



Report of a Designated Centre Special Care Unit

Issued by the Chief Inspector

Name of designated centre:	Coovagh House
Name of provider:	The Child and Family Agency
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	10 June 2022 13, 15, 21 June 2022 (Part-days)
Centre ID:	OSV - 0004219
Fieldwork ID	MON-0037167

About the designated centre

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

Our aim is to provide a safe, secure and therapeutic environment where young people learn to reduce their risk taking behaviours while developing their wellbeing. We aim to enable and support the young person to return to a less secure placement as soon as possible, based on the individual needs of that young person.

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

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

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

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, and the Health Act 2007 (Registration of Designated Centres) (Special Care Units) 2017. To prepare for this inspection the inspectors of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information and information submitted by the provider or person in charge since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service,
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre.
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
10 June 2022	10:00hrs to 18:30hrs	Jane Mc Carroll Susan Geary	Inspector Inspector
	11:30hrs to 18:30hrs	Niall Whelton	Inspector
13 June 2022	12:00hrs to 16:30hrs	Jane Mc Carroll (remote)	Inspector
15 June 2022	09:00hrs to 11:00hrs	Jane Mc Carroll (remote)	Inspector
21 June 2022	09:45hrs to 10:45hrs	Jane Mc Carroll (remote) Susan Geary (remote)	Inspector Inspector

What children told us and what inspectors observed

This inspection on 10 June 2022 was a risk-based inspection. It was in response to information received by HIQA from the director of the special care unit (centre) on 1st and 2nd of June 2022, that it was the provider's intention to accommodate two of the four children detained in the centre to an alternative, non-registered Tusla centre. The director of the centre informed HIQA that this action was required in order to carry out remedial works to the building and to mitigate against health and safety risks to children and staff due to physical and structural decline of the premises. A cautionary meeting was convened by HIQA on 3rd of June 2022 and immediate assurances were requested from the provider in relation to their compliance with regulation 26, fire precautions, regulation 25(3) risk management and condition 1 of their registration.

The purpose of the inspection was to assess whether the special care unit could continue to comply with the regulations and could continue to safely operate in line with their conditions of registration and statement of purpose.

During this inspection, inspectors met with all four children. Two of the four children were living off site at the time of the inspection, but their substantive placement in the centre was maintained and they continued to attend the school on the grounds of the centre. Inspectors also spoke to staff and managers, three social workers, one social work team leader and three guardians' ad litem. Their views, and the observations of inspectors' onsite are presented in this section of the report, to provide an insight into children's experience of living in the centre at that time. Efforts were made to contact parents but these efforts were unsuccessful.

The experiences of children were mixed due to recent challenges in the centre regarding an increase in incidents of high risk behaviours by some children and the inability of the provider to sustain and maintain an adequate standard of accommodation. Inspectors saw and heard from children and staff that the internal physical environment of the centre was not always safe and secure and as a result, the safety and welfare of children could not always be protected and promoted. This is outlined in greater detail in the body of the report.

All four children who spoke to inspectors during the onsite visit described feeling safe there and that they felt well cared for in the centre and outside in the company of staff during activities. Inspectors observed high levels of supervision of children in the centre. Children identified trusting relationships with staff and they could discuss their concerns with them. Some children said that they were unhappy about incidents that had occurred in the centre. One child said that 'sometimes it is up and down in the unit, the vibe is not great.' A social worker for another child said that other children's

behaviours 'was something else for that child to deal with in the centre, when they already had so much to manage themselves.'

Staff, social workers and guardians' ad litem told inspectors that there were times when children were not kept safe. Staff told us they were challenged by some of the behaviour of children.

Two children said that they benefitted from their programme of care and two children were not satisfied overall with their programme of care. Positively, some children told inspectors that the support they received was working well for them. Their comments included;

'I have grown a lot here',

'the help has made me think of things in a different way,'

'I have been helped to work on the reasons why I am here.'

Two children who were not happy said that their programme of care was too restrictive and that there was not enough staff. One child described how the building had been divided into two individual living areas for single occupancy living. The child told inspectors that 'it is not a nice life' and said that they felt 'punished for the behaviour of others.' The child said that they missed their previous routines in the centre. They said that they 'used to have the chats and watch tv with staff at night... but now if I (child) buzz (use of call bell), they (staff) just talk to me through the door.' Another child said that they were happy to live on their own but they disliked other restrictions such as the lack of free time. In addition, one child said that they had missed a hospital appointment because there were not enough staff to take them to it. This was confirmed by the person in charge.

Positively, children had made some progress in the special care unit in different areas of their lives. Children spoke to inspectors about the positive achievements they had accomplished in school. For example, children said they enjoyed going to school which was a new positive experience for them. Two children were preparing for state exams at the time of the inspection. They told inspectors that they were supported and encouraged to do well. Inspectors observed children's sense of enjoyment and pride in their education whilst they attended the school and during conversations between children, staff and inspectors.

All children said that that they enjoyed time away from the centre and that they had opportunities to go out with staff and take part in activities such as swimming and boxing. Opportunities to spend time with family was also provided to children and supported by staff.

Children described having nurturing relationships with either all or certain staff including managers. These relationships supported children to make progress in different areas of their lives. Children's comments included;

'I don't like this place but I do like the staff,'

'staff are out straight, they all support you here.'

Inspectors observed children enjoying the company of staff and there was a warmth and fondness in their interactions. Staff conveyed a welcoming and positive energy.

This was a prominent strength of the centre. External professionals commended staff's commitment to children. They said that staff and managers had developed good working relationships with external professionals also and informed them of any incidents in the centre.

Two guardians ad litem said that the implementation of boundaries and consequences required improvement. This was raised and addressed for one child and for another child, they said that further improvement was required.

The accommodation and premises was in poor condition overall and had deteriorated since the last HIQA inspection in June 2021. On a walk around of the premises, inspectors saw damage throughout the building resulting from an escalation in incidents involving damage to property, coupled with a general decline in the quality of the building over time. There was evidence of ongoing maintenance work across the premises but certain structures such as doors, locks, windows and viewing panels had deteriorated in their condition and function and needed replacing. All four children gave negative accounts to inspectors about the impact of these conditions on their lived experience. One child said that 'the place is a dump and it has to be fixed.' The child talked about when they first arrived and that 'it (the centre) was lovely, it was relaxing here but the property damage is too much.' Other comments from children included that 'the place is a wreck', 'half the doors are broken', and that 'it should be painted different colours.'

The centre was not homely and it was not in good decorative repair. While repair and restoration of internal structures in the centre had to be prioritised, inspectors saw decorative repairs that needed urgent attention, such as hate symbols engraved on walls and profanity drawn on walls which were there too long. There were areas of the centre, such as the dining room, recreational/ living rooms and outdoor areas and which were welcoming spaces for children. They were bright with colourful art work and pictures on display which some of the children had designed.

Some external professionals said that they expressed their dissatisfaction and concern for the quality and safety of the premises to managers. They were concerned about the robustness of the premises for safe and secure care, in situations, for example, when glass panels, door frames, doors and locks had been tampered with and damaged, causing risk and harm to children.

Children also spoke to inspectors about the difficulties they experienced in moving on from the special care unit. Two children expressed frustrations in relation to their onward plans. It was of concern to inspectors to hear their perception of the blockages to leaving which were not helpful or supportive to their overall wellbeing. Both children said that this would be something that they would like to improve.

Equally, external professionals such as guardian's ad litem and social workers spoke of systemic challenges in moving children on from special care due to the lack of placements available to children and no process for appealing the decisions of some providers of residential care services when they did not accept referrals for placements for children. One social worker allocated to a child detained in the centre, said that it was their expectation that the child would move on from special care following their school programme, but this had not happened due to lack of available placements.

Capacity and capability

This inspection found that the governance and management arrangements in place in this designated centre needed significant improvement. While there were governance systems and structures in place to support the delivery of service to children, significant shortfalls were identified in the effective management and oversight of the centre. Overall, the centre was non-compliant with all of the regulations assessed in this inspection and HIQA will continue to monitor and regulate the centre closely. The provider has been requested to provide assurances in relation to the high risk non-compliances in regulations relating to governance and management, risk management and the notification of incidents to the Chief Inspector.

Overall, accountability for the delivery of the service was clearly defined, and there were clear lines of accountability at individual, team and organisational level so that all staff working in the service were aware of their responsibilities and to whom they were accountable.

There were acknowledged challenges in the service in the previous six months in relation to staff recruitment and retention, an escalation in incidents of aggression and violence in the centre and physical and structural decline of the building.

On this inspection, inspectors found that there was not always sufficient staffing resources in place for the effective delivery of children's programme of special care. Nine experienced staff had left the service in the previous six months, and these posts were filled on an interim or temporary contract basis by agency staff and student social care workers. Not all staff were experienced or qualified or had completed mandatory training. The level of mentoring, support and supervision required by new staff in the centre was challenged by capacity issues and the demands of the service being provided. One of the two deputy manager roles was vacant, due to staff absence, and

being filled by the person in charge at the time of this inspection and this did not support the person in charge in their ability to fulfil all of their duties as person in charge. These risks were not being managed effectively at the time of this inspection.

Oversight and auditing processes in relation to the management of incidents, complaints and allegations concerning children in the centre were not effective. There were systems in place for managerial oversight and review of individual incidents and significant events in the centre but these were not always strong enough. For example, reviews of single incidents in the centre did not always have sufficient managerial input. Records showed that that reviews of incidents did not always consider the management of risks outside of direct interventions between staff and children, such as the environment and the dynamic and mix of children in the centre. The person in charge had escalated the cumulative risks associated with increases in violence and aggression in the centre in December 2021 to the provider but the additional controls put in place such as the development of a national residential service steering group and strategy for the management of violence and aggression had not yielded a reduction in risks and ongoing challenges in the centre. Alternative controls were not identified.

There was a systems failure in that these monitoring processes did not alert managers or the provider to under reporting of child protection and welfare concerns in line with the requirements of Children's First 2017 and mandated reporting legislation. Inspectors found there were child protection and welfare concerns arising from incidents and complaints and allegations made by children, which were not subject to mandatory reporting. While staff responded to incidents to ensure the immediate safety of children, failure to follow national guidance for the protection and welfare of children meant that allegations of harm against children had not always been appropriately investigated. These gaps could not ensure the provider that children's welfare was always promoted and safeguarded.

The oversight and management of the requirements to notify HIQA of incidents in the centre also required improving. The person in charge failed to notify HIQA of several serious incidents in the special care unit relating to the allegations of abuse made by children or serious injuries sustained by children. This did not facilitate the monitoring of the centre by the regulator, as the regulator was not made aware of incidents that had taken place in the centre. They also failed to notify the regulator of the actions being taken to safeguard children in these instances.

At the time of this inspection, the centre was not operating in line with their statement of purpose which described the service's aim, to provide a safe and secure therapeutic environment for up to four children. Inspectors found that the physical environment could not provide safe living spaces for all four children and staff could not prevent unsafe mixing of children at all times. This posed significant risk to children's safety and protection and while two of the four children were living off site, their substantive

placement in the centre was maintained and they went to school there. These risks were escalated by HIQA to the registered provider representative on the day of the inspection and an urgent compliance plan was sought. The registered provider representative acknowledged this and subsequent to the inspection applying to vary the number of children's places within the centre.

This risk was known to the provider and, at the time of this inspection, some actions had been taken to mitigate against any immediate risk to the safety of children and staff at the time of this inspection. However, the centres risk management processes were ineffective at addressing the risks at an earlier stage.

Monitoring and reporting systems required by the regulations such as unannounced visits by or on behalf of the provider, and periodic reviews of the safety and quality of the service were not fully implemented in a timely way. This did not ensure the provider was well informed of the quality and safety of the service, and reduced the provider's capacity to prioritise tasks for the improvement of the service.

Regulation 5: Statement of purpose

The statement of purpose described the service's aim, to provide a safe and secure therapeutic environment for up to four children. It was fully acknowledged by staff and managers the centre no longer had the capacity to safely provide a service to four children given the recent circumstances.

Judgment: Not compliant

Regulation 24: Governance and management

Sufficient staffing resources were not in place for the effective delivery of children's programme of special care. Oversight and auditing processes in relation to the management of incidents, complaints and allegations concerning children in the centre were not effective. There was a systems failure in recognising under reporting of child protection and welfare concerns in line with the requirements of Children's First 2017 in the centre. Monitoring and reporting systems required by the regulations were not always adhered to.

Judgment: Not compliant

Regulation 27: Notification of incidents

The person in charge did not ensure that all incidents were notified to the Chief Inspector and in a timely way. Notifications to the Chief Inspector did not always contain adequate information on the risk posed by the incident being notified.

Judgment: Not compliant

Quality and safety

The quality and safety of care provided in the designated centre varied to an extent that the welfare and safety of children was not always promoted and protected in the centre, due to an increase in incidents of high risk behaviours by some children, and the inability of the provider to sustain and maintain an adequate standard of accommodation. Immediate and urgent risks in relation to fire safety in the centre were also escalated to the provider during this inspection.

Managers and staff valued and promoted a positive approach in responding to behaviours that challenged. There were operational policies and procedures detailing the use of restrictive procedures including restraints and physical separation in the centre. Individual behavioural management plans were reviewed at multi-disciplinary team meetings and child-in-care reviews. There was a high level of care and supervision being provided to children. Therapeutic supports were available to children. Children's programmes of care provided opportunities for children to engage in new positive experiences and develop new skills in order to support them to develop their potential. Inspectors observed and heard that children had built positive and respectful relationships with staff.

Staff were challenged by some of the behaviour of children. Some children displayed behaviours that presented a high level of risk in the centre and there was a lack of understanding and management of some these behaviours by staff. Equally, managers and staff could not always manage the behaviours of children effectively as the physical premises was no longer conducive to supporting safe spaces for physical interventions and environmental restraints that may be required to keep four children safe in the centre. For example, cross corridor doors could not be locked due to damage and this prevented staff in securing areas of the centre. This had led to unhelpful and unsafe dynamics within the centre and the staff team required assistance from An Garda Síochána in response to incidents.

The scrutiny of restrictive practices in the centre required improvement. At the time of this inspection, 'structured programmes' were being used in the centre to prevent children from mixing with their peers. Inspectors found that these practices were not carried out in line with policy and procedure for special care units. Practices were not subject to the level of monitoring, oversight and review required to ensure that they were in place for the shortest duration possible and that they were proportionate to risk. The assessment of the impact of these practices for children and the identification of any associated unmet need was not sufficiently assessed and documented. Children's participation in these decisions also needed to improve in order to ensure their views were understood, accounted for and documented. There was no centre register to

monitor and track the level and frequency of restrictive practice in the centre. External professionals had not been notified of these arrangements in line with policy.

The accommodation and premises was in poor condition overall and had deteriorated since the last HIQA inspection in June 2021. Incidents of high risk behaviours by some children in the centre in the last six months showed that the quality and condition of the building to withstand damage and reduce hazards such as ligature points or potential weapons in the centre was compromised. By way of example, door locks had been tampered with and damaged in a number of doors in the centre which resulted in risk and harm associated with unsafe mixing of children in the centre. Screws at door locks, hinges and light switches had been tampered with and removed resulting in risk and harm to children. Some doors had frequent repairs undertaken with the result that they could not withstand any force which may be exerted on them during incidents of high risk behaviours.

The arrangements in place for the maintenance of the premises by the provider during this time were not sufficient and this was acknowledged by the provider. Following a cluster of incidents in the centre in May 2022, and further damage to the premises, a health and safety review of the building was conducted on behalf of the provider on 31st of May 2022. This review identified significant health and safety issues in relation to the fabric of the building. These risks were escalated to the CEO of Tusla and remedial action commenced to address deficiencies and ensure the safety of children and staff in the centre. However, effective preventative action to restore the condition of the premises in the centre had been overdue in the months previous to this inspection and this was a missed opportunity to mitigate rising risk for the provider.

The registered provider was not effectively managing the risk of fire brought about by the ineffective fire containment in the centre. The fire door to the laundry room had been removed due to damage and one of the fire detectors was not in place. The room was also being used to store blankets and clothing. A laundry room presents an increased risk of fire. There were no mitigating controls measures implemented to manage this risk. The inspectors were told that the laundry room was in use at night time when children were in bed. The lint screens were being emptied but were required to be vacuumed to fully clear the lint. Inspectors noted the door to the staff office was propped open, and service cupboards were being used for storage. There was also combustible storage up against electrical panels in the kitchen larder. Assurance was sought and received by the registered provider in relation to these risks.

The damage to the building was impacting on the fire safety measures in place. There was significant damage to fire doors throughout and as a result, they would not be effective to prevent the spread of fire and smoke. This was also having an impact on the means of escape. The evacuation strategy relied on effective fire compartment

boundaries for children and staff to escape. The doors within the fire compartment boundaries were not effective.

The provider had arranged for a fire door assessment which showed that a high percentage of fire doors had failed the assessment. While sustained damage to the doors was a significant factor contributing to this, there were deficits noted from a lack of general maintenance also. For example, there were excessive gaps around doors and the seals to prevent the spread of smoke were absent in a number of doors.

There were further containment issues that required action. For example, the glazing to the office had been replaced with timber and inspectors also noted areas where some utility services penetrated fire rated walls and ceilings required sealing up.

Inspectors noted many good practices with respect to fire safety. The person in charge had implemented measures to overcome some of the challenges brought about by the existing systems in place. The alarm was being activated by children to release automatically opening doors. This was being managed by controlled locking of doors by staff, each of whom had keys with them at all times. The evacuation route for the two children sleeping in the centre was considered and specific to their bedroom and this was adequate; however inspectors were concerned that if the centre was at full occupancy, the poor containment measures in the centre would result in inadequate measures to evacuate the children from the centre.

The arrangements in place for fire safety training was not adequate. The training records showed that all staff were now receiving fire warden training and inspectors were told this was delivered online. While this is good practice to enhance fire safety training, the content of this training did not meet the minimum requirements of the regulations and was not centre specific.

The centre was fitted throughout with emergency lighting and fire detection and alarm systems. Service records for both were not available to inspectors on the day of inspection, but were subsequently submitted. They showed they were last serviced in December 2021; both systems are required to be serviced on a quarterly basis. The fire alarm system was being tested mostly on a weekly basis, however there were gaps in the records and the day and time for the weekly test varied.

Managers recognised that risks had increased significantly in the centre. However risk management strategies that had been identified had not always been effective in reducing incidents occurring or mitigating against the risks to children's safety and welfare in the months prior to this inspection. Equally, the management of increasing risks in the centre by the provider, including risk escalations associated with increased incidents of violence and damage to the building of the centre, did not result in a

reduction of risks or effective preventative action to restore the fabric and condition of the premises.

The provider did not have robust contingency plans in place to respond to emergencies and serious incidents in the centre. At a national level, capacity challenges for the provider, posed risks to the implementation of the centre's emergency plan. Two of the four children detained in the centre were moved to an alternative, non-registered Tusla centre, due to an overall lack of capacity in the service, to facilitate a transfer to an alternative special care unit. Equally, children could not move on from the special care unit when they were ready to do so due to the lack of onward placements available to the provider. This limited the options available to the provider to respond to emergencies and the lack of resources impacted the viability of contingency plans. Contingency plans were not subject to review and testing within this context. This affected the overall quality and safety of the service and the level of progress on improving outcomes for vulnerable children in the special care.

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

Staff responded to incidents in the centre to ensure the immediate safety of children. However, despite this they were not always able to keep children safe, and some children were harmed as a result during incidents. Incidents were notified through significant event notification (SEN's) to relevant external professionals, including social workers and other external professionals in line with the centre's policy. However, inspectors found there were child protection and welfare concerns arising from incidents and complaints and allegations made by children, which were not subject to mandatory reporting. Allegations, concerns and complaints were not appropriately evaluated to determine if the legal thresholds for mandated reporting had been reached. This posed potential risk that, an adequate safeguarding and child protection response to children by staff and managers may not be guaranteed in the event of a child being at risk of increased abuse or having suffered abuse in the centre. It also meant that allegations of harm against children have not always been appropriately investigated.

Regulation 11: Positive behavioural support

Some children displayed behaviours that presented a high level of risk in the centre and there a lack of understanding and management of some these behaviours by staff. Staff had been unable to implement behavioural management supports including environmental restraints due to the restrictions of the environment. Monitoring, oversight and review of all restrictive practices in the centre required improvement to be line with the centre's own policy and compliant with the regulation.

Judgment: Not compliant

Regulation 12: Protection

Inspectors found there were child protection and welfare concerns arising from incidents and complaints and allegations made by children, which were not subject to mandatory reporting. Allegations and concerns were not appropriately evaluated to determine if the legal thresholds for mandated reporting had been reached.

Judgment: Not compliant

Regulation 17: Accommodation

The centre was not maintained in good structural condition. The accommodation and premises was in poor condition overall and had deteriorated significantly since the last HIQA inspection in June 2021. The physical premises was not conducive to supporting safe spaces for physical interventions and environmental restraints that may be required to keep four children safe in the centre due to damage to the property in the last six months. The centre was not homely and it was not in good decorative repair.

Judgment: Not compliant

Regulation 25: Risk management

Risk management strategies put in place by the provider had not always been effective in reducing incidents occurring in the centre or mitigating against the risks to children's safety and welfare in the months prior to this inspection. Equally, the management of increasing risks in the centre by the provider, including risks associated with increased incidents of violence and damage to the building of the

centre, did not result in effective preventative action to mitigate against serious and significant risks in the centre. The provider did not have viable contingency plans in place to respond to emergencies and serious incidents in the centre.

Judgment: Not compliant

Regulation 26: Fire precautions

The registered provider was not taking adequate precautions against, or effectively managing, the risk of fire brought about by the ineffective fire containment in the centre. The damage to the fabric of the building, in particular the fire rated doors, resulted in ineffective containment of fire throughout the centre. While adequate measures were in place to evacuate the two children sleeping at the centre, inspectors were concerned that if the centre was at full occupancy, the poor containment measures in the centre would result in inadequate measures to evacuate all children from the centre.

There were gaps noted in the records of the in-house fire safety checks and fire equipment tests. The service records for the emergency lighting and fire detection and alarm systems showed they were last serviced in December 2021; both systems are required to be serviced on a quarterly basis.

The content of the fire safety training, did not meet the minimum requirements of the regulations.

The drill records reviewed reflected day time scenarios only and did not simulate the evacuation strategy for night time, when the risk of fire is increased and the staffing numbers are reduced.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 5: Statement of purpose	Not compliant
Regulation 24: Governance and management	Not compliant
Regulation 27: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Positive behavioural support	Not compliant
Regulation 12: Protection	Not compliant
Regulation 17: Accommodation	Not compliant
Regulation 25: Risk management	Not compliant
Regulation 26: Fire precautions	Not compliant

Compliance Plan for Coovagh House OSV – 0004219

Inspection ID: MON-0037167

Date of inspection: 10 June 2022 (Full day)
13th, 15th and 21st June 2022 (Part-days)

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017, as amended, Health Act 2007 (Registration of Designated Centres) (Special Care Units) Regulations 2017 and the National Standards for Special Care Units 2015.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
<p>Regulation 5: Statement of purpose</p> <p>Outline how you are going to come into compliance with Regulation 5: Statement of purpose:</p> <p>Action (1) Regulation 5(1) Updated Statement of Purpose was completed on the 15th June 2022 and was submitted to HIQA on the 17 June 2022.</p> <p>This action was completed by the Director of Service (PPIM) on the 17th June 2022</p>	<p>Not Compliant</p>
<p>Regulation 11: Positive behavioural support</p> <p>Outline how you are going to come into compliance with Regulation 11: Positive behavioural support:</p> <p>Action (2) Regulation 11(2), Regulation 11(7) and Regulation 11(5) (c)</p> <p>The Deputy Director (PIC) will ensure that all restrictive practices including restraint are reviewed in line with the Special Care policies and procedures, reviewed by the multi-disciplinary team and implemented for the shortest period possible. The Deputy Director (PIC) will ensure that incidents of single occupancy are reviewed with the MDT every 72 hours and measures to ensure appropriate peer interaction have been implemented where appropriate and that clear records are maintained in relation to any restrictive practice that is implemented.</p> <p>This action will be fully implemented by the Deputy Director (PIC) by the 1st of August 2022.</p> <p>The Deputy Director (PIC) has ensured that all young people in the service have an up to date Individual Crisis Management plan (ICMP) that offers a current analysis of the young person's potential high risk behaviour and outlines the strategy for responding to</p>	<p>Not Compliant</p>

this behaviour, it gives clear guidance in relation to what interventions are acceptable and those that are not.

Action (3) Regulation 11 (3) and Regulation 11 (5) (a)

The Deputy Director (PIC) will review the ICMP's on a weekly basis with the Management team and where additional challenges are identified through the daily review of Significant events the Deputy Director will ensure that strategies to address these challenges are considered by the Multi-disciplinary team and implemented in a timely manner.

This action will be fully implemented by the 15th of August 2022 by the Deputy Director (PIC)

Action (4) Regulation 11 (4) (a) and Regulation 11 (5) (a)

The Deputy Director (PIC) will ensure that all staff receive guidance and support in relation to their direct work with the young people from the Assessment Consultation and Therapy Service (ACTS) and this is regularly reviewed at fortnightly team meetings, Child in care reviews and Multi-Disciplinary Team (MDT) Meetings.

This action will be fully implemented by the 15th of August 2022 by the Deputy Director (PIC) in conjunction with the Regional Manager for ACTS.

Action (5) Regulation 11 (4) (b) Regulation 11 (5) (a)

The Deputy Director (PIC) will review all SEN's daily to identify areas of learning for the social care team and where concerns are identified in relation to behaviors that challenges the team additional guidance and support will be sought from ACTS team and wider MDT as required.

This action will be fully implemented by the Deputy Director (PIC) by the 15th of August 2022.

Action (6) Regulation 11 (4) (b)

The Deputy Director (PIC) will complete additional training with all staff in relation to the agencies policies and procedures for special care services before the end of August 2022.

This action will be fully implemented by the Deputy Director (PIC) by the 31st of August 2022.

Action (7) Regulation 11 (4) (b)

All new staff will be provided with a comprehensive induction program which includes all mandatory training, mentoring and support. The Induction program has been reviewed and updated on the 12th of July 2022 by the Director (PPIM) and implementation will be reviewed weekly by the Deputy Director (PIC) at the weekly Management Team Meetings.

This action will be fully implemented by the Deputy Director (PIC) by the 15th of August 2022.

Action (8) Regulation 11 (4) (b)

The Deputy Director (PIC) will ensure that all current staff in Coovagh House complete a Personal Development Plan (PDP) as a function of their line management supervision. This plan identifies their individual strengths and areas where they require additional support and training.

This action will be fully implemented by the Deputy Director (PIC) by the 31st of August 2022.

Action (9) Regulation 11 (4) (b)

The Deputy Director (PIC) will ensure that a PDP is completed within three months of any new staff member commencing in the service and that a clear action plan is implemented in relation to any deficits in knowledge or performance that is identified by their supervisors.

This will be overseen and implemented by the Person in Charge by the 31st of August 2022.

Regulation 12: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Protection:
Action (10) Regulation 12 (2)

The Deputy Director (PIC) and Director of Special Care commissioned a review of all Significant Event Notifications from the 1 January 2022 to 13 June 2022 by a Deputy Director from one of the other special care centres in order to ensure that all potential child protection concerns, and complaints have been identified and appropriately notified to the relevant personnel through the appropriate channels.

The Deputy Director (PIC) has reviewed the recommendations from this review and an action plan has been devised by the Deputy Director (PIC) to address any deficits in relation to reporting to ensure prompt rectification of any issues arising from the review.

This action will be fully implemented by the Deputy Director (PIC) by the 31st of July 2022.

Action (11) Regulation 12 (3) and Regulation 12 (7)

In order to support the Deputy Director (PIC) and improve reporting in relation to child protection, safeguarding and complaints an external Deputy Director (Ballydowd SCU) has been delegated authority to review Significant events in the centre and to meet with the Deputy Social Care Managers on a weekly basis for an initial three-month period to

support a detailed review of all Significant Events Notifications to ensure that all information pertaining to child protection, safeguarding and complaints have been captured and addressed accordingly. This Deputy Director will report any concerns he identifies in relation to the review of SEN's to the Deputy Director (PIC) and Director (PPIM) of the service as they arise. Where concerns are identified in respect of abuse or neglect this will be recorded in the young person's care records.

This action was implemented by the Deputy Director (PIC) by the 15th of July 2022.

Action (12) Regulation 12 (4)

The Director of Service (PPIM) and Deputy Director (PIC) commissioned a child protection and welfare reporting review in Coovagh House by the Chief Social Workers office to ensure that all concerns about harm to children have been appropriately evaluated and a determination made whether the legal threshold for mandated reporting had been reached as per the Children First Act.

The Director of Service (PPIM) will ensure that this action will be completed by the 31st July 2022

Action (13) Regulation 12 (2)

Tusla is devising guidance in relation to the child protection and welfare services management and response to reports relating to the welfare and protection of children in care to ensure consistency of approach across all areas.

The Registered Provider will ensure that this action is completed by the end of Q4 2022

Action (14) Regulation 12 (2)

The Deputy Director (PIC) will ensure that all current staff members training in relation to Children's First and safeguarding is refreshed, to ensure that all staff are fully aware of the current guidance available to them and their responsibilities as a mandated person. The Centre also maintains a staff training log for all mandated training which is available for review if required.

This action will be fully implemented by the Deputy Director (PIC) by the 31st of August 2022.

Action (15) Regulation 12 (4)

As an additional support to the centre Deputy Director (PIC), to address potential safeguarding concerns relating to staff members, a second external Deputy Director (BSCU) has been delegated authority to review and maintain the Safeguarding Register for an initial three-month period. The deputy Director will maintain the safeguarding register and all notifications will be sent to him during this period. Any safeguarding concerns that are identified in the service will be brought to the attention of the Deputy

Director (PIC) and Director (PPIM) for review and action with the staff members concerned with support from the external deputy director.

This Deputy Director will provide weekly updates to the Deputy Director (PIC) and Director of the Service (PPIM). HIQA, PASM and Tusla Child Protection will be notified of any concerns as per the appropriate reporting procedures.

The Director of Service (PPIM) has implemented this action since the 15th of July 2022.

Action (16) Regulation 12 (2)

The Deputy Director (PIC), will meet with the young people (Young People's Connect Meetings) on a weekly basis, to review their care with them and to allow them time and space to raise any concerns about the service. A written record of these meetings will be held in the centre. These meetings will be held weekly for an initial three-month period and then reviewed. The young people will continue to have access to other supports to raise any concerns via family, social workers, GAL's, and EPIC.

This action will be fully implemented by the Deputy Director (PIC) by the 15th of August 2022.

Action (17) Regulation 12 (2)

To support and verify that these actions have been undertaken and implemented in the Centre the PASM team will provide assistance to ensure the actions above are fully implemented in a consistent manner and will initially have fortnightly meetings with the Deputy Director (PIC) and Director of Special Care (PPIM) to monitor the implementation of the service improvement plan and provide assistance as required.

This action was implemented by PASM from the 13th June 2022

Action (18) Regulation 12 (2)

The Deputy Director (PIC) will ensure that the PASM team will recommence receiving full copies of all Significant Events Notifications (SEN's) for the Service and will liaise with the Deputy Director (PIC) where a pattern of any concerns emerges through PASM's review of the SEN's.

The Director of Service (PPIM) has implemented this action since the 15th of July 2022

Regulation 17: Accommodation	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Accommodation:

Action (19) Regulation (17)

The Deputy Director (PIC) and Director (PPIM) have ensured that a schedule of works is now in place to address issues identified in advance of the HIQA inspection and during

the inspection process. The capacity of the centre has temporarily been reduced to two young people which will assist in terms of facilitating necessary remedial works to be completed.

The unit was painted, and graffiti removed in June 2022. Damage to walls and door surrounds have been fixed.

The new windows and doors that are required are scheduled to be installed before the end of September 2022 subject to manufacture and delivery proceeding as planned.

The Registered Provider will ensure that all works are completed by 30th September 2022

Action (20) Regulation (17)

The Deputy Director (PIC) has ensured that a specific focus has been placed on making the building homelier which has been possible due to a significant reduction in significant events in the past six weeks. Young people have assisted in this process.

This action was completed by the Deputy Director (PIC) by the 15th July 2022.

Action (21) Regulation (17)

The Director (PPIM) completed a review of work completed to date on 8th July 2022 and documented the notable improvements in the Centre, issues identified during the walkthrough were rated either Immediate or Urgent in terms of requirement for the issues to be rectified. All immediate actions were completed on the 8th of July 2022 and other actions are now scheduled to be completed by the 31st July 2022.

Action (22) Regulation (17)

Daily reviews of the building are now taking place by the management team under the direction of the Deputy Director (PIC) and fortnightly reviews will be undertaken by the Director (PPIM) or his delegate to ensure that the building is maintained to a high standard.

The Deputy Director (PIC) has ensured that this action is complete and regularly reviewed.

Action (23) Regulation (17)

The registered provider will recruit an additional maintenance operative to support the HSE maintenance department in the delivery of prompt maintenance to the Centre by the end of September 2022, in the interim HSE maintenance are providing a prompt service to the Centre and an out of hours' provision where required.

The Registered Provider will ensure that this action is implemented by the end of Q4 2022 subject to recruitment processes.

Regulation 24: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Governance and management:	
<p data-bbox="172 327 662 360">Action (24) Regulation (24) (1) (c)</p> <p data-bbox="172 398 1369 544">The Deputy Director (PIC) will ensure that Shift debriefs are conducted and that a written record is provided by the shift leaders daily to the Deputy Director (PIC) and Director (PPIM) outlining any child protection concerns, any complaints and any safeguarding concerns that have arisen during the shift.</p> <p data-bbox="172 589 1394 622">The Deputy Director (PIC) has fully implemented this action since the 1st of July 2022</p> <p data-bbox="172 667 662 701">Action (25) Regulation (24) (1) (a)</p> <p data-bbox="172 739 1444 1003">In order to support the Deputy Director (PIC) to focus on their own substantive duties an additional post of Social Care Manager has been approved for Coovagh House Special Care Unit to enhance the oversight and governance of the service. This will be achieved by the manager being onsite daily in the centre and available to staff, young people and directly involved in the day-to-day management of the centre. This manager will escalate any risks identified, to the Deputy Director (PIC) as required. This manager will report into the Deputy Director (PIC).</p> <p data-bbox="172 1048 1428 1160">The Registered provider has ensured that this post was advertised on the 30 June 2022. Tusla Recruitment procedures will apply in progressing the filling of this post which can take up to 3 months.</p> <p data-bbox="172 1205 662 1238">Action (26) Regulation (24) (1) (a)</p> <p data-bbox="172 1276 1444 1503">The registered provider is in the process of converting agency staff to direct employees (where they wish to do so) this is in addition to a number of other recruitment strategies that are underway and supported by the National HR team. In the interim additional agency personnel have been identified by the Deputy Director (PIC) to strengthen the staff team. The Deputy Director (PIC) will ensure that these staff will undergo a comprehensive induction training program when they commence with the service.</p> <p data-bbox="172 1547 1420 1615">The Registered provider will ensure that this action is completed by the end of Q3 2022 subject to recruitment processes.</p> <p data-bbox="172 1659 1013 1693">Action (27) Regulation 24 (3) (a) and Regulation 24 (3) (b)</p> <p data-bbox="172 1738 1444 1850">The PASM team commenced a review of the Service under 24.3 of the regulations on the 13 June 2022. They conducted a further site visit on the 27 June 2022 to complete their review and will provide a written report by 1 July 2022.</p> <p data-bbox="172 1895 1070 1928">This action was implemented by PASM from the 13th June 2022</p> <p data-bbox="172 1973 1013 2007">Action (28) Regulation 24 (3) (a) and Regulation 24 (3) (b)</p>	

The Registered provider has ensured that PASM will complete quarterly reviews of the service under regulation 24.3

The registered provider has ensured this action commenced on the 13th of June 2022.

Regulation 26: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Fire precautions: Action (29) Regulation 26 (1) (d) (v) and Regulation 26 (1) (d) (vi)

A schedule of works has commenced to address all outstanding issues in relation fire containment, the Centre will remain at an occupancy of two young people and measures to safely evacuate the two young people should that be required are in place.

The registered provider will ensure that all building works are completed by the 30th of September 2022.

Action (30) Regulation 26 (1) (d) (vii) and Regulation 26 (1) (d) (vi) and Regulation 26 (1) (c)

Whilst the records for the emergency lighting and fire detection and alarm systems were not available on site during the inspection, The Deputy Director (PIC) has now confirmed that they were checked and serviced in April 2022 which was in line with regulations. The Deputy director (PIC) has now implemented measures with the HSE maintenance department to ensure that the most up to date records are available on site at all times.

This action was completed by the Deputy Director (PIC) by the 15th of June 2022.

Action (31) Regulation 26 (1) (d) (vi)

The Registered Provider has ensured that the Tusla Children's Residential Care Health and Safety Officer is supporting the Deputy Director (PIC) and Director (PPIM) in identifying and addressing any risks that are identified. The Health and Safety Officer is in regular communication with the service and visits regularly

The registered provider will ensure that this support is provided on an ongoing basis to the service

Action (32) Regulation 26 (1) (e)

The Deputy Director (PIC) has ensured that all current staff have now attended fire training. We have confirmed with the provider of the training that it is in line with the regulatory requirements and exceeds the requirements.

The Deputy Director (PIC) has ensured that this action was completed by the 15th of July 2022

Action (33) Regulation 26 (1) (f)

The Deputy Director (PIC) has ensured that Fire drills have taken place for all young people on site and a simulated night evacuation has been conducted on the 15th July 2022. Regular fire drills will be scheduled in the service.

This action was completed by the Deputy Director (PIC) by the 15th of July 2022.

Regulation 27: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Notification of incidents:

Action (34) Regulation 27 (1) (c) and Regulation 27 (6)

In order to ensure robust reporting, the Deputy Director (PIC) completed a review of all significant events since the 1 January 2022 to ensure that all incidents where serious injury to a child requiring immediate medical treatment have been appropriately notified to HIQA and the relevant Social Work department in line with our regulatory obligations. All issues identified in this review have now been notified to HIQA.

This action was completed by the Deputy Director (PIC) by the 1st of July 2022.

Action (35) Regulation 27 (1) (d) and Regulation 27 (6)

The Deputy Director (PIC) will ensure that all future incidents are reported to HIQA and the relevant social work department in writing within three working days as required under regulation and that they are reviewed at the weekly Management Meeting to ascertain if any remedial actions are required.

This action was completed by the Deputy Director (PIC) by the 1st of July 2022 and action will continue.

Action (36) Regulation 27 (1) (c) Regulation 27 (1) (d) and Regulation 27 (6)

The Deputy Managers and Deputy Director (PIC) will review all SEN's daily to ensure that notifications have been appropriately notified to the relevant people and HIQA.

The PASM team and Quality, Risk and Service Improvement Manager for Children's Residential Services will be copied on these notifications to provide additional oversight of these incidents. Where PASM or the QRSI Manager identify any missed notifications through their review of the SEN's they will escalate that observation to both the Deputy Director (PIC) and Director (PPIM) to ensure prompt action is taken to report appropriately

The Registered provider has ensured that these measures are in place since the 15th of July 2022.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 5(1)	The registered provider shall prepare in writing a statement of purpose relating to the special care unit concerned which shall contain the information set out in Schedule 1.	Not Compliant	Red	01 July 2022
Regulation 11(2)	The registered provider shall ensure that where restrictive procedures including restraint or single separation are used, they are only carried out in accordance with relevant national policy and methods recognised and 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	Orange	1 st August 2022
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	Not Compliant	Orange	31 Aug 2022

	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.			
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	Orange	31 Aug 2022
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	Orange	31 Aug 2022
Regulation 11(5)(a)	The person in charge shall ensure that every effort is made to identify and alleviate the cause of the child's behaviour.	Not Compliant	Orange	31 Aug 2022
Regulation 11(5)(c)	The person in charge shall ensure that the least restrictive procedure for the shortest duration necessary is used.	Not Compliant	Orange	1 st August 2022
Regulation 11(7)	The person in charge shall retain a record of any instructions made in relation to behavioural supports provided to a child in accordance with this Regulation, the reasons why such instructions were made and the nature	Not Compliant	Orange	1 st August 2022

	and duration of any action taken or sanction imposed on a child, and shall include such record in the child's Care Record.			
Regulation 12(2)	The registered provider shall protect all children placed in the special care unit from all forms of abuse.	Not Compliant	Orange	31 st July 2022
Regulation 12(3)	The registered provider shall ensure that, where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child, the requirements of national guidance for the protection and welfare of children and all relevant statutory obligations are complied with.	Not Compliant	Orange	15 th July 2022
Regulation 12(4)	The person in charge shall initiate and put in place an investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a child is harmed or suffers abuse while in the care of the special care unit.	Not Compliant	Orange	31 July 2022
Regulation 12(7)	The person in charge shall ensure that any incident, allegation, suspicion or investigation of abuse or neglect in relation to a child is recorded in the child's Care Record.	Not Compliant	Orange	31 July 2022
Regulation 17	The registered provider shall provide	Not Compliant	Orange	30 Sept 2022

	adequate and suitable accommodation, as set out in Schedule 4, having regard to the number of children detained in the special care unit and the nature of the needs of each child.			
Regulation 24(1)(a)	The registered provider shall ensure that the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose.	Not Compliant	Orange	30 Sept 2022
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	01 July 2022
Regulation 24(3)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the special care unit at least once every six months, or more frequently as determined by the chief inspector, and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care.	Not Compliant	Orange	13 June 2022

Regulation 24(3)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the special care unit at least once every six months, or more frequently as determined by the chief inspector, and shall maintain a copy of the report prepared under subparagraph (a) and make it available on request to children placed in the special care unit, and their parents or guardians, and the chief inspector.	Not Compliant	Orange	13 June 2022
Regulation 25(3)(a)	The registered provider shall ensure that there is a plan in place for responding to interruption to services.	Not Compliant	Red	01 July 2022
Regulation 25(3)(b)	The registered provider shall ensure that there is a plan in place for responding to damage to property.	Not Compliant	Red	01 July 2022
Regulation 25(3)(c)	The registered provider shall ensure that there is a plan in place for responding to incidents likely to cause death or injury.	Not Compliant	Orange	30 Aug 2022
Regulation 25(3)(d)	The registered provider shall ensure that there is a plan in place for responding to emergency situations.	Not Compliant	Red	01 July 2022
Regulation 25(4)	The registered provider shall take all reasonable measures	Not Compliant	Orange	30 July 2022

	to prevent accidents in the special care unit and in the grounds of the special care unit.			
Regulation 25(5)	The registered provider shall ensure that adequate arrangements exist in the special care unit to guard against the risk of injury occurring on the premises, particularly with regard to the structure and fabric of the special care unit including stairways, electrical and gas appliances and fittings, windows and doors, glazing and the storage of medicines, cleaning and other potentially dangerous materials.	Not Compliant	Orange	30 July 2022
Regulation 26(1)(a)	The registered provider shall take adequate precautions against the risk of fire.	Not Compliant	Red	01 July 2022
Regulation 26(1)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	01 July 2022
Regulation 26(1)(d)(i)	The registered provider shall make adequate arrangements for preventing fire.	Not Compliant	Orange	30 Sept 2022
Regulation 26(1)(d)(ii)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30 Sept 2022
Regulation 26(1)(d)(v)	The registered provider shall make adequate	Not Compliant	Orange	1 st July 2022

	arrangements for evacuation, where necessary in the event of fire, of all persons in the special care unit and safe placement of children detained in the special care unit.			
Regulation 26(1)(d)(vi)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	1 st July 2022
Regulation 26(1)(d)(vii)	The registered provider shall make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.	Not Compliant	Orange	1 st July 2022
Regulation 26(1)(e)	The registered provider shall make arrangements for staff members, interns, trainees and persons on placements as part of vocational training courses at the special care unit to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid, firefighting equipment, fire control techniques and the procedures to be followed should the clothes of a child detained in the special care unit catch fire, and arrangements for the evacuation of	Not Compliant	Orange	30 th July 2022

	children detained in the special care unit, calling the fire service and for assisting the fire brigade.			
Regulation 26(1)(f)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff members, interns, trainees, persons on placements as part of vocational training courses at the special care unit and, in so far as is reasonably practicable, children detained in the special care unit, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.	Not Compliant	Orange	30 th July 2022
Regulation 27(1)(c)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit any serious injury to a child requiring immediate medical treatment.	Not Compliant	Red	01 July 2022
Regulation 27(1)(d)	The person in charge shall give the chief inspector notice in writing within three working days of the following incidents occurring in a special care unit an allegation of child abuse.	Not Compliant	Red	01 July 2022
Regulation 27(6)	The person in charge shall, as soon as is possible, notify the	Not Compliant	Orange	1 st July 2022

	<p>social worker assigned responsibility for a child by the Child and Family Agency where any of the following incidents occur in a special care unit, in relation to that child:</p> <p>(a) the death of the 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, (b) any serious injury to the child requiring immediate medical treatment, (c) an allegation of abuse of the child, (d) where the child is removed, absconds, fails to return, is prevented from returning, is missing or is otherwise absent from the special care unit, (e) any occasion on which the fire equipment is operated other than for the purpose of fire practice, drill or test of equipment, (f) any instance of restraint of the child, (g) any instance of single separation of the child, and (h) any injury to the child not required to be notified under paragraph (1)(c).</p>			
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