, and they were discussed in supervision. Team meeting minutes and emails to staff team demonstrated that staff were reminded of existing policies, informed of any changes made to existing policies, and or any new policies introduced.

Children's care records did not provide a clear picture of how young people were informed of care practices, policies and procedures. Inspectors did not see evidence of this being discussed with newly admitted young people in the sample of individual work reviewed. It was apparent that young people were aware of the complaints procedures as some young people had made complaints, and were able to speak with inspectors about the process.

Judgment: Substantially compliant

Regulation 13: Person in charge

The provider had appointed a suitably qualified person-in-charge (PIC) with the skills and experience necessary to manage the special care unit. The PIC was routinely present in the designated centre and accessible to young people and staff, having meals with young people and meeting them individually on a regular basis. The provider held information about the person-in-charge as stated in Schedule 3.

Judgment: Compliant

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

The registered provider had systems in place to maintain records relating to members of staff as specified in Part A and Part B of Schedule 3. In line with the regulations, the PIC maintained a written record of all delegated duties. The PIC ensured that new staff who were still in training and were on induction were on the rosters as extra staff and not included in the required staff-to-children ratios. There were sufficient staffing in terms of number, qualification, experience and suitability for the number and assessed needs of the young people in the service at the time of the inspection, but not for the number as reported in the statement of purpose, this is discussed further in regulation 24. Rosters sampled by inspectors demonstrated there were sufficient number of staff at a given time to supervise each young person.

There were arrangements in place to ensure continuity of care for young people, for example, young people were assigned a core team of key workers and one regular agency staff was used when required. The management team tried to balance the experience level of the social care staff, with new staff members rostered on with more experienced members.

Judgment: Substantially compliant

Regulation 15: Training and staff development

The person-in-charge ensured that staff members in the special care unit had access to appropriate training as part of continuous professional development as well as the Acts, regulations, standards and guidelines referred to in regulations. Training included mandatory training such as first aid, fire safety training, medication management and child safeguarding training.

There were regular training audits carried out to identify any gaps in mandatory training and an overview of actions taken to address any gaps. Training records reviewed by inspectors indicated that there was a comprehensive programme of training for all staff at all levels, and all available staff were up to date with regard to training.

It was evident that additional training was given to staff in the Tusla approved method of behaviour management which included training on restraints. Specific information and training was given to staff to address the individual needs of children such as how to use specific communication supports with young people. As discussed earlier, inspectors observed staff using some such communication supports with young people. Staff spoke positively about this training and the

impact it had on improving their practice and confidence when managing an incident.

Judgment: Compliant

Regulation 16: Staff supervision and support

The person-in-charge had mechanisms in place to ensure that an appropriate level of professional supervision and support was being provided to staff members in the special care unit. The effectiveness of these mechanisms appeared to be dependent on the role of the worker. These mechanisms worked well for social care worker and social care leader roles, but were limited in their effectiveness for management roles.

There were monthly supervision audits being carried out, and delays or gaps in supervision for all staff were identified. For social care workers and social care leaders the reason for delays or gaps were accounted for, for example a staff member may be on sick leave. For such staff, it was evident that actions were taken to address gaps in a timely fashion for such as a date for supervision was identified as soon as the person returned to work.

These audits identified large gaps in the supervision of the deputy social care manager, social care manager and PIC, but these gaps were not addressed in a timely fashion. Despite being identified, a plan was not put in place to address the lack of supervision until after March 2024. By which time the management team had not had supervision for between four and seven months, which is not in line with national policy. At the time of the inspection, a plan for management supervision was being implemented, and all managers had received supervision recently. It was notable that this gap in supervision for managers was during a period of particular challenge for the service and may have negatively impacted on how the service responded to those challenges.

It was noted that there was a high standard of supervision for social care workers and social care leaders. Practice issues were identified and addressed with staff leading to a better quality and safer service for young people and staff. Relevant policies and legislation was reviewed with staff.

Judgment: Substantially compliant

Regulation 19: Care record

Each child detained in the special care unit had an up-to-date care record. While the vast majority of the information as set out in schedule 5 of the regulations was maintained, inspectors did not see evidence that a child's religion was recorded in their care record. It was absent in their care plans and the admission documents reviewed by inspectors. During interviews, staff were able to speak to the religion of the young people they worked with for example when asked one staff member noted that a child was catholic as the child had shared pictures of her confirmation with the staff member. Indicating that in practice the young person's religion was being considered by staff.

Judgment: Substantially compliant

Regulation 20: Maintenance of records

Schedule 6 of the regulations sets out a list of records which the person-in-charge is required to maintain in the designated centre. The inspection found that, in the main, these records were being maintained in line with requirements and were stored in a safe and secure, but accessible fashion. An area for improvement was the consistency of recording of the food provided to children. This was inconsistently recorded in daily logs for each child. On some days, a clear picture of what a child ate was recorded, and on others, there was no record. The monitoring of food was important to ensure that all elements of a young person's essential care needs were being met in line with their programme of special care.

Judgment: Substantially compliant

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

The provider maintained a record of the particulars as set out in regulations, of each child detained in special care. This included their name, sex, date of birth, High Court record number, date of admission and discharge, contact details for their social worker, GAL and parents or guardians. The register reviewed by inspectors also contained information with regard to the onward placement details of the child, and a column that noted if the child was current resident or past resident, which is additional to the information required by regulations.

Judgment: Compliant

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

The person-in-charge had systems in place to ensure that the information set out in part B of Schedule 3 was maintained for each member of staff.

Judgment: Compliant

Regulation 23: Insurance

Insurance was in place in line with regulations.

Judgment: Compliant

Regulation 24: Governance and management

Efforts had been made by the registered provider to increase the robustness of the oversight and management within the special care unit in response to risks identified by the PASM team and HIQA earlier this year. This had resulted in improved practice and increased confidence in understanding and responding to incidents across the staff team. Given the history of inspection activity for this service, further monitoring over time is required to ensure that these welcome changes are sustained. The registered provider had not ensured that there were sufficient resources to make certain the effective delivery of special care in accordance with the statement of purpose. There was an annual review to assess the quality and safety of special care provided in the special care unit, but further improvements were required in this review in order to drive further improvements.

There was a clearly defined management structure in place in the service. A suitably qualified and experienced person-in-charge (PIC) was responsible for the day-to-day operational management of the service. The PIC reported to the new interim director of the service, who was a person participating in management (PPIM), as defined by the regulations. The director also had responsibility for Tusla's two other special care units. The long term plan in relation to this change was yet to be formalised at the time of the inspection. There was a national lead for children's residential services, who filled the role of registered provider representative for the designated centre.

The PIC was supported by an experienced social care manager and one deputy social care manager, both with delegated duties. There was one vacant deputy social care manager role. Managers and social care leaders who spoke with

inspectors were clear on their individual roles, responsibilities and delegated duties. There was an on-call system and policy in operation for times when management were not present in the service. Management meetings took place regularly where clear decision-making, review of children's progress and discussion of staffing issues were evident.

The provider had not ensured that an annual review of the service accounted for the quality and safety of the service in terms of all areas requiring improvement. The annual review for 2023 was completed in May 2024 by a business support manager and reviewed by the PIC. This review examined service provision and both internal and external audits throughout 2023. The report outlined that the eight actions from the HIQA inspections in 2023 were complete. While it highlighted areas of good practice, it lacked detail in terms of future planning for the service, and did not identify all issues related to quality improvement such the identification of all restrictive practices. At the time of the inspection, the registered provider had engaged an external group to complete a national review of the provision of special care including Coovagh house. This was due to be completed in the Autumn of 2024.

The regulations require that the provider ensures the quality and safety of special care is monitored and reviewed. The Practice Assurance Service Monitoring (PASM) team completed unannounced visits to the centre at least every six months as required. The visits carried out in 2023 found that young people were receiving good quality care. The visits identified the need to address staffing challenges within the service, and at a national level the need for young people to transition out of special care to a suitable placement in a timely manner. The most recent report from the PASM team (May 2024) outlined the findings of visits to the service in February 2024 which had focused on significant event notifications (SENs). This report highlighted a number of areas requiring improvement including staff knowledge of children's placement support plans, safe implementation of the approved approach to behaviour management, accurate documentation of SENs and increasing governance and oversight of incidents.

Following both the PASM visits in February 2024 and a HIQA inspection in March 2024, the management systems in place in the service have been more robust in nature. A crisis management team was convened to ensure the sustainability and safe operations of Coovagh House. This consisted of the interim national director of children's residential services (CRS), the persons-in-charge of the three special care units, the director of Coovagh House, national quality risk and service improvement manager, a CRS HR manager and the CRS health and safety lead for violence harassment and aggression. This forum provided additional oversight and assurances with regard to immediate service improvement measures and safety planning, and monitored progress with regard to compliance plans. This forum

met weekly with a focus on implementing the action plans to address identified risks.

Changes were also made to the delegation of duties which were set out in a written record, and outlined the specific role responsibilities. Team meeting minutes demonstrated that staff were made aware of the changes to delegated duties. These changes included the introduction of management from another designated centre to provider additional oversight of significant event notifications and restrictive practices. The changes to delegated duties and increased managerial input had resulted in greater understanding on the ground of restrictive practices and procedures and increased safe practices in the service. However, as will be discussed in regulation 11, not every restrictive practice was identified and reviewed. Specifically, the use of television boxes when not required. This meant that the registered provider had not reviewed all restrictive practices which was a requirement of the additional condition of registration placed on the service by the Chief Inspector in May 2024. While this lack of review did not pose a risk to the health and safety of the young people, it was not in their best interests.

The changes to delegated duties and the introduction of the crisis management team were short term and due to be in place for a period of three months. As such they were due to be reviewed shortly after this inspection.

There was system of auditing in place in the centre. This was carried out by the management team and used to track regulatory requirements. Management were using the findings of both internal and external audits to support decision making and track changes made and actions implemented. It was evident that this was working effectively at the time of the inspection.

There was the minimum number of staffing for the number and care needs of the young people living in the special care unit at the time of the inspection, but the registered provider had not ensured that the special care unit had sufficient staffing resources to ensure the effective delivery of special care in accordance with their statement of purpose, which stated a capacity for four children.

There were 28 social care workers employed by the service, but 50% (14) were unavailable for work due to a variety of long-term leave including injury leave, sick leave and protective leave. Two of the six social care leader posts were vacant, in addition to a vacant deputy social care manager role. The management within the service met monthly with HR to try to address the vacancies. There were rolling recruitment campaigns, and the provider had engaged with third level institutions and private recruitment services to attract staff. Despite these efforts, staffing shortages have persisted and the PIC informed inspectors there has been limited interest from candidates in the roles. At the time of the inspection, there was one regular agency social care worker, but no other agency staff had been identified to

work in the service. The rosters sampled by inspectors demonstrated that there was sufficient staff present in the special care unit to supervise each child detained, but there was a high reliance on overtime and goodwill from staff in order to achieve this level of staffing.

It was acknowledged by the person-in-charge that if there was a drop in staffing levels, the service would not be able to provide a safe service for three young people and they would need to reduce the service to two children. The PIC described the contingency plan in place should staffing decrease. An emergency request for support would be put out to the wider Tusla staff regionally and nationally. Following this, alternative placements would be explored for one or more the young people depending on staffing levels. This process would take a period of time as it would depend on the availability of another special care placement. A request for support with staffing was required in December 2023 when staffing levels fell below requirements. A good response was received, and this response made it possible for the service to continue to run over the Christmas and new year period.

The registered provider had retention strategies in place such as an employee assistance programme and a critical incident stress management procedure. In recent months, a working group on violence, harassment and aggression was established with the aim of developing guidance and training for staff members to better support them with managing these high risk behaviours. A new career pathway was also opened up in May 2024 to social care workers which allowed them be considered for a social care leader role after a defined period of service and managerial approval, without the need for a vacant social care leader post. As this was very new, the impact of this initiative was not yet evident.

In addition, the national director for children's residential services told inspectors that they had sought additional allowance for social care staff working within secure care, with the view to attracting more staff and improving staff retention. However, this had been rejected.

Since the start of 2024, the registered provider has begun to explore other avenues in an effort to tackle the staffing challenges faced in special care. The registered provider has started to engage with third-level institutions to explore the possibility of developing an apprenticeship programme for social care workers and the possibility of the introduction of a pilot for a new grade of worker within children's residential services and special care services. These proposed strategies are at the very early discussion stages, so it would be a significant time before they would have any possible impact on recruitment and the service's ability to increase capacity.

The registered provider had effective arrangements in place to facilitate staff in the special care unit to raise concerns about the quality and safety of the special

care unit as per the regulations which included the protected disclosures policy and procedure. Staff who spoke to inspectors had knowledge of the protected disclosures procedure, and said that they felt that they would be confident to use this mechanism to report concerns if needed.

The inspectors found the good level of oversight and management of fire safety had continued since the previous inspection. Management systems had been implemented to sustain this oversight. A social care manager was delegated the duty to monitor and oversee fire safety arrangements. This meant that fire safety systems along with firefighting equipment were being maintained and serviced in a timely manner. Fire audits carried out in 2024 had identified items that required attention, and records showed these items were actioned.

Judgment: Not compliant

Regulation 27: Notification of incidents

There were incidents during the registration cycle where notification to the chief inspector was delayed. These were addressed at the time with the provider, and the provider has since ensured that notifications were completed in a timely manner.

Judgment: Compliant

Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit

There were no periods of 28 days or more when the person in charge was absent from their role as person-in-charge of the designated centre.

Judgment: Compliant

Regulation 29: Complaints

The registered provider had a complaints procedure in place which also outlined the appeals process. The complaints procedure was displayed in a prominent position within the young person's living area, the administration building and the family sitting room. It was also outlined in an age-appropriate format within the young person's statement of purpose. The children's parents and guardians were

provided with copies of the complaints procedure. Complaints were investigated promptly.

There were five complaints made by young people since the last inspection in March 2024. They related to peer-to-peer behaviour and to peers getting preferential treatment. Each complaint was investigated promptly and the outcome discussed with the young person. All of these complaints were closed. The young people spoken with by inspectors noted they were unhappy with the outcomes. The person in charge acknowledged the lack of satisfaction regarding the outcome of the complaints from the point of view of the young people. She noted that dynamic risk assessments were being used to address the peer-to-peer behaviours, and a reduction in this behaviour was observed over time. She also noted that some young people required different levels of input, such as two to one staffing, and required different approaches to behaviour management. This was necessary for the adequate and safe care all young people in the unit. This information was explained to the young people making complaints.

Parents, guardian's ad litem and social workers were informed of complaints through the significant event system in place. The professionals spoken with were aware of the outcomes of the complaints and were satisfied with the outcomes.

Judgment: Compliant

Registration regulation 4: Application for registration or renewal of registration

The provider submitted a full application to renew the registration of the designated centre.

Judgment: Compliant

Registration regulation 6: Changes to information supplied for registration purposes

During the registration cycle the registered provider notified the chief inspector within the timeline set out in regulation regarding changes to persons participating in management.

Judgment: Compliant

Registration regulation 8: Annual fee payable by a registered provider of a special care unit

The registered provider has paid the required annual fees as per the regulations during this registration cycle.

Judgment: Compliant

Registration regulation 10: Notice to be given by the registered provider of a special care unit of the intention to cease to carry on its business and close the special care unit

The provider has not closed any special care units and so have not been required to submit this notice.

Judgment: Compliant

Quality and safety

There was good quality care and support provided to young people in the special care unit. The staff and management team were committed to helping young people to grow and develop. While there were good levels of compliance in terms of the quality and safety of the service, there were improvements required in relation to fire safety and maintenance of the accommodation in order to achieve full compliance with these regulations.

Children's safety and wellbeing was the primary consideration in all decisions that were made about their care and the interventions that were implemented to help each child to fulfil their potential. Young people were supported to develop independence and life skills, within the context of a secure environment. Each child had a programme of care which outlined details of all required interventions in accordance with their identified needs. There were effective systems in place to facilitate good communication, planning, monitoring and review of children's care with key stakeholders.

The provider ensured that there were adequate arrangements in place for family contact. Family members who spoke with inspectors noted their satisfaction with the support they received from staff in this area. The accommodation was adequate and met the needs of the young people, but maintenance works were required. Young people were provided with adequate, varied and nutritious food.

Young people were provided with appropriate healthcare, and there was adequate medication management arrangements in place. The recording of the exact time of the administration of a medication would be an area for improvement.

Young people had access to education. They were encouraged to make choices, and decision about their care and their right to privacy was respected. The service was in a position to support young people's identified religious and cultural needs.

There was an improvement in oversight and monitoring of significant events and restrictive practices ²since the last inspection. This resulted in young people being provided with good quality care during significant events relating to challenging behaviours. Restrictive practices were carried out in line with national policy and children's safety and welfare were prioritised. There was a culture in the service of trying to reduce restrictive practices as much as possible. This demonstrated good progress on the part of the provider and management team in meeting the actions required by the compliance plan submitted to the Chief Inspector following the March 2024 inspection.

The safety and welfare of young people was protected and promoted within the centre, and robust safeguarding measures were in place. Young people were supported to develop knowledge, self-awareness and skills needed for self-care and protection. Safeguarding concerns which did not meet the threshold for referral to Tusla's child protection services, such as bullying were reviewed by the PIC and addressed through placement support plans.

The centre had effective risk management systems in place with clear escalation procedures. Despite efforts made by the provider, some risks remained high, such as those related to the lack of special care placements due to reduced staffing numbers and lack of onward placements.

Notwithstanding the improvements since the 2022 inspections, further action was required to ensure the safety of young people 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 and the building fabric in the residents building and the gym building. Assurances were required in regards to the containment measures of the newly-fitted compartment fire doors. The floor plans on display were outdated in regards to the gym building.

² A restrictive practice is considered to be any procedure that: limits an individual's movement, activity of function; interferes with an individual's ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behaviour that the individual would not engage in given freedom of choice. Restrictive procedures include single separation and physical, environmental and chemical restraint.

Regulation 7: Programme of care

A programme of special care was implemented for all young people in the special care unit. The files sampled by inspectors included all components required by regulation, such as care plans, placement plans, placement support plans, education plans and psychiatric plans when required. The records of which were up-to-date and were kept securely.

The development of the programme of special care was overseen by the person-in-charge and included consultation with the child's social worker and other key people such as the child's guardians or parents and members of the multidisciplinary team. There were effective systems in place to facilitate good communication, planning, monitoring and review of children's care with key stakeholders. Child-in-care reviews and multidisciplinary team meetings happened monthly, and the timing of these meetings meant that professionals reviewed the child's progress towards identified goals every two weeks.

Judgment: Compliant

Regulation 8: Healthcare

Arrangements were in place to ensure that young people had access to adequate health care. Each child underwent a medical on admission, they had access to GP services including out-of-hours and psychological services, and referrals were made where required to other health care services.

There were effective systems in place to ensure the safe administration of medication to children. Staff were trained in the safe administration of medication. Records of medication were held for all young people, and included all necessary prescription and administration details as required. Medication prescribed to young people was securely stored, and any medication that was out-of-date or no longer required, was returned to the pharmacy. There were robust oversight arrangements in place. An area of practice improvement identified was for staff to consistently record the exact time that medication was administered, rather than just identifying the two hour time frame in which they were administered.

Judgment: Compliant

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

Young people had access to education. During the school year they attended the on-site school. All young people had individual education plans, which were regularly updated with individual goals and progress reports. In addition, young people were supported to attend a summer education programme. The care team worked closely with the school to ensure that young people met their education goals.

As previously discussed improvement was required in the recording of children's religious identity and preferences regarding religious practice. The young people living in the special care unit at the time were not actively practicing religion. The person-in-charge reported that young people were spoken with about their religious preferences, and any wishes to attend religious services were included in their weekly planned activities. Staff spoke about supporting children, who are now discharged from the service to partake in religious activities. Children's cultural heritage was explored with them, and their wish to engage or not in their heritage was respected.

Young people were encouraged to contribute to decisions about their care, and to exercise choice and control where appropriate. Weekly children's meetings took place. At times, these were conducted individually based on the needs of the children. Young people were supported to contribute to their weekly planned activities, and to attend and contribute to their child-in-care review meetings. Staff were observed to take account of and support young people's individual needs with regard to communication in order to support young people to make choices.

Advocacy services visited the centre regularly. Inspectors saw evidence of young people being offered the opportunity to meet with these services. However, not all young people chose to do so.

Young people had their right to privacy respected. They had age appropriate access to media and engaged in activities of interest to them. Young people were encouraged to develop life skills for example young people prepared and cooked their own evening meal with support from staff.

Judgment: Compliant

Regulation 10: Family contact and visiting arrangements

Family contact was supported by staff in the centre. The management and staff team worked closely with young people and their families to build and maintain family relationships. Family members spoke positively about the support they and

their child received to maintain contact. There was a private family sitting room for young people to meet with their family members. Each child's care record contained a record of their contacts and visits.

Judgment: Compliant

Regulation 11: Positive behavioural support

Since the last inspection in March 2024, the provider had ensured that restrictive procedures were in the main fulfilling regulatory obligations and carried out in accordance with relevant national policy. Environmental restrictive practices needed to be identified and reviewed in a more timely fashion. There was a large focus on the development of staff knowledge and skilled implementation of the provider's approved form of behaviour management. This was evident in an increase in training, a focus on learning from incidents involving restrictive practices in supervision, and other forms such as significant event notification reviews (SENs). Staff spoke with inspectors discussed improved confidence in managing incidents and behaviours that challenge.

Placement support plans were in place for each child. These were of good quality and identified triggers or challenging situations for a young person, signs they were becoming upset, and methods to support a young person. The service was actively implemented advice from the multidisciplinary team regarding behaviour management. In addition the person-in-charge sought specialist consultation when required.

Inspectors reviewed records in relation to restrictive practices including: single occupancy, single separation, structured time away and physical interventions. Records showed that there was a clear rationale for the use of restrictive practices. These practices were reviewed regularly to ensure they were used for the shortest period possible, and were the least restrictive option for the particular situation. The use of restrictive practices in records sampled by inspectors was proportionate and in line with national policies.

An area for improvement was the identification of the use of the television boxes in young people's bedrooms as an environmental restrictive practice. When questioned about the TV boxes in young people's bedrooms, management reported that it was standard practice to have them in place on admission. They acknowledged that they had not viewed the boxes as a restrictive practice. It was also acknowledged that their removal should have been considered especially for young people who had not engaged in property damage. Inspectors were assured that discussions and risk assessments regarding their removal would take place with young people and professionals.

An incident register recorded all the relevant details and appropriate reflection of incidents. Since March 2024, the members of the significant event notification review group was increased to include members of the management from other special care units. The SEN Review group met on a weekly basis, and reviewed the CCTV of each SEN from that week. They also reviewed past SENs from January 2024 onwards. This group identified incidents of good practice and areas for improvement and learning. This resulted in notable improvements in the implementation of restrictive procedures, the recording of incidents, particularly the detail of the incidents. It has also resulted in improvements in the actions following an incident, with individual work with young people taking place consistently, and being recorded more clearly. This means that young people were not being put at risk from the incorrect implementation of restrictive procedures. There was a decrease in the number and duration of significant events and improvements in the behaviour of young people in the service.

Judgment: Substantially compliant

Regulation 12: Protection

All staff had up-to-date training in Children First: National Guidance for the Protection and Welfare of Children (2017). Following the increased oversight of SENs and child protection concerns as discussed earlier in the report, all child protection concerns were identified and reported in a timely manner. Parents, guardians, GALs and the Chief Inspector were informed or notified in an appropriate fashion. There were four open child protection concerns on the register. The management team maintained regular contact with social work departments regarding any concerns raised. For example, the management were aware that two concerns were waiting to be closed by the child protection and welfare team, but formal notification of this to the service had not been received at the time of the inspection.

Each child was being supported to develop the knowledge and self-awareness to keep themselves safe. This was achieved through individual sessions with young people, and through allowing young people to take some age appropriate risks. An example was that one young person was due to start having one hour free time in the community as part of her transition plan to a new non-secure placement.

Since the most recent inspection in March 2024, child protection concerns were reported appropriately, in a timely manner and parents, guardian's ad litem and the Chief Inspector were notified as required. Safeguarding concerns such as bullying, which did not meet threshold for referral to Tusla's child protection and welfare teams, were reviewed and addressed by management and staff through placement support plans and on-going dynamic risk assessments. A child's social

worker, GAL and guardian or parent were informed on these concerns via SENS and at child-in-care reviews.

Judgment: Compliant

Regulation 17: Accommodation

The accommodation was adequate and suitable for the number and the needs of the children living there at the time of the inspection. The premises was clean and efforts were made by staff and young people to personalise the accommodation through painting murals on the walls, but there were a number of areas in need of maintenance.

There was one residential building as described earlier in the report. Each young person had their own bedroom, with an attached shower room. At the time of the inspection, the accommodation was suitable for three children as one of the four bedrooms was being used as a safe room. A gym provided indoor recreational space for young people, with a sports hall, a small sensory space and a television room. While outside, there was an area where young people could play football or basketball if they chose as well as a set of swings.

In the residents' building, dampness was observed on a section of a wall in a manager's office, and in a store room located in a gym building. Signs of paint flaking and damage to a window timber surround were identified in the same areas. Some of the young people's bedroom flooring had signs of staining and a section of flooring was missing from a staff toilet room located in the gym building. Some painting and decorating was required to the activities room as it appeared scuffed and tired.

Maintenance was required to a number of fire doors due to recent damage. An external fire exit door was noted to be catching on the floor, and as a result was difficult to open. The inspectors were informed that this door was being maintained until such time that it could be fully replaced with a more robust door.

The glazing to a newly fitted window located in the children's dining room had shattered due to no fault of the young people or staff in the centre.

Management reported that an application for capital works to address the fire doors and broken window was in progress.

Judgment: Substantially compliant

Regulation 18: Food, nutrition and cooking facilities

Young people had access to food including snacks and refreshments as required. The young people who spoke with inspectors expressed satisfaction with the range of food provided. Inspectors observed good preparation and storage facilities and found that a high standard of hygiene was maintained as required. Meals were varied and nutritious, and there was an element of choice in the meals prepared by the chef on-site. Young people could prepare meals and snacks for themselves in the kitchen, and were encouraged to do so for their evening meal.

Judgment: Compliant

Regulation 25: Risk Management

The provider had a risk management policy and safety statement in place which contained the arrangements for the identification, management and ongoing review of risk. There were adequate contingency arrangements in place to respond to emergency situations. The PIC maintained appropriate records relating to incidents and accidents.

In line with the registered provider's risk management policy, a risk register was maintained by the service director. There were seven risks in total on the register, two of which were on the register since 2021. These related to the lack of special care placement due to staffing, lack of onward placements, and the risk to health and safety of staff as a result of violence harassment and aggression which was compounded by lack of onward placements. The risk register was reviewed on a quarterly basis by the PIC and the service director. There were clear risk escalation procedures in place.

Some of the steps taken by management to address the risks involving staffing have been discussed earlier in the report. Steps were being taken by the provider to address the risks related to lack of onward placements, but more was required.

Staff had good knowledge and understanding of the risk management policy and how this underpinned their day-to-day tasks and the care they provided to young people in order to keep them safe. Inspectors reviewed a sample of individual risk assessments for young people which effectively identified plans to minimise potential risks to both young people and staff.

The registered provider had records on file to show that all vehicles used to transport young people and staff members were roadworthy, and regularly serviced and insured as per the regulations.

Judgment: Compliant

Regulation 26: Fire precautions

The assessed evacuation requirements of each child living in the centre were documented in a personal emergency evacuation plan (PEEP) and these had been recently updated. Staff spoken with demonstrated a good knowledge of the evacuation procedures in place. Records reviewed demonstrated simulated evacuation drills were being carried out with the young people on a regular basis.

The in-house daily and weekly checks were being carried out by staff in regards to the checking of firefighting extinguishers, means of escape, fire action notices, the fire detection alarm system and general housekeeping practices. Fire safety records were signed off in a timely manner, with no evidence of gaps identified by inspectors upon a review of the records.

While further property damage had occurred since the previous inspection, the inspectors noted systems were in place to identify the issues, and inspectors saw evidence that these were being reported to the maintenance team.

Notwithstanding the good fire safety practices observed, further action was required to ensure full compliance with fire precautions. While additional emergency lighting was in place since the previous inspection, the inspectors noted a lack of emergency lighting above a designated fire exit from the gym building, and a final fire exit door in the residential building was difficult to open. The door had dropped and was now catching on the floor. The inspectors were informed that this door was being maintained until such time that it could be fully replaced with a more robust door.

The inspectors observed deficits to the maintenance of some fire doors. For example, in the residents building, minor damage was noted to a small number of fire doors. All or some sections of smoke seals were missing or damaged to bedroom, servicing ducting, laundry, kitchen and store room fire doors. In the gym building, damage to two sets of double fire doors was noted that compromised the effectiveness of the fire door to contain the spread of smoke and fire.

In the residents' building, the inspectors were not assured that cold smoke seals were present on a number of newly fitted cross-corridor compartment fire doors. In addition to this, the inspectors reviewed the findings of a recent inspection from the provider's fire consultant dated May 2024. Some fire issues had been identified in regards to the lack of smoke seals to seven compartment doors, fire sealing was required around service penetrations, fire certification was required for glazed screens, fire doors were to be checked and remediated annually by specialist

contractors. At the time of the inspection, a contractor had not been appointed to carry out bi-annual fire door checks.

In the residents' building, a number of service duct store rooms were observed to have utility pipes or ducting that penetrated through the fire-rated ceilings (ceilings built in a way to provide a certain amount of fire resistance time), and these required appropriate fire sealing measures.

In the gym building, an electrical storage duct located in a staff office room was being used to facilitate the storage of cleaning equipment. This was brought to the attention of staff, and the item was immediately removed. Furthermore, a staff office was in use as a cleaning store and a door from this area, into the general purpose room, had been blocked up. However, the repurposing of the staff office as a store room and the removal of the adjoining door had not been reflected on the floor plans for the gym building.

Judgment: Substantially compliant

Appendix 1 - Full list of standards 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:

Standard Title	Judgment
Capacity and capability	
Regulation 5: Statement of purpose	Not compliant
Regulation 6: care practices, operational policies and procedures	Substantially compliant
Regulation 13: Person in charge	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Substantially compliant
Regulation 15: Training and staff development	Compliant
Regulation 16: Staff supervision and support	Substantially compliant

Regulation 19: Care record	Substantially compliant
Regulation 20: Maintenance of records	Substantially compliant
Regulation 21: Register of children detained in the special care unit	Compliant
Regulation 22: Record of a person employed in the special care unit	Compliant
Regulation 23: Insurance	Compliant
Regulation 24: Governance and management	Not compliant
Regulation 27: Notification of incidents	Compliant
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit	Compliant
Regulation 29: Complaints	Compliant
Registration regulation 4: Application for registration or renewal of registration	Compliant
Registration regulation 6: Changes to information supplied for registration purposes	Compliant
Registration regulation 8: Annual fee payable by a registered provider of a special care unit	Compliant
Registration regulation 10: Notice to be given by the registered provider of a special care unit of the intention to cease to carry on its business and close the special care unit	Compliant
Quality and safety	
Regulation 7: Programme of care	Compliant
Regulation 8: Health care	Compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Compliant
Regulation 10: Family contact and visiting arrangements	Compliant
Regulation 11: Positive behavioural support	Substantially compliant

Regulation 12: Protection	Compliant
Regulation 17: Accommodation	Substantially compliant
Regulation 18: Food, nutrition and cooking facilities	Compliant
Regulation 25: Risk management	Compliant
Regulation 26: Fire precautions	Substantially compliant

Compliance Plan for Coovagh House OSV – 0004219

Inspection ID: MON-0043627

Date of inspection: 25 June 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 5: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Statement of purpose: - The position entitlement related to the Director will be amended to 0.3WTE	

- The Director will be present in Coovagh House regularly and available to be contacted daily.
- The PIC has updated the delegated duties and delegations responsible to the Director have been re-assigned. This will not impact workflow of others
- The service will now alter the registration to accommodate 3 young people. The service has the appropriate resources to accommodate same. The Provider will email registration to request the update to the previous application. The statement of purpose has been updated to reflect same. The PIC and Director will continue to review strategies to expand the services occupancy in line with the staffing and resources available. When this occurs, an application will be made to HIQA to increase same.
- The Young Person's Statement of Purpose will also be updated when the young people receive a copy of this. The action will be recorded in the young person's placement plan.

Regulation 6: Care practices, operational policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Care practices, operational policies and procedures:

- 4 suites of the policies and procedures have been approved by NPOC. These suites of Policies will be provided to Coovagh House by the 9th September to begin the review sessions with the staff. The final 2 suites will be reviewed by NPOC on the 3rd of October. Any amendments will be made with urgency for NPOC to sign off. All suites will be fully implemented in Coovagh House by October 21st 2024.
- The Provider will issue HIQA with the updated Policies & Procedures in October 2024
- Staff have been informed of the review of the policies and procedures. They will be supported through staff meetings and supervision regarding the revision of the policies and procedures.
- The Provider has identified that as they Policies and procedures will again require review by 2026, that this process will commence in 2025

Regulation 11: Positive behavioral support

Substantially Compliant

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

All young people who have been admitted to Coovagh House will have a risk assessment completed. The purpose is to consider if they are about to manage a free-standing television in their bedroom. All young people who there is no risk associated with a free-standing TV will have one placed in their rooms. These risk assessments will be under constant review by the social care team.

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

Substantially Compliant

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

Coovagh House's capacity has been reduced to 3 young people this will allow management an opportunity to recruit the staff required to return its capacity to care for 4 young people. Coovagh House has engaged a second agency provider to help source staff. This will run alongside Tusla's current recruitment campaigns which includes other agency providers.

A bi-spoke Induction programme will be developed to embed the staff and build their confidence and skill level to manage the special care environment.

Regulation 16: Staff supervision and support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Staff supervision and support:

The supervision of managers in Coovagh House is currently being supported by external PPIM's/Deputy Director this has supported the management since April 2024. The plan is now to return to a normal supervision cycle, with extra support still being available from PPIM's/Deputy Director from other special care services. The PIC will be supervised by the Director of Special Care in line with Tusla's new supervision policy. The PIC will supervise the SCM and the SCM will supervise the two DSCM's.

Regulation 17: Accommodation

Substantially Compliant

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

A project group has been convened to work through the issues identified in this report. The project group's first meeting has been held on 14.08.2024. The project group have identified and agreed the doors which have been discussed in this report will be replaced. These will be replaced by the end of Quarter 1 2025. Surveying of the doors will be conducted in the first week of September 2024.

Coovagh House are in the process of creating a position for a maintenance person similar to the other Special Care Services. This person's role will be to improve the stewardship of Coovagh House.

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

A full audit will be completed by each of the young people's key team to ensure that there are no gaps in the young person's placement plan. The policies and procedures will be discussed with each of the young people to ensure that they are aware of them, this will be recorded in their placement plan.

Regulation 20: Maintenance of records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Maintenance of records:

The Coovagh Manager who is present at the staff handover in the morning will ensure that all records for the young person are updated daily.

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

The Director of Special Care Services is convening a group to ensure the consistency of the annual reports coming for special care services. This group will be joined by the National Manager for QRSI and the regional QRSI leads.

Due to the identified staff issues that currently exist in Coovagh House, it has been agreed that Coovagh would reduce its registration from 4 young people to 3. This will remain under review between the PIC and the Director for Special Care. When the resources

improve a request for a permanent variation will be made to HIQA to increase the return the registration to 4 young people.

Regulation 26: Fire precautions

Substantially Compliant

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

A full fire audit has been undertaken by Tusla on Coovagh House. This report is due to be delivered in the coming weeks. An action plan will be developed following consideration of the recommendations outlined in this report.

The floor plans for the gym will be updated to reflect the current purposes in the individual buildings.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 5(1)	The registered provider shall prepare in writing a statement of purpose relating to the special care unit concerned which shall contain the information set out in Schedule 1.	Not Compliant	Orange	End of September 2024
Regulation 5(5)	The registered provider shall put in place appropriate procedures to ensure that a child detained in the special care unit is provided with a copy of the statement of purpose in a format which shall be age appropriate to ensure the child's	Substantially Compliant	Yellow	End of October 2024

	understanding of it.			
Regulation 6(5)(c)	The registered provider shall ensure that all written care practices, operational policies and procedures are reviewed and updated at least every three years and such reviews shall have due regard to any recommendations made by the chief inspector.	Substantially Compliant	Yellow	End of October 2024
Regulation 6(7)	The registered provider shall ensure that there are appropriate procedures put in place by the person in charge to ensure that a child detained in the special care unit is made aware of the care practices, operational policies and practices of the special care unit and that information provided in accordance with this Regulation is accessible and age appropriate to	Substantially Compliant	Yellow	End of October 2024

	ensure understanding.			
Regulation 11(5)(c)	The person in charge shall ensure that the least restrictive procedure for the shortest duration necessary is used.	Substantially Compliant		End of September 2024
Regulation 14(1)	The registered provider shall ensure that the number, qualifications, experience, suitability and availability of staff members in the special care unit is appropriate, having regard to the number and assessed need of children detained in the special care unit, the statement of purpose and the size and layout of the special care unit.	Substantially Compliant	Yellow	End of December 2024
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	End of December 2024

Regulation 17	The registered provider shall provide adequate and suitable accommodation, as set out in Schedule 4, having regard to the number of children detained in the special care unit and the nature of the needs of each child.	Substantially Compliant	Yellow	End of Q1 2025
Regulation 19(2)	The Care Record referred to in paragraph (1) shall include the information set out in Schedule 5.	Substantially Compliant	Yellow	End of October 2024
Regulation 20(1)	The person in charge shall ensure that the records listed in Schedule 6, in relation to the special care unit, are maintained.	Substantially Compliant	Yellow	End of September 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	Orange	End of September 2024

Regulation 24(1)(d)	The registered provider shall ensure that there is an annual review to assess the quality and safety of special care provided in the special care unit and to confirm that such special care is in accordance with national standards, the interim special care orders or the special care orders generally, and the child's programme of special care.	Not Compliant		End of Q1 2024
Regulation 26(1)(a)	The registered provider shall take adequate precautions against the risk of fire.	Substantially Compliant	Yellow	End of Q2 2024
Regulation 26(1)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	End of September 2024
Regulation 26(1)(d)(ii)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	End of December 2024

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	End of Q2 2024
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	End of December 2024

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