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:	Crannóg Nua
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Unannounced
Date of inspection:	09-10 July 2026
Centre ID:	OSV-0004216
Fieldwork ID	MON-0051029

About the centre

The following information has been submitted by the centre 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 of this centre.

Number of children on the date of inspection	4

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 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 name	Role
09 July 2026	09:00hrs to 18:00hrs	Rachel Kane	Lead Inspector
09 July 2026	10:00hrs to 18:00hrs	Hazel Hanrahan Sharon Moore	Support Inspector Support Inspector
10 July 2026	09:00hrs to 17:30hrs	Rachel Kane	Lead Inspector
10 July 2026	11:00hrs to 13:00hrs	Hazel Hanrahan	Support Inspector (Remote)
14 July 2026	12:00hrs to 13:00hrs	Rachel Kane	Lead Inspector (Remote)
16 July 2026	14:00hrs to 15:30hrs	Rachel Kane	Lead Inspector (Remote)
17 July 2026	13:30hrs to 15:30hrs	Rachel Kane	Lead Inspector (Remote)

What children told us and what inspectors observed

This was a risk-based inspection of the special care unit (SCU), to assess the service capacity to provide safe and effective care for young people. This inspection was a follow up to an inspection carried out on 05 May 2026. There were four young people present in the unit over the course of the inspection. A fifth young person had transitioned to their onward placement so was no longer residing in the SCU, although the special care order in respect of this young person was not due to be discharged until the week after this inspection. Inspectors met with three young people. Inspectors also had the opportunity to observe children and staff while onsite at the centre.

At the time of the inspection, three young people were living in the larger unit, and one young person was living in a second smaller unit. This young person had been on single occupancy[1] but this had ended prior to the inspection. Inspectors visited both occupied units. The accommodation provided to young people was decorated appropriately and well maintained. Each young person had their own bedroom. There were various living areas which provided adequate space for young people.

Inspectors observed a supportive and warm approach from staff towards the young people as they engaged in their daily routine. The young people appeared comfortable and at ease in their surroundings.

The young people who spoke with inspectors had mixed feelings about their experience of special care in the two months since the last inspection. The young people spoke with inspectors about how the recent staffing challenges had impacted them. One young person told inspectors that they were unhappy that they were moved to a different unit within the SCU due to staffing challenges. The young person spoke about how most of the staff they knew well were no longer there and said this was difficult for them as they had gotten to know those staff members and trusted them. Young people told inspectors that it was difficult getting to know new staff. Examples of what young people told inspectors included;

"most of the staff I got on with are gone"
"they (staff) don't know how to make relationships".

The young people who spoke with inspectors knew how to make a complaint and each of them had made complaints in recent weeks. However, two of the young people expressed dissatisfaction with the outcomes of complaints that they had

[1] Single occupancy refers to a risk assessed intervention where a young person is placed on their own in a centre or in part of a centre, with no other young people, for a period. Staff will support this young person in an area of their own, to meet their specific needs with an individualised programme until they are ready to return to integrated group living or they move on from Special Care to another placement.

made. This will be discussed further under the quality and safety section of the report. Examples of what young people told inspectors about making complaints included;

"nothing happened"
"no, he (staff member) didn't say sorry".

Young people were provided with opportunities to partake in a variety of activities to support their development including off-site activities. Some of the young people described how they often went out on trips which they really enjoyed. Young people told inspectors that there was adequate staffing to bring them to any appointments they had and to go on activities. However, a young person told inspectors that the recent staffing changes had impacted them going on activities, they chose not to go on some activities as they wanted to go with the staff they knew and liked, but a lot of these staff were not currently working.

For the most part, the young people were positive about the variety of activities that they were getting to do during the summer months. Young people told inspectors about the summer programme that they were engaging in and the types of activities they did, such as; trips to the beach, swimming, woodwork, art, football, getting their nails and hair done and running.

In the weeks prior to the inspection, a young person had experienced the inappropriate use of restrictive practice[2]. The young person was placed on periods of single separation on a number of occasions unnecessarily. Some young people told inspectors about their experience of restrictive practices. One young person told inspectors about their experience of single separation and how things had improved for them, they said, "I could have been in there for hours". The young person told inspectors that this had changed recently and that if they "have to go in the safe room there is a plan in place now". The young person also told inspectors that the person appointed to cover in the absence of the person in charge (PIC) had apologised to them for the inappropriate use of single separation and they said, "that felt good, I was happy".

One young person told inspectors about being physically restrained and although they understood why this happened, they felt it was unfair as they did not have as many incidents in the unit they had previously been in.

The lack of onward placements was an issue of concern for some young people who spoke with inspectors. Of the four young people who were living there at the time of the inspection, only one of them had an onward placement confirmed.

[2] A practice that limits an individual's movement, activity of function, interferes with the 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.

Examples of what young people told inspectors about not having an onward placement included;

"It's not fair"

"I want a placement to be looked at for me".

As part of the inspection, inspectors spoke with one family member. This family member told inspectors about how special care had been a shock to them and the young person. In the beginning, they felt it was "like a prison" and that it was "hard" on the young person. The family member told inspectors that the young person was doing well now in special care. The family member said that the young person "gets on with the staff" and that they are "happy enough".

Inspectors spoke with two social workers and two Guardians ad Litem[3] as part of the inspection. The feedback from these professionals was mixed. Some of the professionals told inspectors of their concerns about the impact of the recent staffing challenges on the young people. Examples of what the professionals said included;

it's been "extremely disruptive"
the young person has "lost all their key staff"
they (the service provider) were "scrambling for staff".

One professional told inspectors that a young person told them that they were "really worried in case the unit closes" and that they had been "assigned a lot of new staff".

Like the concerns expressed by some of the children, a professional told inspectors of their concern about an onward placement plan not yet being confirmed for a young person who is due to turn 18 in the coming months.

Professionals who spoke with inspectors also highlighted a number of positive aspects about the care provided to young people in the SCU. Some of the comments they made included;

"I couldn't speak higher of the care"
the young person "has really progressed"
the young person has "amazing relationships with them (staff)"
the young person "opens up to them (staff)"
the young is "really fond of them (staff)".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the SCU,

[3] 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.

and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a risk-based inspection to assess the service capacity to provide safe and effective care for young people and to assess the impact of ongoing staffing challenges on the young people living in the SCU.

Prior to this inspection, an inspection of the SCU occurred on the 05 May 2026. Significant non-compliances, specifically related to the number of staff available to work within the SCU, were identified. The Chief Inspector sought urgent assurances from the assistant national director of alternative care on the 11 of May in relation to the staffing challenges. The registered provider responded on 14 of May with a plan which included, an additional nine staff commencing work in the centre between 12 and 18 May 2026, additional resources being requested from agency providers and a review of all resources available within the SCU being undertaken. The provider also stated their anticipation that staff on short term leave would resume work in the service in the following weeks.

On the 18 May, the assistant national director of alternative care, notified the Chief Inspector that Close Protection Personnel[4] (CPP) had been deployed in the service on 15 May due to risks of violence, harassment and aggression towards social care staff. The Chief Inspector wrote to the assistant national director of alternative care on 19 May seeking further information in relation to this development. The assistant national director of alternative care responded on 20 of May stating that the service was experiencing an unprecedented increase in sick leave. He stated that the service was maintaining appropriate cover on the roster despite this and was endeavouring to increase staffing through voluntary redeployment, overtime, use of emergency procurement procedures and deployment of management resources where required. He stated that the staffing situation required daily management review. He also stated that CPP were employed in line with Tusla Policy and were not replacing social care staff.

On 22 of May, the Deputy Chief Inspector escalated the concerns in relation to the staffing challenges in the SCU to the registered provider, Tusla, issuing a warning to the provider to come into compliance with the regulations by 8 June 2026. The warning detailed actions under consideration by the Deputy Chief Inspector,

[4] Close Protection Personnel are staff that will be available to support the social care team, in relation to any behaviours that are posing a significant risk of violence to the safety of the social care staff team and potentially compromising the safety and welfare of other children/young people living in the Special Care Centre.

including; inspection fieldwork and amendments to conditions of registration of the designated centre, in the event that adequate assurances of regulatory compliance were not provided. The registered provider gave assurances that there were sufficient staff with the appropriate skill mix to provide good quality safe care to children over the weekend of 22 May 2026. On the 28 of May 2026, the registered provider gave further assurances that they had adequate staffing to maintain the required child to staff ratios but stated that the special care service was continuing to experience unprecedented levels of sick leave.

On the 8 of June the registered provider submitted a plan to come into compliance with the regulations to the Deputy Chief Inspector. The Chief Executive Officer (CEO) of Tusla stated that the plan would significantly strengthen the sustainability of the service, improve staffing stability, and ensure that the assessed needs of young people residing in the SCU could continue to be met safely and effectively. The plan included the following actions;

the closure of one residential unit and consolidation of service provision within the remaining unit,

the transfer of one young person to another SCU,

the ongoing transition of one young person to their onward placement.

This plan meant that four young people would remain resident within Crannóg Nua. The registered provider stated that they were satisfied that the available staffing complement would be sufficient to safely and effectively meet the assessed needs of these young people.

The registered provider also planned to submit an application to vary condition one of their registration together with an updated statement of purpose, by 12 June 2026. The proposed variation would introduce a risk-based staffing model, replacing the ratio-based model. The registered provider also stated that prescribed information relating to a person in charge (PIC), appointed to cover in the absence of the registered PIC for the service and required by the Chief inspector in order to update the service register, would be submitted to the Chief Inspector on 8 June 2026.

During the period between the inspection in May and this inspection, the Chief Inspector received both solicited and unsolicited information which indicated concerns of ongoing non-compliance with the regulations, such as, inadequate staffing levels, inexperienced staff without the necessary training, deficits in governance and oversight and that the quality of care provided to young people being insufficient.

This inspection was carried out to assess if the actions, as outlined above, were sufficient to bring the registered provider into compliance with the regulations and to help inform the Chief Inspector's decision in relation to the registered provider's application to vary their registration. This inspection found that the registered providers plan to come into compliance with the regulations was inadequate and that the SCU did not have sufficient resources to care for six children as per their statement of purpose. This inspection examined 11 regulations and found that the service was not compliant with six regulations, substantially compliant with four regulations and compliant with one regulation.

At the time of this inspection, 21 of 48 permanent staff were unavailable to work, mainly due to sick leave. Although the registered provider had put measures in place to maintain the required staffing levels for four young people on a day-to-day basis, the staffing situation remained a significant challenge, and the interim national director of special care and assistant national director of alternative care informed inspectors of their plans to further reduce occupancy to two young people.

The last inspection in May found that the young people in the SCU continued to receive safe and effective care and support. This inspection found that the staffing challenges that arose following the last inspection had impacted negatively on the quality of care provided to some of the young people. Significantly, one young person had experienced the inappropriate use of single separation due to the ineffective management of staff. There was an ongoing review into these incidents by managers, at the time of this inspection.

Additionally, one young person previously had to move from the unit where they had been living for a significant period, to another unit, due to the mix of young people residing there. Subsequently, the decision was made for this young person to remain living in this unit as the previous unit they had been in had to close due to insufficient staffing resources. Most of the staff the young person knew were on long term leave and these changes contributed to the young person experiencing an unsettled period.

There were insufficient resources in place to ensure the effective delivery of special care in accordance with the statement of purpose. Following the inspection in May, the interventions of staff members with one young person were no longer consistently effective in de-escalating incidents of behaviours that challenged, resulting in assaults and injuries to staff. The registered provider made the decision to engage the services of CPP due to the risks presenting to staff safety. CPP were engaged as an additional control which the provider considered necessary due to the increased risk to staff safety as per Tusla policy. CPP were present in the special care unit from the 15 of May to the 10 of June.

Improvements were required to ensure safe recruitment. The relevant records and documents related to staff as required under the regulations were obtained and held centrally by Tusla. However, the accepted references for two Tusla staff members were of poor quality and not completed in line with Tusla Recruitment and Selection Policy and Procedure.

Management oversight systems were in place, however, similarly to the inspection in May, the ongoing staffing challenges were impacting on the effectiveness of these systems. Staff supervision was not happening in line with Tusla policy and up to date mandatory training was not in place for all staff. The inspectors found that Children First: National Guidance for the Protection and Welfare of Children (2017) certification had expired for five staff members.

Record keeping required improvement. The recent staff shortages had impacted on record keeping in the service. Not all records in relation to young people were completed in a timely manner. In addition, the management team told inspectors that they had identified several incidents dating back as far as January 2026, that should have been reported through the significant event system, which had not been appropriately recorded or reported.

Complaints made by young people were investigated promptly, however, work was required to ensure that young people fully understood the outcomes of complaints.

Since the last inspection, the PIC had been on leave for more than 28 consecutive days which had been notified to the Chief Inspector in line with regulations. Details notified included the allocation of responsibilities of the PIC to the interim national director of special care on a short term basis and the proposed appointment of a dedicated PIC to the role once all necessary documentation was obtained. Prior to inspection no further details had been submitted to the Chief inspector, however, it was identified during inspection that a dedicated PIC had been appointed to the role on 11 of June 2026.

Similarly, although effective systems were in place to ensure that notifications to the Chief Inspector were completed in a timely manner, the relevant prescribed information to register new persons in charge or persons participating in the management of the service, had not been submitted as required to the Chief Inspector.

As a result of the findings from this inspection the deputy chief inspector met again with the registered provider on the 30 of July 2026. During this meeting the findings of this inspection were outlined in detail. The deputy chief inspector took the unprecedented step of affording the registered provider a further opportunity to outline their plan to come into compliance with regulations. The registered

providers response was returned to the Chief Inspector on 10 August 2026, however, adequate assurances were not provided.

In addition, following the inspection in July 2026, further information was received which escalated the Chief Inspector's concerns relating to the staffing and management of the service and significantly, a number of incidents impacting on the safety and welfare of young people occurred. In August 2026, the Chief Inspector made the decision to commence the process of imposing a restrictive condition on the registration of Crannóg Nua, Special Care Unit.

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 SCU, 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 SCU was significantly less than required to ensure the ongoing safety, health and welfare of six residents as per the special care unit's registration. The registered provider applied to vary condition one of their registration to change their statement of purpose following the last inspection in May 2026 and the subsequent warning issued by the Chief Inspector. The information provided in the updated statement of purpose along with the findings of this inspection did not assure the Chief Inspector that the registered provider would have sufficient resources to meet the needs of six young people.
Judgment: Not compliant

Regulation 14: Staff members and others working in the Special Care Unit
At the time of the inspection the SCU were maintaining the required staff for each of the four young people living there on a day-to-day basis. However, the service did not have adequate staff to care for six young people as per their statement of purpose, the long-term staffing situation remained unstable and management arrangements in the service were uncertain. Since the last inspection in May 2026, there has been unprecedented levels of sick leave and at the time of this inspection there were 21 permanent staff members unavailable to work, mainly due to sick leave. In response to this staffing challenge the registered provider had implemented an emergency response which

included nine new staff commencing work in the unit, the temporary re-deployment of staff from other internal services and the use of agency staff. There continued to be a reliance on agency staff, the need for staff to do overtime and for managers to cover gaps on the roster. In addition, the provider had reduced occupancy from six young people to four young people.

Due to the unpredictability of the staffing situation, the interim national director for special care and assistant national director for alternative care services informed inspectors that the registered provider had made the decision that they will further reduce capacity to two young people when the current residents transition out of the SCU, with the intention of taking some time at reduced occupancy to stabilise the service.

The person appointed to cover in the absence of the PIC and the interim national director of special care maintained a written record, of all duties delegated to one or more appropriately qualified staff members in the SCU. This record was up to date and reflective of practices reviewed as part of this inspection.

Improvements were required to ensure safe recruitment. 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[5] of the Health Act 2007 (Care and Welfare of Children in Special Care) Regulations 2017. Inspectors reviewed a sample of staff files for staff employed directly by Tusla and staff employed by external agencies. The relevant records and documents related to staff as required under the regulations were obtained and held centrally by Tusla. However, the accepted references for two Tusla staff members were of poor quality and did not meet the required standard of safe recruitment practices.

Judgment: Not compliant

Regulation 15: Training and staff development

Inspectors reviewed the oversight system in place for staff training and found that significant improvements were required. Not all staff had up-to-date mandatory training. For example, Children First (2017) certification had expired for five staff members, fire training had expired for three staff members and medication management training had expired for four staff members. The training register indicated that, training in the providers approved behaviour management approach had expired for two staff members, however, following the inspection management told inspectors that this was an error on the register which had been

[5] 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.

rectified. Failure to ensure up-to-date mandatory training for all staff available for work in the service, was of significant concern due to the ongoing instability impacting on young people living in the special care unit.

Judgment: Not compliant

Regulation 24: Governance and management

The registered provider had not ensured that the special care unit had sufficient resources for the effective delivery of special care in accordance with the statement of purpose and this had a negative impact on the care provided to some young people. Despite this period of unrest, the service management team and staff had stabilised in the weeks prior to this inspection, and the young people were receiving adequate care. Young people, despite talking to inspectors about their challenging experience during a period immediately following the previous inspection in May, were content and satisfied that things had settled by the time of inspection.

As detailed above, the inspection of the SCU that was carried out in May 2026, identified that there was inadequate staff to cater for six young people. An urgent compliance plan was issued following the inspection and an accepted response was received from the registered provider which included the imminent commencement of nine new staff in the SCU. The following week, the Chief Inspector received both solicited and unsolicited information indicating that after the admission of a sixth young person and unprecedented levels of staff on sick leave, the staffing challenges had worsened. The registered provider had also engaged the services of CPP within the SCU due to a high level of assaults on staff.

The deputy Chief Inspector escalated the staffing challenges to the registered provider. In response the registered provider submitted a plan to the Chief Inspector outlining how they would ensure there were adequate staffing levels. The plan outlined that one young person would be moved to a different special care unit and the transition of another young person to their move on placement would continue which would reduce the occupancy to four young people. The provider also planned to consolidate the service into one unit to maximise existing resources.

At the time of this inspection on the 09 of July, of 48 permanent staff, 21 were unavailable to work, mainly due to sick leave. This remaining staffing compliment combined with over time and managers filling gaps on the roster enabled the service to maintain adequate staffing levels for the four young people living there at the time of the inspection. However, it was accepted by management of the

service that this was not sustainable long term and there was ongoing consideration of options to sustain the service safely, including further reducing occupancy to two young people.

There were insufficient resources in place to ensure the effective delivery of special care in accordance with the statement of purpose. Following the inspection in May, the interventions of staff members with one young person were no longer consistently effective in de-escalating incidents of behaviours that challenged, when they arose within the unit, resulting in assaults and injuries to staff. The registered provider made the decision to engage the services of CPP due to the risks presenting. By doing so, the registered provider was in breach of condition one of their registration, as CPP are not included as a discipline of staff employed in the service, within the statement of purpose for which the service is registered to operate.

Inspectors reviewed the risk assessments and subsequent reviews for the decision to engage CPP in the service. These records showed some disagreement among staff and members of the multi-disciplinary team (MDT) with the decision to engage the services of CPP. The interim national director informed inspectors that the decision was made to proceed with engaging CPP due to risks of violence, harassment and aggression towards social care staff. At the time of the inspection, CPP were no longer in use in the special care unit as there had been a reduction in the level of violence, harassment and aggression being experienced by staff.

A risk register was maintained by management. The risk of staffing challenges had been escalated through the risk escalation process of *'Need to Know'*[6] and the measures outlined to manage this risk were the same as those outlined in the plan submitted to the Chief Inspector by the registered provider. This plan included the introduction of a risk based staffing model and consolidating the service across two units within the special care unit to maximise resources. However, these measures did not adequately address the staffing issues as the service remained challenged to provide adequate staffing resources for the four young people resident, at the time of the inspection.

Another significant risk included in the service risk register was the lack of appropriate onward placements available for young people who were ready to leave special care. The management team in the SCU were escalating this issue appropriately and advocating for young people who required onward placements. However, there was limited progress with securing placements for some young people.

The inspection found that the staffing shortages, ongoing following the inspection in May 2026, had a negative impact on the quality of care provided to some of the

[6] Tusla's system for informing senior managers about significant risks to the safety and welfare of children.

young people. One young person had experienced the inappropriate use of single separation due to poor resource management. Another young person had previously been moved from the unit in which they had resided for a significant period, to a new unit, due to the mix of young people residing there at the time. This was initially supposed to be a temporary move but the young person's previous unit had to close due to insufficient staffing resources, so they could not return there. The young person experienced a loss of important relationships with many of their key staff on long term leave. The young person found these changes difficult, and they contributed to them experiencing an unsettled period.

There were significant concerns about staff practices identified by the service management team, relating to the inappropriate use of single separation and unreported significant events into which investigations were ongoing at the time of inspection. A practice register was in operation in the special care unit where concerns about staff's practice were recorded. The management team had oversight of this register and trends in practice issues were monitored. There were 12 practice concerns recorded on the register since May 2026. The management team had identified several incidents that should have been reported through the significant event system, which had not been appropriately recorded or reported. A review into this issue was underway and the person appointed to cover in the absence of the PIC told inspectors that they believed some unreported significant events dated back to January 2026. Where necessary, following identification of practice concerns, staff were supported to improve their practice through supervision and performance improvement plans. In addition, safety plans and relevant disciplinary processes were implemented where considered necessary.

The registered provider had 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. This included the protected disclosures policy and procedure. A significant finding from the inspection in May was that arrangements in place to facilitate persons employed in the special care unit, to raise concerns about the quality and safety of special care provided, were not effective as staff confidence in the established mechanisms was compromised.

All staff who spoke with inspectors as part of this inspection said they were supported by management and felt assured they could speak with them about issues or concerns. The person appointed to cover in the absence of the PIC and the interim national director for special care informed inspectors that there were concerns relating to established culture in the service. There were plans in progress to support staff and address their concerns including having connect meetings for the purpose of checking in with them about any issues 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. Other initiatives to provide ongoing support and retention of staff were at the early stages of implementation.

Staff supervision was not happening in line with Tusla policy. Management acknowledged that formal supervision was not happening in line with policy due to the ongoing staffing challenges. A plan had been developed which included external supervisors facilitating supervision, however it was too early to see the impact of this plan at the time of the inspection. Inspectors reviewed a sample of supervision files for five staff to assess the quality of supervision and found that the quality was mixed. While some supervision records demonstrated good levels of support, reflection and accountability during the session, other records which were handwritten were very difficult to read meaning that the quality of the session could not be determined.

Not all records in relation to young people were completed in a timely manner. Audits completed by the quality risk and service improvement officer in June 2026 identified that there were several significant event records outstanding from the previous month which were not completed due to staffing shortages. The management team acknowledged that there were delays in the completion of some records and informed inspectors that they were making progress towards completing these.

Judgment: Not compliant

Regulation 27: Notification of incidents
Effective systems were in place to ensure that notifications to the Chief Inspector were completed in a timely manner. However, the relevant prescribed information has not been submitted for the person appointed to cover in the absence of the PIC and the interim national director of special care, as required to the Chief Inspector. Therefore, individuals with management responsibilities did not have capacity to submit necessary regulatory notifications. A social care manager and a person participating in the management (PPIM) of another SCU, with access to HIQA's portal for submitting regulatory notifications, had been submitting the notifications to the Chief Inspector on behalf of Crannóg Nua.
Judgment: Substantially Compliant

Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit
Prior to the inspection, on 10 of June, the registered provider notified the Chief Inspector of the absence of the PIC for a period of more than 28 days in line with regulation 28 of the Health Act 2007 (Care and Welfare of Children in Special Care) Regulations 2017. The information submitted, appropriately detailed, as required by regulation 28(4) and regulation 28(5), interim arrangements that had been made for the running of the special care unit during the absence and arrangements proposed for the appointment of another person in charge to manage the special care unit during the absence, including proposed date by which the appointment was to be made. Details included the allocation of responsibilities of the PIC to the interim national director of special care on a short-term basis and the proposed appointment of a dedicated PIC to the role once all necessary documentation, including up to date garda vetting, was obtained. Prior to inspection no further details had been submitted to the Chief inspector, however, it was identified during inspection that a dedicated PIC had been appointed to the role on 11 of June 2026. At the time of writing this report, the registered provider had not notified the Chief Inspector of the appointment of a PIC, in line with their regulatory requirements.
Judgment: Not compliant

Regulation 29: Complaints
The registered provider had a complaints procedure in place which also outlined the appeals process. There were 10 complaints made by young people in the two months since the last inspection. Each complaint was investigated promptly. Most complaints were closed and six had been upheld. However, two young people who met with inspectors did not understand that their complaints had been upheld despite managers discussing the outcome of the investigations with them. Further work was required to ensure that young people fully understand the outcomes of complaints.
Judgment: Substantially Compliant

Quality and safety

Significant improvements were required in relation to the use of restrictive practices in the special care unit and the oversight systems in relation to restrictive practices required strengthening. The ongoing staffing challenges in the SCU had escalated in the weeks prior to this inspection and this effected the quality of care provided to some young people. A young person's rights had been infringed upon by being inappropriately subjected to restrictive practices in the special care unit. The young person was placed on periods of single separation on multiple occasions unnecessarily. The reasons informing the decision by staff members to place a child on single separation, in these instances, were in breach of relevant national policy and best practice standards on the use of single separation.

While it was evident for the most part, that staff had good knowledge of young people's individual crisis management plans and had the necessary skills in de-escalating and supporting young people to manage their behaviour, there were other incidents also, where improvements in the use of restrictive practices were required. While poor practices in relation to restrictive practices had been identified by management in most instances, there were some reviews of significant events where the key learnings and recommendations were not clear.

Overall, the programmes of care in place for each young person were appropriate to meet their individual needs. Each young person had a programme of care which outlined details of all required interventions in accordance with their identified needs. However, there were delays in completing some records in recent weeks and one young person's crisis support plan was not updated as required. Child-in-care reviews and MDT meetings were held monthly where young people's programmes of care and progress were assessed.

There was effective management oversight of child protection and welfare concerns in the special care unit. There were two child protection concerns since the last inspection which were reported appropriately and in a timely manner. However, not all staff had up-to-date training in Children First (2017).

The accommodation provided was adequate and suitable to meet the needs of the four young people living in the SCU.

Regulation 7: Programme of care
Each young person had a programme of care which outlined details of all required interventions in accordance with their identified needs. Most of the young people's files sampled contained an up-to-date placement plan, placement support plan, education plan and therapeutic plan. Three of the young people's files did not contain the young person's most up to date care plan but contact had been made with each of the responsible social workers to request these. The young people's programmes of care were overseen by social care managers and the person appointed to cover in the absence of the PIC. Records of young people's care were securely held, however as previously noted, there were delays in completing some records in recent weeks due to staffing challenges. In addition, in one young person's crisis support plan, inspectors identified that a recent change to appropriate interventions for this child was not clear within the most up to date plan. Inspectors pointed this out to the person appointed to cover in the absence of the PIC, during the inspection, and the plan was updated to include relevant information. Staff worked within an agreed framework of care which guided them in their practice and interventions. Young people's placement plans were devised with input from multidisciplinary teams of professionals. Each young person's programme of care was comprehensive, detailed and individualised. There was evidence of young people being involved in developing their individual plans using a form to record their views. Child-in-care reviews and multidisciplinary meetings were held monthly where the effectiveness of interventions to achieve identified goals for young people were evaluated.
Judgment: Substantially Compliant

Regulation 11: Positive behavioural support
Significant improvements were required in relation to the use of restrictive practices in the special care unit. Single separation had been used on multiple occasions for one young person due to ongoing staffing issues in the SCU rather than as a measure as last resort due to risks posed by a young person's behaviour. This was an infringement on the rights of the young person. In addition, improvements were required to the oversight mechanisms in place in relation to restrictive practices. For the most part, individual crisis support plans showed that staff had good knowledge of young people, including safety concerns and high-risk behaviour, as

well as the intervention strategies that worked best to support and de-escalate them.

Inspectors reviewed four significant events which demonstrated staff skills in effectively implementing young people's placement support plans and individual crisis support plans where necessary to help young people through difficult incidents. Where restrictive practices such as structured time away[7] and physical interventions were required in these incidents, they were used proportionately and in line with policy. Individual work was carried out after incidents with young people to support them and to help them to learn from what happened.

Inspectors also reviewed two significant event reports about physical restraints, where improvements were required. Positively, the required improvements were identified and actions to address these were outlined by managers in both cases. In one report it was noted that two staff on shift did not have safety pod[8] training so they were not able to help during the intervention. The inspector discussed this with a deputy social care manager who confirmed that all staff now have safety pod training. In another significant event reviewed by inspectors, a non-routine physical intervention, which was not in line with the approved model of behaviour management, had been carried out. The young person made a complaint about this which was upheld and the matter was appropriately resolved.

There were four dates since the last inspection in May, of inappropriate use of single separation. Managers acknowledged that single separation had not been implemented as a measure of last resort and an investigation into these breaches of policy and procedure was ongoing at the time of the inspection.

The significant event review group, which was in place as a mechanism for reviewing and identifying learnings from incidents, did not effectively identify clear learnings and recommendations. As cited above, CPP had been engaged in the service during May and June due to the level of risk to staff safety. Inspectors reviewed a record of a significant event in which CPP staff had been involved in a physical restraint of a young person. This incident had been reviewed as part of a significant event review group and the discussion noted that while everyone was satisfied the interventions were appropriate, there was a lack of communication between staff during the incident. The guidance on the role and responsibility of CPP to intervene during incidents required clarification, however this was not identified as part of the review of the incident by the significant event review group. Inspectors highlighted this to the interim director and the person appointed

[7] Structured time away is an intervention that requires a young person to spend a fixed period of time away from their peers in order to assist the young person to moderate their behaviour to a level where they can be safely reintegrated in the group.

[8] A safety pod is a specially designed bean bag that is deep and firm and is intended to provide safe and therapeutic means of supporting children in a caring and dignified manner during times of distress and risk.

to cover in the absence of the PIC, both agreed to review the significant event again for future learnings to be identified.

Inspectors also reviewed the minutes from a significant event review group meeting where three incidents in relation to one young person were discussed. While the record indicated that there was a lengthy discussion about the significant events, it was not clear whether any learnings, recommendations or required actions were decided at the meeting.

Management reviews of significant events sampled by inspectors were effective. Inspectors examined a management review of an incident where a young person absconded while offsite which was of good quality. This review clearly identified learnings in relation to this incident which were communicated to the staff team working with the young person. In addition, management reviews of two incidents of single separation identified that it may have been possible to end the periods of single separation sooner. The person appointed to cover in the absence of the PIC informed inspectors that the single separation policy had been re-circulated to the staff team and ensuring adherence to this policy was a key focus for the management team.

Single occupancy had been in place for one young person since the last inspection. This was reviewed in line with policy, however, the section to record the voice of the child required improvement as records only noted that the young person had been informed of the decision made at the review, not what their views about the decision were.

Record keeping and the reporting of significant events required improvement. Managers informed inspectors that there had been delays in completing significant event reports over recent weeks due to the staffing challenges. The management team were in the process of completing these reports. Despite the full reports not yet being complete, the relevant professionals had been informed by email that significant events had occurred and that the full report would be sent once complete. The management team also informed inspectors that they had identified that a number of significant events had not been recorded or reported in line with policy. A full review was underway at the time of the inspection to assess the extent of this issue and plans to rectify this were underway.

Judgment: Not compliant

Regulation 12: Protection
There was effective management oversight of child protection and welfare concerns in the special care unit. There were two child protection concerns recorded on the child protection register since the last inspection in May. Child protection concerns were reported appropriately, in a timely manner and parents, GALs and the Chief Inspector were notified as required. Staff were knowledgeable about Children First (2017) and the national policies and procedures underpinning their safeguarding practice. There were clear systems in place for reporting child protection concerns and staff understood their role as mandated reporters. However, not all staff had up-to-date training in Children First (2017).
Judgment: Substantially Compliant

Regulation 17: Accommodation
The accommodation provided was adequate and suitable to meet the needs of the four young people living in the SCU at the time of the inspection.
Judgment: 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 14: Staff members and others working in the Special Care Unit	Not compliant
Regulation 15: Training and staff development	Not compliant
Regulation 24: Governance and management	Not compliant
Regulation 27: Notification of incidents	Substantially compliant
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit	Not compliant
Regulation 29: Complaints	Substantially compliant
Quality and safety	
Regulation 7: Programme of care	Substantially compliant
Regulation 11: Positive behavioural support	Not compliant
Regulation 12: Protection	Substantially compliant
Regulation 17: Accommodation	Compliant

Compliance Plan

This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.

Provider's response to Inspection Report No:	**MON-0051029**
Centre Type:	**Special Care Unit**
Date of inspection:	**09-10 July 2026**
Date of response:	**23 October 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 (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 5: Statement of purpose	**Judgment: Not Compliant**
Outline how you are going to come into compliance with Regulation 5: An updated Statement of Purpose and an Application to Vary was submitted to HIQA by the registered provider on the 15th of October 2026. The Statement of Purpose was further reviewed following a meeting with HIQA on the 16th of October 2026 and includes the necessary requirements to meet the regulation and include conditions for registration of the Centre. The special care unit has the following staffing in place: 0.3 Interim Director of Special Care 1 Person in Charge 1 Person Participating in Management 2 Social Care Managers 1 Deputy Social Care Manager 1 Deputy Social Care Manager on Shift 3.6 Social Care Leaders 14. 2 Social Care Workers Additional agency staff are available to supplement Tusla staff vacancies. The Assistant National Director for Alternative Care has engaged with FORSA regarding a proposed pilot project of the introduction of Health Care Assistants working in the special care unit. This cohort of staff will be supernumerary and will support the social care staff team with prioritising the care of the children and young people placed in the special care unit. This will be included in the special care unit Statement of Purpose. The registered provider shall notify the chief inspector in writing before any changes are made to the statement of purpose which affect the purpose of the special care unit.	
Proposed timescale: 10 August 2026	**Person responsible:** Registered Provider

Regulation 14: Staff members and others working in the special care unit	**Judgment: Not Compliant**

Outline how you are going to come into compliance with Regulation 14:
The Interim Person in Charge was appointed on the 26th of August 2026 whom has previously held the position of Person in Charge in another Special Care Service. There is a Person Participating in Management appointed to the centre.
In order to 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 following measures and actions have been taken by the special care management team with Children's Residential Services HR:
The roster is reviewed daily by the Person in Charge and Unit Management to ensure that there is an appropriate balance of skills mix and experience of staffing utilised across the campus.
The special care unit has the following staffing in place as of the 21st of October 2026:

- 0.3 Interim Director of Special Care
- 1 Person in Charge
- 1 Person Participating in Management
- 2 Social Care Managers
- 1 Deputy Social Care Manager
- 1 Deputy Social Care Manager on Shift
- 3.6 Social Care Leaders
- 14.2 Social Care Workers

Additional agency staff are available to supplement Tusla staff vacancies.
There is ongoing engagement with staff recruitment agencies and a specific campaign has been initiated to specifically target staff to work in special care.
There are two agency social care workers commencing induction in the special care unit, one on the 26th of October 2026 and one on the 9th of November 2026.
One recruitment agency is working directly with the Interim Director of Special Care to support recruitment of a further four agency staff to work in the special care unit for a minimum of six months.
Five of the social care qualified trainees from the Tusla Training College that commenced their 12-week work-based learning programme in the special care unit on the 1st of September 2026, will convert to special care worker contracts by the 1st of December 2026.
This will bring the WTE to 20.6 in the special care unit as of the 1st of December 2026.
Five new trainees from the Tusla Training College will commence their 12-week work-based learning programme in the special care unit on the 1st of December 2026.
The Tusla Apprenticeship Programme commenced on 1st of September 2026 and 6 apprenticeships will be assigned to the special care unit from the 2nd of November 2026 for a block placement.
The Assistant National Director for Alternative Care has engaged with FORSA regarding a proposed pilot project of the introduction of Health Care Assistants

working in the special care unit. This cohort of staff will be supernumerary and will support the social care staff team with prioritising the care of the children and young people placed in the special care unit.
Move on placements have been identified for two of the young people placed in the special care unit and transition plans are being progressed for both.
One of the three young people currently resident in the special care unit is on a 2:1 staffing ratio with the other two young people on a 1:1 staffing ratio. The staffing ratio of the young person on 2:1 continues to be reviewed on an ongoing basis as of the 21st of October 2026.
Staffing of the special care unit is an agenda item at the Residential Services National Management Team monthly meeting, chaired by the National Director Children's Residential Services and attended by the Assistant National Director for Alternative Care.
To support the staffing requirement of the special care unit and to ensure that there are appropriate numbers of staff members present at all times to supervise each child detained in the special care unit in accordance with the requirements of registration there are fortnightly meetings with HR to track vacancies and to highlight further recruitment needs. The last meeting took place 14th of October 2026.
Rolling recruitment campaigns remain in place, with recent recruitment of a Deputy Social Care Manager on shift, a Social Care Manager, and a targeted campaign for agency workers with three agency staff commencing work in the special care unit by the 16th of November 2026.
Tusla are continuing to request the voluntary redeployment of social care staff experienced in residential care to increase staffing numbers from the current available staff ratio. The National Director Children's Residential Services is engaging with relevant Regional Chief Officers to consider potential social care staff for redeployment.
The Assistant National Director for Alternative Care has commissioned an After-Action Review to be completed by external reviewers to review which will include previous rosters in place in the special care unit by the 15th of October 2026. Any recommendations from this review will be considered and actioned by the 31st of March 2027. Any changes to the staffing rosters will include consultation with the staff team and the introduction of the Health Care Assistants into the special care unit.
Monthly meetings take place with Human Resources and Occupational Health to discuss staff who are on leave with a focus on supporting staff in returning to work and the last meeting was on the 30th of September 2026.
In response to the requirement that a person shall not be employed in a special care unit, or work in the unit as an intern, a trainee or a person on a placement as part of a vocational training course, unless and until the registered provider has obtained, in respect of that person, the records and documents specified in Part A of Schedule 3. The Person in Charge has raised the issues with HR around concerns highlighted by HIQA in relation to staff files around safe recruitment. The Person in Charge made further contact with HR on the 24th of September 2026 to try and provide a solution to this issue. In response Children's Residential Services HR are engaging with Tusla Recruit to reinforce the requirements for obtaining appropriate and meaningful employment references for Children's Residential Services as per recruitment Policy. Tusla Recruit to continue reviewing recruitment

files prior to issuing contracts, ensuring references meet the required standards, and any concerns are appropriately addressed as per policy. Children's Residential Services HR to request Tusla Recruit to ensure the learning from this is communicated to the Children's Residential Services recruitment team to minimise the risk of recurrence.
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. All staff receive enhanced supervision during their first six months in line with Tusla's national supervision policy. The Person in Charge continues to monitor this.
Grade VI reviews the supervision register weekly to ensure staff are receiving supervision in line with policy; any outstanding supervision sessions are notified by the Grade VI to the allocated supervisor and the social care manager to ensure that this is addressed. This is also discussed at the weekly manager's meeting.
There will be a review of all supervision files undertaken to ensure recording and the frequency of supervision is as per policy. The review will be completed by the 31st of October 2026.
Outcomes of this review will be provided to each Supervisor with areas of improvement required to ensure all staff within the centre are receiving high-quality supervision. The quality and frequency of supervision will be discussed at the centre management meeting and the Social Care Leader meeting.
External supervision can be provided to members of the staff team working in the centre as additional support, should they wish to avail of it.
All staff working in the special care unit will have a supervision schedule as per policy.
Staff retention initiatives have been progressed in the special care unit. One staff member has been appointed to undertake individual retention plans with all staff working in the special care unit. This will be completed by the 31st of December 2026.
Staff Appreciation days have been arranged in the special care unit and following these days staff will be consulted on the agenda for Team Buildings days to be arranged for Quarter 1 2027. The staff appreciation days will be held by the 31st of December 2026.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Proposed timescale:	**Person responsible:**
10 August 2026	Registered Provider

Regulation 15: Training and staff development	**Judgment: Not Compliant**

Outline how you are going to come into compliance with Regulation 15:
The Person in Charge shall ensure that each staff member in the special care unit and each person working as an intern, a trainee or a person on a placement as part of a vocational training course has access to appropriate training, including refresher training, as part of a continuous professional development programme to enable the staff member to provide care in accordance with evidence based practice, the statement of purpose and policies and procedures. A meeting took place with Person in Charge, Special Care Management team and the Grade VI on the 18th of August 2026 to review the staff training needs in the special care unit.
A review of the training registers including mandatory training was completed by the Person in Charge and Grade VI on 26th of August 2026.
The Grade VI maintains the staff training register and will meet with the Person in Charge monthly to review staff training.
Monthly training meetings have been scheduled by Person in Charge, the last meeting took place on 28th of September 2026, the frequency of these meetings will be reviewed in January 2027.
The Grade VI will review all outstanding training for staff on sick leave and these staff will be advised of the requirement to update outstanding training upon their return to work.
All outstanding Children's First training has been completed by staff as of 19th of September 2026.
In order to ensure all staff training is in date the Grade VI will link directly with social care managers and social care leaders in advance of training expiration dates to remind staff at supervision and team meetings to update their mandatory online training and to co-ordinate staff for face-to-face training. Any delays will be escalated to the Person in Charge and kept under review at management meetings and at the monthly review meeting between the Person in Charge and the Grade VI.
The Grade VI emails all staff where training certificates are due to expire and includes their line manager on the email.
In order to support staff attendance at training the special care management team decided to amalgamate training between two of the special care units. This includes Fire Safety training which was provided on the 15th of October 2026, Manual Handling training provided on the 15th of October 2026 and First Aid training scheduled for the 11th, 12th and the 13th of November 2026. Staff attendance is co-ordinated from the Training register to ensure staff have up to date training.
The special care management team can also access training for staff through the scheduled training events in the Tusla Training College.
Therapeutic Crisis Intervention refresher training was provided in the special care unit on the 26th of August 2026 and the 30th of September 2026. Further dates will be added for Quarter 4 2026 to ensure all staff have up to date Therapeutic Crisis Intervention training.
There is ongoing training scheduled for new staff on the use of Safety Pods.
Two Social Care Leaders completed Train the Trainer in Therapeutic Crisis Intervention training on the 25th of September 2026 and will be available to

provide Therapeutic Crisis Intervention training and post crisis response and reviews in the special care unit.
Crisis Management Training was provided to staff on the 24th of September 2026.
All staff commencing work in the special care unit from the Tusla Training College have all mandatory training completed prior to commencing work in the special care unit.
One recruitment agency is working directly with the Interim Director of Special Care to support recruitment of a further four agency staff to work in the special care unit for a minimum of six months. These staff will be provided with Therapeutic Crisis Intervention training by Tusla.
A training needs analysis will be completed by the Person in Charge by the 31st of December 2026 to inform planning and a training schedule for 2027 for staff working in the special care unit will be developed.
A meeting with coaching facilitators took place on the 13th of August 2026 with special care management with a focus on supporting the management team in their roles.
The Tusla Assessment, Consultation and Therapeutic service will provide Clinical Formulation as part of team meeting fora to the staff team on an ongoing basis; on responding to the presenting needs of the young people placed in the special care unit.

Proposed timescale:	**Person responsible:**
31 October 2026	Person in Charge

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

Outline how you are going to come into compliance with Regulation 24:
An updated Statement of Purpose and an Application to Vary was submitted to HIQA by the registered provider on the 15th of October 2026.
The Statement of Purpose was further reviewed following a meeting with HIQA on the 16th of October 2026 and includes the necessary requirements to meet the regulation and include conditions for registration of the Centre.
As of the 21st of October 2026, there are three young people placed in the centre.
The special care unit has the following staffing in place as of the 21st of October 2026:
0.3 Interim Director of Special Care
1 Person in Charge
1 Person Participating in Management
2 Social Care Managers
1 Deputy Social Care Manager
1 Deputy Social Care Manager on Shift
3.6 Social Care Leaders
14.2 Social Care Workers
To ensure that the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose, the special care management team have put the following measures in place:
Additional agency staff are available to supplement Tusla staff vacancies.
Weekly management meetings are in place in the special care unit and staffing is discussed as an agenda item and any issues arising with regard to the roster. The

attendees include the Person in Charge, the Social Care Managers, Deputy Social Care Managers, and the Quality Risk and Service Improvement Officer. The meeting is chaired by the Person in Charge.
Connect meetings have taken place with members of the staff team and all staff will be met by the 31st of December 2026 by the Person in Charge/Delegate.
All significant event notifications will be notified within 48hrs of the event with the completed Significant Event Report circulated in a timely manner.
All Significant Event Reports that were outstanding at the time of the inspection have been submitted to all relevant stakeholders.
Significant Event notifications have now been assigned to the Social Care Leader on shift to circulate in order to ensure prompt circulation of preliminary information to the young person's Multidisciplinary Team.
A dedicated business support staff member was assigned on the 31st of August 2026 to assist with the prompt circulation of Significant Event Reports and other administrative tasks.
All staff receive enhanced supervision during their first six months in line with Tusla's national supervision policy. The Person in Charge continues to monitor this.
Grade VI reviews the supervision register weekly to ensure staff are receiving supervision in line with policy; any outstanding supervision sessions are notified by the Grade VI to the allocated supervisor and the social care manager to ensure that this is addressed. This is also discussed at the weekly manager's meeting.
There will be a review of all supervision files undertaken to ensure recording and the frequency of supervision is as per policy. The review will be completed by the 31st of October 2026.
Outcomes of this review will be provided to each Supervisor with areas of improvement required to ensure all staff within the centre are receiving high-quality supervision. The quality and frequency of supervision will be discussed at the centre management meeting and the Social Care Leader meeting.
External supervision can be provided to members of the staff team working in the centre as additional support, should they wish to avail of it.
All staff working in the special care unit will have a supervision schedule as per policy.
A quarterly audit will be completed by the Person in Charge or delegate to review the quality of supervision. Quarter 4 2026 review will be completed by the 31st of October 2026.
A further review of staff files as outlined in Schedule 3 commenced on the 24th of September 2026 with the Person in Charge, Grade VI and Human Resources. From this review the Grade VI has liaised with HR to ensure all staff have up to date documentation on their staff files.
The management systems that are in place to ensure that the service provided is safe, appropriate to the child's needs, consistent and effectively monitored include; the Social Care Manager and Deputy Social Care Manager are based in the special care unit each day and are available to staff to discuss any concerns they may have. There is now a Deputy Social Care Manager on shift since the 28th of September 2026 in the special care unit. Daily handovers and weekly debriefs are attended by unit management.
The Protected Disclosure Policy was re-circulated to all staff on the 22nd of September 2026.

The Person in Charge remains available to all staff should they wish to raise a concern.
The Assistant National Director for Alternative Care, National Director for CRS, Director of Special Care has met with the Person's in Charge of the three special care units. The next meeting is scheduled for the 30th of October 2026.
The Practice Assurance and Service Monitoring team visited Crannog Nua on the 30th of June 2026 and the 14th of July 2026 to review the effectiveness of a recording system currently in operation in the centre. The purpose of this review was to identify any service improvements required to strengthen this system. Recommendations have been actioned and included in the service improvement plan for the special care unit.
The Practice Assurance and Service Monitoring team have increased their virtual monitoring with a particular focus on the review of significant events. There are regular meetings in place with the Interim Director of Special Care and Person in Charge to support implementation and oversight of service improvement plans. The last meeting was held on the 21st of October 2026.
The Practice Assurance and Service Monitoring team also carried out an unannounced visit to Crannog Nua on the 14th of September 2026 in accordance with Regulation 24.3 of the Special Care Regulations to ensure that management systems were in place; to ensure that the service provided was safe and appropriate to the children's needs. A draft report is currently being prepared with a completion date expected by the 23rd of October 2026.

Proposed timescale:	**Person responsible:**
10 August 2026	Person Participating in Management

Regulation 27: Notification of incidents	**Judgment: Substantially Compliant**

Outline how you are going to come into compliance with Regulation 27:
The Person in Charge has submitted all relevant 3 Day notifications of incidents to HIQA within the prescribed timeframe as of the 23rd of October 2026.
The Person Participating in Management had their fitness to Practice Interview on 1st of October 2026 which will expand access to the HIQA Notification Portal.
The registered provider will notify HIQA of two additional senior managers to be authorised as signatories on behalf of Tusla. This will be completed by the 31st of October 2026.
The Quality Risk and Service Improvement Officer will review and monitor the 3-day notifications on a monthly basis.
All 3-day notifications are also notified to the Practice Assurance and Service Monitoring team for overview.
A quarterly review of Notifications will take place with the Person in Charge and Grade VI to review for patterns and trends. Learnings will be brought to the special care management meetings and Social Care Leader meetings and disseminated to the staff team.

Proposed timescale:	**Person responsible:**
30 September 2026	Person Participating in Management

Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit	**Judgment: Not Compliant**
Outline how you are going to come into compliance with Regulation 28: *The notice referred to in paragraph (4) shall specify (a) the arrangements which have been or which are proposed to be made for the running of the special care unit during the absence; (b) the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the special care unit during the absence, including the proposed date by which the appointment is to be made; and (c) the name, contact details and qualifications of the person who is or shall be in charge of the special care unit during the absence.* The special care management team have been reminded of the requirement to submit this documentation within regulatory notification timelines and any future changes to the special care management team will be notified to HIQA within the 10-day timeframe. A process map of notification timelines for Special Care Notifications has been provided to the special care management team on the 21st of October 2026. Since the inspection in July a new Person in Charge has been appointed to the special care unit as of the 26th of August 2026. The documentation for this appointment was submitted to the Registered Provider on 21st of September 2026 and submitted to HIQA on the 23rd of September 2026. The Interim Director of Special Care will ensure that this is an agenda item at the monthly Person in Charge meetings from the next meeting on the 27th of October 2026.	
Proposed timescale: 10 August 2026	**Person responsible:** Registered Provider

Regulation 29: Complaints	**Judgment: Substantially Compliant**
Outline how you are going to come into compliance with Regulation 29: All young people have completed individual work on the complaints policy and how to make a complaint. The keyworkers will record the discussion with the young person on the outcome of any complaints made and any further feedback for the young person. Special Care staff will provide the social worker with updates on individual work completed with the young person on complaints. The Assessment Consultation and Therapeutic team will be consulted with by special care staff where appropriate, to support children and young people with the review and response to their complaints and their understanding of how their complaints are managed. Complaints will remain a standing item on the weekly manager's meeting. The complaints register held by the centre will continue to be audited by the Person in Charge or delegate for patterns and trends and learnings provided to the staff team. The special care team will review how information on complaints is given to young people being placed in the special care unit in the line with the complaints policy. An alternative format will be drafted by the special care team which shall be age	

appropriate to ensure a child's understanding of it, to be given to the child/young person as part of the individual work completed on complaints. This will be drafted by the 30th of November 2026.	
Proposed timescale: 30 November 2026	**Person responsible:** Person in Charge

Regulation 7: Programme of Care	**Judgment: Substantially Compliant**
Outline how you are going to come into compliance with Regulation 7: Up to date care plans are on file for 2 young people placed in the Centre. The care plan for the third young person has been escalated to the Area Manager for the young person by the Person in Charge, in order to keep the programme of special care prepared as part of the child's Care Record. An escalation process has been put in place for any delays in receipt of care plans. In the first instance the issue will be escalated by the Social Care Manager to the Person in Charge. The Person in Charge will escalate the delay to the Principal Social Worker for the young person. In the event of further delays in receipt of the Care Plan, the Person in Charge will escalate the issue to the Interim Director of Special Care, and the Interim Director of Special Care will follow up with the Area Manager for the young person. Ongoing issues will be escalated by the Interim Director of Special Care to the National Director Children's Residential Services. Delays on receipt of Care Plans is an item agenda at the weekly special care management team meeting. The Interim Director for Special Care has included discussion on Care Plans as an agenda item at one-to-one meetings with the Person in Charge as of 23rd of October 2026. During the Special Care Order Application Preparation (SCOAP) meeting the requirement for social workers to provide up-to-date care plans to the special care unit in a timely manner will form part of the meeting agenda. The programme of special care for each young person may contain, but will not to be limited to, details of all required interventions in relation to that child and in accordance with the child's placement plan. Programme of Care audits are completed on a monthly basis by the special care management team.	
Proposed timescale: 31 October 2026	**Person responsible:** Person in Charge

Regulation 11: Positive behavioural support	**Judgment: Not Compliant**
Outline how you are going to come into compliance with Regulation 11: The special care unit management team shall ensure that the care practices, operational policies and procedures, developed in accordance with Regulation 6 and relating to positive behavioural support shall provide in respect of the use of single separation that, unless and for so long as it is necessary to protect the child or any other person from risk of injury, or to protect property from serious damage, a child shall not be confined on his or her own in any room or area in the special care unit, other than his or her usual bedroom during usual bedtime hours.	

The Person in Charge shall ensure that all alternative procedures are considered before a restrictive procedure is used. The use of restrictive practice such as single separation in the special care unit will only be carried out in accordance with relevant national policy and methods recognised and approved by the Child and Family Agency and, at all times, having due regard to the care and welfare of the child concerned. This intervention will be risk assessed and used in line with Tusla policies and procedures. The use of single separation is prohibited in any other circumstance.
Single separation will only be implemented as a last resort when all other positive behaviour supports have been exhausted.
Where it is risk assessed that the use of a restrictive practice is required, and a young person requires a period of single separation, the young person's voice will be reflected in their care records.
The person in charge shall ensure that the least restrictive procedure for the shortest duration necessary is used. This will be reflected within the risk assessments and placement support plans for the young people placed in the special care unit.
A review in relation to Significant Events in relation to three young people has been completed to review the use of restrictive practice in the special care unit. Following this review a further case file review is being undertaken.
All incidents of single separation are recorded in Significant Event notification reports and reviewed by centre management and circulated to the Multidisciplinary Team.
The single separation policy has been re-circulated to all staff to ensure compliance and the appropriate use of same and has been discussed at the centre staff meeting on the 21st of October 2026. Supervisors will be advised to remind staff of the use of single separation policy at supervision.
All incidents of single separation must be notified immediately to the Person in Charge or delegate, seeking authorisation to continue.
The use of Single Occupancy will continue to be reviewed at Significant Event Review Group meetings in the special care unit.
Occurrences of Single Separation continue to be reviewed at Significant Event Review group meetings to ensure they are in line with policy and any learnings will be disseminated to the staff team.
Special Care Management will continue to have governance and oversight of significant events involving physical interventions and this will be recorded on management review and response.
Workshops on how to complete significant event notifications report forms will be completed in the team meetings commencing on the 21st of October 2026 and will form part of the staff induction process.
The Person in Charge shall ensure that staff members in the special care unit have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support a child detained in the special care unit to manage his or her behaviour. To further support this, clinical formulations with the support of the Assessment Consultation and Therapeutic team will be scheduled for team meetings identifying additional strategies and interventions that may be utilised to support staff understanding of the young people's needs and to promote positive behavioural support. A training needs analysis for staff working in the special care unit will be completed annually and more frequently if required.

A Terms of Reference is currently being drafted for the Significant Event Review Group in order to ensure consistency and maximise the use of these meetings to inform and improve future practice and learning from significant events. These Terms of Reference will be circulated to all attendees outlining expectations and goals of the Significant Event Review Group meetings. There is a meeting scheduled for the 22nd of October 2026 to discuss the Terms of Reference with the expectation that these will be implemented by the 31st of December 2026.
The special care management team shall ensure that each person employed in the special care unit has up to date knowledge and skills to identify underlying causes of behaviour. Learning and recommendations from the review of antecedents of incidents at Significant Event Review Group meetings will be communicated to the staff team via the team meeting and/or individual practice matters. Additional training requirements for staff knowledge and skills will be identified in the staff member's supervision.
The special care management team shall ensure that each person employed in the special care unit has up to date knowledge and skills to assist and support a child to manage his or her behaviour. Key working and individual work are held with each young person placed in the centre and all staff will be trained in the model of care in the special care unit as part of the young person's Programme of Care.
Where the special care unit require the use of Close Protection Personnel the policy will be adhered to and any interventions used will be reviewed at the Significant Event Review Group Meeting and learning brought to the staff team meetings.

Proposed timescale:	**Person responsible:**
10 August 2026	Person in Charge

Regulation 12: Protection	**Judgment: Substantially Compliant**

Outline how you are going to come into compliance with Regulation 12:
A meeting took place with Person in Charge, Special Care Management team and the Grade VI on the 18th of August 2026 to review the staff training needs in the special care unit.
A review of the training registers including mandatory training was completed by the Person in Charge and Grade VI on 26th of August 2026.
The Grade VI maintains the staff training register and will meet with the Person in Charge monthly to review staff training.
Monthly training meetings have been scheduled by Person in Charge, the last meeting took place on 28th of September 2026, the frequency of these meetings will be reviewed in January 2027.
The Grade VI will review all outstanding training for staff on sick leave and these staff will be advised of the requirement to update outstanding training upon their return to work.
The Person in Charge has reviewed safeguarding training for all staff to ensure that all staff members have received training in relation to safeguarding children and in the prevention, detection and response to abuse. All outstanding Children's First training has been completed by staff as of 19th of September 2026.
In order to ensure all staff training is in date the Grade VI will link directly with social care managers and social care leaders in advance of training expiration

dates to remind staff at supervision and team meetings to update their mandatory online training and to co-ordinate staff for face-to-face training. Any delays will be escalated to the Person in Charge and kept under review at management meetings and at the monthly review meeting between the Person in Charge and the Grade VI.
The Grade VI emails all staff where training certificates are due to expire and includes their line manager on the email.
In order to support staff attendance at training the special care management team decided to amalgamate training between two of the special care units. This includes Fire Safety training which was provided on the 15th of October 2026, Manual Handling training provided on the 15th of October 2026 and First Aid training scheduled for the 11th, 12th and the 13th of November 2026. Staff attendance is co-ordinated from the Training register to ensure staff have up to date training.
All new staff working in the centre will complete mandatory training as part of their induction programme.
All staff will complete complaints policy training, which will also be part of staff induction.

Proposed timescale:	**Person responsible:**
30 September 2026	Person in Charge

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(3)	The registered provider shall notify the chief inspector in writing before changes are made to the statement of purpose which affect the purpose of the special care unit.	**Not compliant**	**Red**	**10 August 26**
Regulation 7(3)(b)	The programme of special care referred to in paragraph (2) may contain, but is not to be limited to, details of all required interventions in relation to that child and in accordance with the child's placement plan.	**Substantially compliant**	**Yellow**	**31 October 2026**
Regulation 7(4)	The person in charge shall keep the programme of special care prepared in accordance with paragraph (2) as part of the child's Care Record.	**Substantially compliant**	**Yellow**	**31 October 2026**
Regulation 11(1)(f)(i)	The registered provider shall ensure that the care practices, operational policies and procedures, developed	**Not compliant**	**Red**	**10 August 2026**

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	in accordance with Regulation 6 and relating to positive behavioural support shall provide in respect of the use of single separation that, unless and for so long as it is necessary to protect the child or any other person from risk of injury, or to protect property from serious damage, a child shall not be confined on his or her own in any room or area in the special care unit, other than his or her usual bedroom during usual bedtime hours.			
Regulation 11(2)	The registered provider shall ensure that where restrictive procedures including restraint or single separation are used, they are only carried out in accordance with relevant national policy and methods recognised and approved by the Child and Family Agency and, at all times, having due regard to the care and welfare of the child concerned.	**Not compliant**	**Red**	**10 August 2026**
Regulation 11(3)	The person in charge shall ensure that staff members in the special care unit have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is	**Not compliant**	**Red**	**10 August 2026**

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	challenging and to support a child detained in the special care unit to manage his or her behaviour.			
Regulation 11(4)(a)	The registered provider shall ensure that each person employed in the special care unit has up to date knowledge and skills to identify underlying causes of behaviour.	**Not compliant**	**Red**	**10 August 2026**
Regulation 11(4)(b)	The registered provider shall ensure that each person employed in the special care unit has up to date knowledge and skills to assist and support a child to manage his or her behaviour.	**Not compliant**	**Red**	**10 August 2026**
Regulation 11(5)(b)	The person in charge shall ensure that all alternative procedures are considered before a restrictive procedure is used.	**Not compliant**	**Red**	**10 August 2026**
Regulation 11(5)(c)	The person in charge shall ensure that the least restrictive procedure for the shortest duration necessary is used.	**Not compliant**	**Red**	**10 August 2026**
Regulation 12(5)	The person in charge shall ensure that all staff members receive training in relation to safeguarding children and in the prevention, detection and response to abuse.	**Substantially compliant**	**Yellow**	**30 September 2026**
Regulation 14(1)	The registered provider shall ensure that the number, qualifications,	**Not compliant**	**Red**	**10 August 2026**

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	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.			
Regulation 14(3)(b)	A person shall not be employed in a special care unit, or work in the unit as an intern, a trainee or a person on a placement as part of a vocational training course, unless and until the registered provider has obtained, in respect of that person, the records and documents specified in Part A of Schedule 3.	**Not compliant**	**Red**	**10 August 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**	**10 August 2026**
Regulation 14(5)	The person in charge shall ensure that an appropriate level of professional supervision and support is provided to staff members in the special care unit.	**Not compliant**	**Red**	**10 August 2026**

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)(a)	The person in charge shall ensure that each staff member in the special care unit and each person working as an intern, a trainee or a person on a placement as part of a vocational training course has access to appropriate training, including refresher training, as part of a continuous professional development programme to enable the staff member to provide care in accordance with evidence based practice, the statement of purpose and policies and procedures.	**Not compliant**	**Orange**	**31 October 2026**
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**	**Red**	**10 August 2026**
Regulation 24(1)(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate to the child's needs, consistent and effectively monitored.	**Not compliant**	**Red**	**10 August 2026**
Regulation 27(1)(a)	The person in charge shall give the chief inspector notice in writing within three working days of the	**Substantially compliant**	**Yellow**	**30 September 2026**

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	following incidents occurring in a special care unit the death of a child, including the death of a child following his or her transfer to hospital from the special care unit, and the circumstances and cause of death when established.			
Regulation 27(1)(b)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit an outbreak of any notifiable disease.	**Substantially compliant**	**Yellow**	**30 September 2026**
Regulation 27(1)(c)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit any serious injury to a child requiring immediate medical treatment.	**Substantially compliant**	**Yellow**	**30 September 2026**
Regulation 27(1)(d)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit an allegation of child abuse.	**Substantially compliant**	**Yellow**	**30 September 2026**
Regulation 27(1)(e)	The person in charge shall give the chief inspector notice in writing within three working days of the	**Substantially compliant**	**Yellow**	**30 September 2026**

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	following incidents occurring in a special care unit where a child is removed, absconds, fails to return, is prevented from returning, is missing or is otherwise absent from the special care unit.			
Regulation 27(1)(f)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit a fire.	**Substantially compliant**	**Yellow**	**30 September 2026**
Regulation 27(1)(g)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit an unplanned evacuation.	**Substantially compliant**	**Yellow**	**30 September 2026**
Regulation 27(1)(h)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit an allegation of misconduct of the registered provider or a staff member or a person working as an intern, a trainee, a person on a placement as part of a vocational training course or a person employed under a contract for services.	**Substantially compliant**	**Yellow**	**30 September 2026**

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27(1)(i)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit a staff member is the subject of review by a professional body.	**Substantially compliant**	**Yellow**	**30 September 2026**
Regulation 28(5)	The notice referred to in paragraph (4) shall specify (a) the arrangements which have been or which are proposed to be made for the running of the special care unit during the absence; (b) the arrangements that have been, or are proposed to be, made for appointing another person in charge to manage the special care unit during the absence, including the proposed date by which the appointment is to be made; and (c) the name, contact details and qualifications of the person who is or shall be in charge of the special care unit during the absence.	**Not compliant**	**Red**	**10 August 2026**
Regulation 29(1)	The registered provider shall provide a complaints procedure, which includes an appeals procedure, for the investigation of complaints made by a child detained in the special care unit, in a	**Substantially compliant**	**Yellow**	**30 November 2026**

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	format which shall be age appropriate to ensure a child's understanding of it.			

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