Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Special Care Unit.

Issued by the Chief Inspector

Name of designated centre:	Crannóg Nua – Special Care Unit
Name of provider:	Tusla
Type of inspection:	Risk Based Inspection
Date of inspection:	5th May 2026 7th May 2026 (Remote) 8th May 2026 (Remote)
Centre ID:	OSV-004216
Fieldwork ID	MON-0050417

About the designated centre

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

Aim:
Crannóg Nua's aim is to provide a safe, caring, and therapeutic environment where young people learn to reduce their risk-taking behaviours to develop their wellbeing to enable and support the young person to return to a less secure placement as soon as possible, based on the needs of that young person.

Objectives:
To provide a high quality and standard of young person-centred care to young people who are detained under a high court order. The model of care advocates adherence to a set of principles to inform the staff approach rather than a prescriptive set of instructions. This assists in overcoming the difficulties commonly identified in responding to the broad range of needs and risks presented by young people within residential care through a multi-disciplinary approach. This helps to provide a structured, strengths-based approach which guides the staff team to feel competent in their knowledge base and be flexible in their ability to adapt their interventions to the needs of the young people in their care.
This model of care also helps to ensure that young people's behaviours are always placed in the context of their experiences of trauma, attachments, and wellbeing. This approach requires the application of individualised intervention programme, which promote inclusion of the multi-disciplinary team and provide clear evidence of wellbeing outcomes.

Ethos:
That the rights of all children and young people in Crannóg Nua are respected, protected, and fulfilled; their voices heard, and they are supported to realise their maximum potential and develop their hope.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	Six

How we inspect

This inspection was a risk based inspection 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.

To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information 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 with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people 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 of:

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 people 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 provider and or the person in charge is in full compliance with the relevant regulation.
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 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 residents 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 residents 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	Role
5 May 2026 7 May 2026 8 May 2026	09.20hrs to 17.40hrs 12:00hrs to 14:30hrs Remote 11:00hrs to 12:00hrs Remote	Erin Byrne	Lead
5 May 2026	09.20hrs to 18.00hrs 11:30hrs to 18:00hrs	Sheila Hynes Hazel Hanrahan	Support

What children told us and what inspectors observed

This was a one day risk based inspection of the special care unit, to assess the service capacity to provide safe and effective care for six young people. There were five young people present in the unit on the day of inspection. Inspectors met all of the young people and spoke directly with four of the five young people on the day of inspection, about their experience of the special care unit.

All young people who spoke with inspectors, were positive about their experience of special care. Young people were clear on decisions made about their care and told inspectors that they understood reasons for decisions, even those they did not particularly like. Examples of what young people told inspectors included;

"I like the staff",
"The staff have shown me what I need and I have made big improvements",
"I'm getting on really good".

Inspectors spoke to young people about their involvement in decisions about their day-to-day care as well as their overall care and future planning. Young people said that they attended their child-in-care reviews and were happy to have their views heard and understood. Young people spoke with inspectors about day-to-day decision making and examples of decisions they did not particularly like, but clearly communicated their understanding of the reasons and the benefits for their wellbeing. One young person spoke with inspectors about their experience of being subject to restrictive practices and explained that they understood the decision and reasons for this, the young person was also clear that the plan for their care focused on reducing and eliminating the need for restrictive practices. A second young person, told inspectors they had individual staff members with whom they were closer and would like to have them assigned to their care every day, however, they said, "I can accept if I cannot be assigned them everyday, staff explain it to me". Another young person told inspectors, "I had to change bedrooms which was hard, but I understood why".

One young person, in an effort to demonstrate how much they had benefitted from their time in special care, asked inspectors to look at old photographs of them immediately prior to their admission. The young person explained that they came to the unit undernourished and underweight having spent a significant period within a special emergency care placement prior to admission, they told inspectors that they had survived on "takeaway, red bull, monster and junk". The young person was proud of their progress and physical changes in their appearance and credited these improvements in their life and wellbeing to their placement in the special care unit.

Inspectors observed young people's choices and preferences represented in the unit, including bedrooms decorated to each individual young person's tastes and preferences. Inspectors saw visual examples of individual programmes of care, provided to young people who required them and observed warm and comfortable interactions between children and staff members. Inspectors found that young people received good quality, consistent care by a staff team who knew them well and had established trusting and effective relationships with each individual young person.

Capacity and capability

This was a risk based inspection to assess the service capacity to provide safe and effective care for six young people in line with their statement of purpose. The inspection was triggered by information received from the provider the week prior, which highlighted a significantly lower level of staffing then that outlined within the statement of purpose, against which the service is registered to operate. In addition, measures outlined by the provider, which were implemented to combat the critical shortage of staffing in the service included, suspension of vital management and oversight arrangements which ensure effective, quality of care to young people.

On 20 April 2026, assurances were sought from Tusla by the Chief inspector, in response to information received by HIQA detailing concerns regarding staffing. Information received indicated that the special are unit intended to increase to full capacity, from five to six young people, despite failing to increase staffing capacity to do so safely. The service, while registered for six young people, had been operating at reduced capacity of five for more than 12 months prior to inspection. In response to this request for assurances, received 27 April 2026, Tusla confirmed that staffing was not fully aligned to the ratios set out within the statement of purpose for the special care unit. Within their assurance response Tusla outlined a number of measures implemented to ensure ongoing safe and effective care of young people. These measures included; consistent management availability to support staff, provide guidance and respond promptly to operational needs, staff overtime and changing shift patterns, managers working directly with young people, suspension of annual leave, postponement of training as well as staff and management meetings, and interim plans to support staff where it was not possible to implement professional supervision. In response to this information, HIQA made the regulatory decision to complete a risk based inspection of the special care unit, to assess the service capacity to provide ongoing safe and effective care for six young people, in line with their statement of purpose.

This inspection examined four regulations and found the service was not compliant with three and compliant with one regulation. Importantly, inspectors found that the five young people present in the special care unit, at the time of inspection continued to

receive safe and effective care and support. Staff members and managers were committed to maintaining standards of care, and oversight and monitoring of care practices and interventions had been maintained. The special care unit had admitted a sixth young person in the two weeks prior to inspection, however, only five of six young people were present in the unit at the time, as the service maintained an available placement for one child who had moved, awaiting discharge of their special care order. A new resident was expected to be admitted to the special care unit the week following inspection.

Significant non compliances, specifically related to the number of staff available to work within the special care unit, were identified during inspection that required urgent attention to safeguard the ongoing safety and wellbeing of six young people. An urgent compliance plan was sought from the provider, seeking detailed actions to be taken to address identified risks. The chief inspection took the critical step in setting a timeframe of three days by which the provider must address these failings. Immediate measures were taken including the introduction of an additional nine staff members to the special care unit. Immediate assurances were accepted by HIQA in relation to the provider having appropriate staffing to address the immediate risks identified during inspection. However, further actions are required to be taken by the provider, to address the service capacity to meet their regulatory requirements, including staffing arrangements as outlined within their statement of purpose.

It is of note, following completion of this inspection and the admission of a new resident to the service, significant risks presented for the special care unit. Further assurances sought from the provider were not adequate and the matter was escalated by the Deputy Chief inspector of HIQA, to the registered provider for further assurances, which are awaited at the time of this report.

The findings of this inspection, as outlined above were that the provider had not ensured there were adequate numbers of suitably, qualified and experienced staff to safely and effectively care for six young people on an ongoing basis. As stated above, at the time of inspection, while the special care unit was providing placements for six young people, only five young people were resident in the unit on the day of inspection. Despite this, the service was heavily dependent on agency staff and over time, to ensure continuity of care and support to young people and a sixth, new resident, was due for admission the week following inspection.

As has been the findings of previous inspections of this special care unit, there were appropriate management systems in place which ensured that children received safe and appropriate care, which was consistently and effectively monitored. The person in charge maintained records, in relation to each staff member in the special care unit as required and there was a detailed written report of all delegated duties.

Supervision was not occurring as required. Managers reported concerns about the quality of support and practice guidance for staff managing complex incidents and challenges in one unit in the designated centre, in the absence of capacity to provide supervision and or regular staff and management meetings.

There were clear management structures in place however, a recent and unexpected decision by Tusla, relating to change in management for the special care units, as well as ongoing implementation of changes to staffing structures within special care, had resulted in uncertainty and concerns for staff and managers of the service. Staff reported to inspectors that they lacked confidence in Tusla processes for reporting and addressing their concerns.

Regulation 5: Statement of purpose

The registered provider had a statement of purpose in place, which included a statement as to the number of staff members in the special care unit, in whole time equivalents, given by position and by grade, as required by the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, Regulation (5) Statement of purpose. However, the actual number of staff available for work within the special care unit was significantly less than required to ensure the ongoing safety, health and welfare of six residents.

An urgent compliant plan was sought from the provider immediately following the inspection, in relation to the service capacity to ensure the ongoing safety and wellbeing of the residents. Immediate measures were taken including the introduction of an additional nine staff members to the special care unit to address the immediate risks identified. Further action is required by the registered provider to ensure ongoing compliance with condition 1 of the registration of the special care unit.

Judgment: Not compliant

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

The registered provider did not ensure that there was an adequate number of suitably qualified and experienced staff members available to work in the special care unit, having regard to the number and assessed needs of children resident and in line with their statement of purpose. At the time of inspection the special care unit was heavily dependent on agency staff and overtime to ensure continuity of care and support to young people.

The registered provider did ensure there were appropriate numbers of staff members present in the special care unit to supervise each child, at the time of inspection. A review of staff schedules, observations on inspection and information provided to inspectors through discussions with staff, identified that ensuring adequate minimum numbers of staff on a daily basis was an ongoing challenge, but had been achieved through a number of creative resource management measures. Examples of these measures included, staff staying later or starting work earlier than scheduled, which had become a routine occurrence, to ensure minimum staffing requirements. In addition staff members, with on call management responsibilities, told inspectors that they had to attend the unit after hours, to assist in the management of incidents of behaviours that challenged.

Inspectors reviewed files relating to the provision of support and supervision to staff members in the special care unit and found that the vast majority of staff had received one to two sessions of formal supervision up to the time of the inspection in 2026. Social care managers and deputy social care managers reported to inspectors that no supervision had occurred since the introduction of the sixth child to the service, requiring managers to work directly with young people daily. Staff expressed concern that when supervision was happening the quality was compromised due to lack of available time. All staff, with supervisory responsibility, acknowledged that they were making every effort to ensure adequate support to their colleagues through day-to-day interactions and informal supervision. Supervisors told inspectors that they were clear on their obligations, in line with Tusla's supervision policy, to provide six sessions of supervision per year but highlighted to inspectors their concerns that the key principle and purpose of the provision of supervision was compromised due to the critical staff shortages. Staff members requiring additional input and learning were not getting this during the ongoing period of staffing shortages and opportunities for reflective practice, to inform better care decisions and interventions for young people, were extremely limited.

Staff told inspectors, that while it was early days in the increase of young people from five to six, the ongoing risks presenting for some young people resident, requiring an increased staffing ratio of 2:1, were not anticipated to decrease in the immediate period and likely to increase with the introduction of a new resident the week following inspection, thus further reducing opportunities to provide staff support and supervision.

Inspectors were satisfied that the person in charge ensured that each person working in the special care unit, or intended to commence work in the special care unit, as an intern, a trainee or as part of vocational training course were extra and not considered as part of the working staff schedule.

The person in charge, maintained a written record, of all duties delegated to one or more appropriately qualified staff members in the special care unit. This record was up to date and reflective of practices reviewed as part of this inspection.

Inspectors reviewed a comprehensive record, containing all required information relating to Schedule 3 (part B)[1] of the regulations, which was appropriately maintained by the person in charge. This record also tracked information relating to dates for updated garda vetting, Children First training, brief details of staff references and CORU registration numbers for all staff.

There was not adequate numbers of qualified, experienced staff available to accommodate six young people in the special care unit, having regard for the assessed needs of children resident at the time of inspection. There were not adequate arrangements in place which ensured the timely and effective provision of support and supervision for all staff.

Judgment: Not compliant

Regulation 24: Governance and management

The registered provider, did not ensure the special care unit had sufficient resources for the effective delivery of special care in accordance with the statement of purpose, however at the time of inspection, young people resident continued to receive a good quality of care and support. The chief inspector requested an urgent compliance plan from the provider to address the significant non-compliances identified as part of the inspection and an accepted response was received. However, following completion of this inspection and the admission of a new resident to the service, significant risks presented for the special care unit. The matter was escalated by the Deputy Chief inspector of HIQA, to the registered provider for further assurances, which are awaited at the time of this report.

There were appropriate management systems in place which ensured that children received safe and appropriate care, which was consistently and effectively monitored. There were clear management structures in place however, a recent and unexpected decision by Tusla, relating to change in management for the special care units, as well as ongoing implementation of changes to staffing structures within special care, had resulted in some uncertainly for staff during the period of change.

[1] Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 – Schedule 3 Documents to be held in respect of the person in charge and each person employed or working as an intern, a trainee, or on placement as part of a vocational training course.

There were five young people resident in the unit at the time of inspection with one young person having transitioned to their onward placement. A new resident was due to be admitted to the special care unit the week following inspection. The provision of adequate staffing was supported by the use of consistent agency staff members and over-time by Tusla staff.

The special care unit had been accommodating five young people for more than 12 months prior to inspection. The decision to maintain a reduced occupancy from six to five young people was made due to the requirements to support two young people on a 2:1 staffing ratio and the lack of available staff to safely accommodate a sixth young person. Two weeks prior to inspection the decision was made to introduce a sixth young person following review of risks in the service. This decision was made, giving consideration to the presenting needs of the five young people resident at the time, three of whom were identified as being ready for transition from the service, but for whom no available placements had been identified and one young person who was fully engaged with their transition to their onward placement and no longer resident in the special care unit.

The introduction of the sixth young person had resulted in an increased requirement for social care managers and deputy social care managers to work shifts assigned to young people in the special care unit. All staff told inspectors that this arrangement had been willingly supported by staff, including accommodating overtime hours as required to ensure continuity and quality of care for each young person resident, as well as maintaining governance and management oversight of their care. All staff who spoke with inspectors expressed concern about the introduction of a sixth new resident to the unit the following week, as this would likely increase incidents of risk in the unit and indicated that the good will and availability of staff had been exhausted. Staff members told inspectors that they were concerned about the impact of the lack of available suitable children's residential placements nationally on the quality of care for children in their service. Staff members reported concerns about the safety of staff, in the absence of significant number of additional social care staff and significant concerns about the ongoing consideration of the introduction of closed protection personnel (CPP) as an appropriate response, to ensure staff safety while they cared for young people.

Risks relating to staffing levels and skills, as well as staff concerns about compromising the quality of care and service provision were recognised, reported and recorded as required. However, the decision to increase capacity to six young people remained. A risk management report, provided to inspectors following inspection, relating to ongoing staffing challenges within the service, stated "There is a risk that staffing levels and skills may become inadequate due to ongoing recruitment and retention challenges and overreliance on agency staff and overtime, resulting in; diminished quality of care, compromised child safety, reduction of bed capacity in current centres and delayed opening of new services". Consequences identified as part of this risk report, included;

non-compliance with national standards and special care regulations, potential increase in stress related absenteeism and sick leave, potential for high numbers of inexperienced staff working with young people with very complex behaviours and potential of compromising the quality of care for young people. This was risk rated high and was updated on Friday 8th May 2026, immediately following the inspection of the service. A significant number of actions, specifically focused on staff recruitment were outlined and updated appropriately and additional measures included a number specifically focused on retention of staff currently working within special care. Actions designed to retain experienced staff included, the development and implementation of a retention strategy and ongoing engagement in a mediation process between staff members from Crannóg Nua, senior managers and human resources in relation to the implementation of the new structures and staff concerns about compromising the quality of care for young people in the service.

All staff who spoke with inspectors were aware of the arrangements in place by Tusla to facilitate persons employed to raise concerns about the quality and safety of special care provided. Staff told inspectors, that all risks and concerns relating to the service capacity to safely care for six children currently, including; non compliance with regulatory requirements, staff safety, the potential risk to the quality of care provided and the consideration of the introduction of CPP staff to support the management of violence, harassment and aggression, had all been reported and communicated to the registered provider. Staff said that they had reported their concerns through various means, including directly to the person in charge, the previous national director and through direct communication with the assistant interim national director for alternative care services. Staff members told inspectors, in their view, their reported concerns had not informed decisions on admissions to the special care unit and increasing occupancy within special care was the primary consideration in all decisions currently. Staff told inspectors that the existence of a 'no bed list', referring to children in the community awaiting a bed in special care, and efforts to minimise or eliminate this waiting list, was the primary consideration informing all decisions.

All staff who spoke with inspectors reported significant concerns about their ongoing capacity to maintain the quality of care of young people through innovative and trauma informed practice, when opening additional beds for children in special care units was progressing without the required additional staffing. Of nine staff who met with inspectors eight staff members referenced a recent and unexpected decision by Tusla, relating to change in management for the special care units, as having a significant impact on their confidence in Tusla processes and external and or senior managers. Staff members said that this decision had resulted in significant worry about continuing to voice grievances or of raising further concerns and impacted considerably on the morale and feeling of safety amongst the staff team.

Inspectors reviewed reports, risk escalations, meeting minutes and the service risk register all of which detailed the ongoing risks, relating to staff recruitment to the service. In addition, it was evident through records of communication amongst senior managers, including the person in charge, that the significant risks to children in the community, requiring additional special care placements, was the key factor informing decisions on admissions to this special care unit. However, plans to mitigate risks were insufficient. Actions identified to retain experienced and skilled staff were inadequate and there was an evident lack of confidence amongst staff and managers of the special care unit that their concerns were being considered.

Despite the high level of risk clearly communicated, and documented within the special care unit, the decision to continue with six placements was clearly recorded. Due to the risks outlined above, an urgent compliance plan was sought from the registered provider following inspection on Monday 11th May 2026, relating to significant non-compliances with regulations requiring urgent attention to safeguard the ongoing wellbeing and safety of residents. Due to the risks identified, the chief inspector took the critical step in setting a timeframe of three days by which the failings must be addressed. An accepted response to address the urgent risk was received from Tusla. The registered provider outlined measures, including the immediate introduction of an additional nine staff members with required qualifications, skills and training, requests for additional staff from approved agency providers under the emergency provisions of Tusla's procurement provisions and a review by senior managers of all resources available within the special care unit. This review to include an overview of rosters, overtime, time off in lieu and training, would be completed by 25th May 2026. In addition, medium and longer term recruitment and retention measures were outlined within the provider's response. The provider also confirmed that there was ongoing discussion between children's residential service director, Tusla human resources and special care management on the recruitment strategies for special care and efforts to address staffing challenges in the designated centre.

The special care unit was not adequately resourced to ensure effective delivery of care in accordance with their statement of purpose and the arrangements in place to facilitate staff to raise concerns had been ineffective at addressing staff concerns satisfactorily, despite ongoing engagement by all parties. Risks to continuing good quality of care and support for young people in the special care unit were significant. While assurances were provided to address immediate risks within the service further action is required to ensure ongoing safe and effective care of young people.

Judgment: Not compliant

Quality and safety

In examining the providers capacity to provide safe and effective care to young people, this inspection focused on the impact of staffing challenges on young people and their ongoing experience of care in the special care unit. Inspectors found that young people continued to receive good quality care by a skilled and committed staff team.

As cited above, the person in charge, managers and staff within the service, maintained their commitment to young people's ongoing care and safety ensuring minimal impact of staffing challenges, was felt by young people. Young people told inspectors and inspectors observed that they were well cared for by people they liked and trusted. Young people continued to be facilitated to attend activities, education and appointments as required and were supported to manage challenges in their lives and their behaviour effectively.

Regulation 11: Positive behavioural support

This inspection focused on exploring the impact of organisational staffing challenges on young people's day-to-day care and found that young people continued to receive a good quality service. This inspection focused on a short timeframe, since the reported significant challenges with staffing presented in the special care unit and found that despite these challenges young people's care was not adversely impacted, at the time of inspection.

The implementation of restrictive practices, including restraint, single separation and single occupancy arrangements were closely monitored and reviewed by managers and or the person in charge through, when necessary, working overtime and or amending their working hours to ensure ongoing good governance in the service. Inspectors reviewed records relating to implementation and oversight of restrictive practices and found them to be clear, concise and considerate of the individual young person's presenting needs and best interest. All relevant person's with responsibility for the young person's care was consulted as required and young people concerned were clear on the rationale for decisions about restrictions placed on them.

Staff members in the special care unit had up-to-date knowledge and skills, appropriate to their roles, to respond to behaviours that challenged and effectively supported young people resident at the time of inspection.

While managers reported concern about maintaining ongoing high standards in training and support for staff in the management of behaviour, all staff had received necessary training as required to safely care for young people.

Judgment: 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 [Relevant Care regulations reference], and the [Relevant registration regulations reference] and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 5: Statement of purpose	Not compliant
Regulation 14: Staff members and others working in the SCU	Not compliant
Regulation 24: Governance and management	Not compliant
Quality and safety	
Regulation 11: Positive behaviour support	Compliant

Compliance Plan for OSV-004216

Inspection ID: MON-0050417

Date of inspection: 5-8 May 2026

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 (as amended), the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017.

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 residents 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 residents 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 residents 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 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.* The registered provider has submitted an Application to Vary to HIQA to change the Statement of Purpose in line with regulations and the information set out in Schedule 1 which is currently under review by HIQA.	
Regulation 14: Staff members and others working in the special care unit	**Not compliant**
Outline how you are going to come into compliance with Regulation 14 (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.* - The staffing complement outlined within the Statement of Purpose represents the core maximum approved numbers for Crannóg Nua Special Care Service should the service be operating at full capacity. - The deployment of staff will be determined through a dynamic risk-based staffing methodology which takes account of occupancy, individual and collective risk profiles, safeguarding requirements, therapeutic needs, admissions, transitions, education programmes, clinical recommendations and operational demands. - Staffing arrangements will be reviewed continuously by the Person In Charge (PIC) and Social Care Manager's to ensure that sufficient numbers of appropriately	

qualified, experienced and competent staff are available at all times to meet the assessed needs of young people and maintain a safe and therapeutic environment.

Outline how you are going to come into compliance with Regulation 14 (4): The registered provider shall ensure that there are appropriate numbers of staff members present in the special care unit at all times to supervise each child detained in the special care unit in accordance with the requirements of registration of the special care unit.

- The centre currently has four children present on campus with a fifth child transitioned to another placement, with the High Court Order still in place.
- One of the two units on the campus has been closed, a measure taken to ensure appropriate staffing numbers are always available to supervise each child in accordance with the requirements of registration. It should be noted that as staff return from current unprecedented levels of leave the deployment of staff will be considered by management to be utilised where they are required.
- Where young people are placed on a single occupancy programme with 2:1 staffing, this will be risk assessed in line with policy and reviewed as required.
- At present there are adequate and appropriate numbers of staff available to work in the special care unit, which is reviewed daily by management.
  -Consideration is being given to the development of a new roster to ensure efficient use of staffing resources in the special care unit. This new roster will change shift patterns to ensure that more staff are available to work directly with young people across the day.

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

Outline how you are going to come into compliance with Regulation 24 (1)(a): *The registered provider shall ensure that— (a) the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose*.

- As part of the ongoing development of Special Care Services, Tusla are progressing the implementation of a Risk-Based Staffing and Graduated Supervision Framework. This framework represents a strategic and practice-led transition from the existing ratio-based staffing model towards a dynamic staffing approach that is responsive to the assessed risks, therapeutic needs and developmental progress of individual young people.
- It is anticipated that this will support maximisation of available resources to reflect the changing needs and presentations of young people throughout their placement, with the appropriate supervision levels of young people to meet their needs.
- Special Care management continue to review rosters daily to ensure an appropriate mix of staff working in the special care unit and assigned to individual young people in the special care unit.
- Management meetings are in place in the special care unit and staffing is discussed as an agenda item.
- A new roster is being developed for the special care unit to support the efficient deployment of staff across the service.

- There is an organisational management structure in place in line with the centres Statement of Purpose.
- There are currently 39.86 WTE staff available to work in the Special Care Unit for 6 young people placed. Two young people currently require a 2:1 staff: child ratio due to assessed needs.
- The centre Statement of Purpose states a requirement of 8:1 staff: child ratio which will be reviewed and an application to vary was made the 30th June 2026 to HIQA outlining any amendments to this.
- Measures being taken to address the current staffing challenges in the centre to ensure the effective delivery of special care in accordance with the statement of purpose include the following:
- An additional 9 staff commenced working in the centre between the 12th May- 18th May 2026.
- This will bring the staff: child ratio up to 6:1 which will be considered as part of the review of the Statement of Purpose.
- These additional staff have the required qualifications, mandatory training and competencies required to work in special care. All staff are TCI trained and have completed the Wellbeing Model of Care.
- Additional management supports will be provided to these staff from their commencement of working in the centre to support their transition to the service and to provide an additional resource to centre management.
- The approved agency providers have been approached by management to request any additional resources they have available to be deployed to the service, under the emergency provisions of Tusla procurement provisions.
- It is anticipated that staff on short term sick leave will resume working in the service in coming weeks. This is being supported through HR Absence Management processes.
- Staff retention is being managed through EAP, Occupational Health, Mediation and other HR processes.
- Where there are 2:1 staffing ratios in place this is under regular review and will continue to ensure the health and safety of staff and the quality of care to the young people is in place.
- A senior manager commenced a review of all resources available within Crannog Nua on the 11th May 2026. This review will included an overview of rosters, overtime, TOIL and training to ensure all resources are being utilised to provide safe systems of work in the special care unit. This review will be completed by the 25th May 2026 with recommendations anticipated.
- There is ongoing review of Health and Safety risk assessments pertaining to the welfare of staff working in the special care unit.
- All non-essential activities are being reviewed in the special care unit to ensure the rosters are covered and essential staffing requirements are met.
- Additional actions in place to increase staff recruitment to the special care unit include:
- Open day in Crannog Nua on the 17th June 2026.
- Tusla Training School has 15 trainees commencing in June 2026.
- There are 7 staff commencing on the Tusla Graduate Programme in September 2026.

- Tusla are launching an Apprenticeship Programme on the 14th May 2026 with 50 staff commencing employment across all CRS services including special care in September 2026.
- HR continue to run recruitment campaigns to fill vacancies.
- Emergency plan will be activated if this becomes necessary.

Outline how you are going to come into compliance with Regulation 24(2) *The registered provider shall ensure that effective arrangements are in place to facilitate persons employed in the special care unit to raise concerns about the quality and safety of the special care provided generally or the special care provided to any specific child detained in the special care unit.*

- Staff continue to be supported with regular Supervision in line with policy. A review has been undertaken of supervision in the special care unit by a Person Participating In Management (PPIM) and a plan is in place to address any gaps identified in this review.
- All staff will be met with by a supervisor by the 3rd July 2026. Staff currently on leave will be met with upon their return to work.
- A new supervision schedule has been sent to all staff working in the special care unit.
- Staff meetings are in place, and staff are encouraged to bring to the attention of manager's any concerns they may have regarding the operation of the centre or with regard to any young person.
- Staff are involved in multidisciplinary team meetings and are encouraged and expected to give their views on the Programme of Care for the young person at these meetings.
- Significant Event Review Group meetings are in place monthly and Significant Event Notification's involving any use of restrictive practice are reviewed at these meetings.
- All incidents of use of restrictive practice are reviewed and responded to by manager's.
- Management meetings are in place and managers are encouraged to voice any concerns or issues arising regarding the operation of the centre or care provided to any child placed in the special care unit.
- A monthly meeting is being scheduled attended by the Assistant National Director for Alternative Care, National Director for Children's Residential Services, Interim Director of Special Care and the Person's in Charge of the three special care units.
- Connect Meetings will be scheduled quarterly with all staff and the Person in Charge or delegate. These meetings are specifically for staff to bring to the attention of the PIC or delegate any issues arising that staff may have regarding quality and safety of the special care provided generally or provided to any child detained in the special care unit.
- All staff will be reminded of Tusla's Protected Disclosure Policy for reporting any concerns they may have.
- Facilitation meetings will continue to be available to staff, when they return from leave.
- Additional supports for training are available to staff.

- A Psychologist is available to staff to provide additional support with their work and the challenges they are experiencing.
- Human Resources supports are available to staff including; Employee Assistance Programme and Occupational Health.

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: Statement of Purpose 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	Red	Wednesday 24th June 2026

Regulation 14: Staff members and others working in the special care unit. 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.	Not Compliant	Red	Wednesday 24th June 2026
Regulation 14(4)	The registered provider shall ensure that there are appropriate numbers of staff members present in the special care unit at all times to supervise each child detained in the special care unit in accordance with the requirements of registration of the special care unit.	Not Compliant	Red	Wednesday 24th June 2026
Regulation 24: Governance and management Regulation 24(1)(a)	The registered provider shall ensure that— (a) the special care unit has sufficient resources to ensure the	Not compliant	Red	Wednesday 24th June 2026

	effective delivery of special care in accordance with the statement of purpose.			
Regulation 24(2)	The registered provider shall ensure that effective arrangements are in place to facilitate persons employed in the special care unit to raise concerns about the quality and safety of the special care provided generally or the special care provided to any specific child detained in the special care unit.	Not compliant	Red	Wednesday 24th June 2026