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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Designated Centre Special Care Unit

Issued by the Chief Inspector

Name of designated centre:	Crannog Nua
Name of provider:	The Child and Family Agency
Address of centre:	Dublin
Type of inspection:	Unannounced
Date of inspection:	06, 07 and 08 September 2022
Centre ID:	OSV-0004216
Fieldwork ID	MON-0037545

About the designated centre

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

In Crannóg Nua Special Care Centre the young people are detained under a High Court order for a short-term period of stabilisation when their behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. Crannóg Nua Special Care Centre caters for both male and female, aged between 11 and 17 years and the group living units are mixed gender.

Our 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.

Our objective is the provision of effective and safe services designed to address the underlying emotional disturbance; to reduce unsafe and risky behaviours by the young person and to help with successful reintegration into less secure settings in the community. This requires the design of an individual programme, which promotes inclusion of the multi-disciplinary team while simultaneously creating a powerful therapeutic milieu within the programme.

The campus is described as a secure unit meaning it is locked and the young people are not allowed to leave without permission. The young people that we provide a service to have usually had a long history of challenging and risk taking behaviour before entry into the special care programme, the young person must be deemed inappropriate to an intervention in a less secure setting due to the seriousness of the risk presented by their presentation.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	7
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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
06 September 2022	10:00hrs to 18:00hrs 10:00hrs to 18:00hrs 14:00hrs to 20:00hrs	Pauline Clarke Orohoe Mary Lillis Jane McCarroll	Lead Inspector Support Inspector Support Inspector
07 September 2022	10:00hrs to 18:00hrs 10:00hrs to 18:00hrs	Pauline Clarke Orohoe Jane McCarroll	Lead Inspector Support Inspector
08 September 2022	08:30hrs to 13:00hrs	Pauline Clarke Orohoe (remote)	Lead Inspector

What children told us and what inspectors observed

Inspectors spent two days in the centre, and had the opportunity to meet with five of the seven children living in the centre. In addition, five of the children also completed questionnaires as part of the inspection. Inspectors also spoke to staff and managers, three parents and carers, two social workers, and one guardian ad litem.

Children who met with inspectors described receiving good care which helped them to make progress and keep them safe. One child said that 'I don't like the place it is a lock up, but I feel safe. If I was worried I would tell one of the managers on the unit.' Another child said 'everyone made me feel welcome [here] I feel safe here.' While all children expressed positive views in relation to the care and support provided to them from staff, one child identified improvements that could assist them in feeling more safe and secure and these suggestions were provided to the person in charge.

Children said that they had choice and opportunity to make decisions about their daily lives and they said that they could contribute to decisions about their care. One child said 'I get choice in the activities. I don't really ask but they offer activities, and I can say yes or no.' Another child said that they could get their own shopping to eat certain food which they preferred. A third child said that they 'don't feel that the staff tell them what to do here,' and they described feeling settled and comfortable with daily life in the centre. Children said that they had contact with their social workers and guardians ad litem, and that they attended statutory child in care reviews. Children were satisfied that their views were heard and that they contributed to decisions being made about their lives and their future. However, two children wanted a move-on placement identified and this was delayed.

Some children talked to inspectors about the ways staff had helped them to understand how their emotions and frustrations may place them at risk. This meant that they could recognise the triggers to behaviours and learn to keep themselves safe. One child said that 'keyworking sessions help with anything really, my head is clear and I am not getting into trouble anymore.' Another child said, 'I had to think about myself and what to do next, I really needed that time.'

The centre was homely and child centred. The positive relationships that have developed between children and the staff contribute significantly to a relaxed atmosphere in the home with established routines.

On a walk around in the evening time, inspectors found a relaxed atmosphere in the units. Inspectors saw and observed staff support and supervise children with skill.

Staff had developed meaningful relationships with children and used these to encourage children to engage with their bespoke support plans. Staff took a caring and empathic approach in their interactions with children whilst reinforcing healthy and appropriate boundaries, and this benefitted children. For example, a member of staff was seen receiving a makeover from a child and the child's enjoyment of this was evident for all to see. Another child was painting portraits of celebrities in a living room, whilst watching the television with staff. Inspectors found that children enjoyed spending time in the company of staff and they sought reassurance of staff to help them feel safe and secure.

There was a range of activities taking place in the special care unit. Children were busy engaging in activities both on the grounds of the special care unit and outside the centre, in line with their individual programme of care. Children were seen singing karaoke, drawing and engraving characters with a wood burner to make gifts for their families, as well as walking on the grounds and playing basketball in the company of staff. Inspectors also met with children in the school where some children were cooking a curry and another child was writing a song in music class. Children expressed a sense of enjoyment in these activities to inspectors and they were eager to return to their activities.

External professionals including social workers and guardians ad litem told inspectors that children were kept safe within the centre. They said that they had regular contact with staff and managers in the centre, and with their allocated child. External professionals said that they were appropriately notified when incidents occurred in relation to the children, and said that the staff were supportive of the children in the centre. However, one of the external professionals told inspectors that a lack of onward placements had delayed one child's discharge from the special care unit, though managers at the centre were advocating for the child in this regard.

Inspectors spoke with three parents and carers of the children living in the centre. The parents and carers told inspectors that they felt their children were kept safe within the centre. They agreed that the staff in the centre talked to the child about their specific behaviours, and offered them the support that they needed. The parents and carers who spoke with inspectors said that they were given information about the behavioural supports and practices that were used within the centre. While one family said there were some delays in communication at the start of their child's placement, all agreed at the time of inspection that they received regular updates from the service. One person told inspectors that they had regular contact from the centre and the relevant services was not overwhelming, while a second person said that they 'could call and talk to the managers if there were any concerns'.

Capacity and capability

This was an unannounced inspection which was carried out to monitor the service's ongoing compliance with the regulations, with a focus on the governance of the service, and their management of risk and child protection.

Inspectors found that the service had clearly defined management structures in place. The person in charge (PIC) was appropriately qualified and knowledgeable in her role. She reported to the director of the service, who was also the person participating in management. The national lead for children's residential services filled the role of the registered provider representative for the service. There were clear lines of accountability across the service from staff through to the management team. Staff in the service were aware of their delegated responsibilities. The provider had clear reporting systems in place. Managers were consistently present within the service, and were available to staff to provide support and discuss issues as required. At the time of the inspection, recruitment of a deputy social care manager was underway, which would further strengthen the levels of management support available to staff teams.

Inspectors found that the provider had adequate staffing in place to be able to deliver a safe service, and meet the number and needs of the children living in the centre. Consideration was given to children's complex needs, and the continuity of care provided was evident. While the children had access to appropriate mental health support, the service was in the process of recruiting specific mental health supports at the time of the inspection. This was in order to address a risk for children regarding their access to psychiatric services, which had been identified during a previous inspection. In addition, Tusla had two ongoing recruitment campaigns in place to recruit social care staff for the service. Inspectors were told that increased staff numbers were required to enable the service to operate at full capacity, as the service was registered for 12 beds. Senior management had regular engagement with third level institutions in an effort to improve staff recruitment.

Staff working in the service were provided with appropriate support and good quality supervision. However, improvements were required to ensure that supervision consistently took place in line with Tusla policy.

The provider had good communication systems in place. Regular meetings took place across the management and staff teams which ensured appropriate oversight and evaluation of the care provided to children. Discussions took place regarding children's activities, needs and their outcomes within the service. These meetings supported clear decision making, and created a culture of learning and development within the service.

The service had not operated in line with one of their conditions of registration as per their statement of purpose in the months prior to the inspection, as one child's placement in the service was outside of the criteria for admission. This failure was escalated by the inspectors to the registered provider immediately following the inspection fieldwork, and a cautionary provider meeting was held. Satisfactory assurances were provided to the Chief Inspector. Greater scrutiny of the support needs of all children at referral stage was required and during the inspection the PIC outlined measures being taken to achieve this.

The service had a written statement of purpose at the time of inspection that had been reviewed but further improvements were required. The statement of purpose and function in place outlined the aims, objectives and services provided in the centre. A child friendly version of the statement of purpose was also available, and staff told inspectors that this was shared with children following their admission. Although the statement of purpose had been reviewed earlier in the year, changes to the name of meeting rooms had not been updated on the floor plans.

Inspectors found that the service maintained the relevant records as required in schedule six of the regulations. Records were held securely, and were available for review throughout the inspection fieldwork.

The provider had governance systems in place within the service, though these systems required improvement to ensure that issues that needed to be actioned were consistently identified. The provider completed regular audits which were used by the service to assess their level of compliance with regulations. Inspectors found that actions for follow up were identified following audits, and these tasks were completed by the staff and managers. However, inspectors found that in one audit conducted by the service did not identify issues in relation to the notification of allegations of staff misconduct to Chief Inspector. An audit completed by the provider found that all necessary notifications had been submitted to the regulator. However, during contact between the provider and the Chief Inspector, it emerged that the PIC had failed to submit several notifications relating to allegations of staff misconduct in the service. At the time of the inspection, these notifications had been submitted retrospectively. The management team told inspectors that they had reviewed the criteria and process for submitting these notifications, and practice had since been updated to ensure it was in line with regulatory requirements. While the management team had responded appropriately to the incidents, failure to notify the Chief Inspector within the appropriate timeline did not facilitate the monitoring of the service by the regulator.

The provider had completed an annual review of the quality and safety of the service, and developed an improvement plan with clearly identified actions and timelines for completion. Areas for improvement included training for staff on the use of restrictive practice, and a review of the reporting of child protection concerns to Tusla.

Improvements were required in relation to the governance and oversight of the fire safety procedures in the service. Inspectors found that while daily fire checks had been completed and logged, gaps existed in the records relating to other aspects of fire safety training and checks. This issue was brought to the attention of the management team during the inspection fieldwork, and assurances were provided that all necessary fire equipment was in working order. Management told inspectors that a review would be completed to address the gaps identified. The provider needed to ensure that all relevant fire checks had taken place as required, and that the fire register for each unit within the service was accurately updated and maintained.

The provider had strong reporting systems in place, and there was a focus on learning from incidents and events across the staff and management teams. There were appropriate systems in place which ensured that social workers and relevant persons were informed of incidents which involved a child. External professionals noted good levels of communication with the service. As noted earlier, at the time of the inspection notifications had been appropriately submitted to Chief Inspector. Incidents and trends within the service were reviewed at regular significant event review group (SERG) meetings. These meetings were attended by the internal management team and representatives from other professions relevant to the service. Inspectors found that learnings were identified through these meetings to be shared with staff teams. An unannounced visit by the practice assurance and monitoring team had taken place in July 2022, in line with the requirements of legislation.

Regulation 5: Statement of purpose

The provider had not operated at all times in line with their statement of purpose, and as such, had breached one condition of their registration. The registered provider needed to apply to the Chief Inspector to vary their statement of purpose and function to accommodate the admission of a young person's whose needs were outside the approved purpose and function of the service. The registered provider acknowledged this and provided satisfactory assurances to the Chief Inspector. Although the statement of purpose and function had been reviewed in the previous 12 months, it had not been updated to include changes to the function of rooms.

Judgment: Not compliant

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

The provider had appropriate staffing to provide for the number and needs of the children living in the centre. The registered provider had a system in place to maintain the records as specified in Part B of Schedule 3. Improvements were required to ensure that supervision of all staff and management took place in line with Tusla policy.

Judgment: Substantially compliant

Regulation 20: Maintenance of records

The PIC held the records as required within schedule six of the regulations.

Judgment: Compliant

Regulation 24: Governance and management

There were governance systems in place within the service, but improvements were required to ensure that auditing systems consistently identified issues that needed to be actioned. The governance systems in place within the service required improvement to ensure that issues that needed to be actioned were consistently identified. While regular audits had been completed and were effective in improving the quality of the service, inspectors found that one audit conducted by the service did not identify issues in relation to the notification of allegations of staff misconduct to Chief Inspector. In addition, improvements were required to ensure that the fire safety procedures were adhered to, and that fire registers for each unit within the centre was accurately updated and maintained.

Judgment: Substantially compliant

Regulation 27: Notification of incidents

The PIC had not submitted all notifications required in line with the requirements of the regulations. Delays in submitting notifications to the Chief Inspector impacted the regulators ability to monitor the centre.

Judgment: Substantially compliant

Quality and safety

Children living in the service were well cared for, and their safety, wellbeing and protection were a priority for the staff team. Children's interests and hobbies were encouraged, and children were supported to take part in activities off-site, where appropriate. The service was found to have a good level of compliance in relation to the quality and safety of the care provided to children.

Inspectors found that the service had systems in place to ensure that children living in the centre had opportunities to exercise choice and autonomy over their daily lives. Children were supported to attend their review meetings, and contribute to their care plans. Staff and managers took account of the children's individual wishes, and balanced the need to respect each child's rights while ensuring their safety. Children's views were listened to. Children had appropriate control and choice in their daily life. Children's privacy and dignity was promoted by staff. Staff showed high levels of skill and sensitivity in promoting the rights of children within a secure care setting. This meant there was a supportive and proportionate approach taken to managing behaviour and risk which may impact on the opportunity for choice, privacy and control afforded to children.

While the centre had a risk register in place, and management were clear on the risk escalation process, improvements were required to ensure that the risk management systems in place were effective. The provider had failed to identify the risks associated with admitting a child who did not meet the criteria for admission to the service, in line with the statement of purpose. While the provider had ensured that the child was provided with the appropriate supports to meet their needs following admission, they did not identify the risks associated with breaching one of the conditions of their registration or how the governance and management systems and structures did not support and guide staff in the young person's care.

Expectations of standards of behaviour were high for all staff and children in the service. Staff fully understood children's individual vulnerabilities and risks. Children's risk assessments and risk management plans incorporated all known and potential risks. Staff were trained in the management of behaviours that challenged. Positive behaviours and relationships were reinforced, praised and encouraged and poor behaviour was appropriately challenged and discussed.

Improvements were required to ensure that restrictive practices were used in line with policy. While the majority of restrictive practices were carried out in accordance with the policy, inspectors found one instance where a restrictive procedure was carried out for a period of time to address the medical needs of the child. The use of single occupancy in this instance did not adhere to the relevant national policy and

methods recognised and approved by the Child and Family Agency. The rationale provided for the use of the restrictive procedure was solely identified for medical care needs as opposed to the requirement for treatment of specific risk taking behaviour. While the draft updated policy was provided to inspectors following the inspection, practice at the time of the child's admission was not in line with policy. The registered provider must ensure that current policies and procedures are adhered to in relation to the use of restrictive practices.

However, the use of restrictive practices including single separation and physical restraint in records sampled by inspectors was generally proportionate. Staff showed high levels of skill and sensitivity in supporting children's complex needs and keeping them safe in difficult situations. The review of these incidents by staff and management did not identify the inappropriate use of single occupancy in the one incident outlined. However, the remaining restrictive practices reviewed by inspectors showed regular review and good oversight by managers.

Inspectors found that allegations or suspicions of abuse and neglect in relation to children were reported in line with the requirements of National Guidance for the Protection and Welfare of Children (2017). The designated liaison person for the service had oversight of these concerns which ensured a good level of reporting to Tusla. In one case, where there had been a delay in a staff member reporting their concerns to management, and in turn to Tusla, appropriate actions were taken to ensure the concerns were reported to Tusla. Managers followed up with the staff teams, and ensured that they were aware of their responsibilities as mandated persons. Inspectors found that the PIC carried out investigations into the incidents, in line with the regulations, and identified the actions required including the development of safety plans.

Where safety plans were required to keep children safe, in response to concerns or allegations made, these were robust and effective. Staff had completed up-to-date training in Children First, and this was monitored by the management team. Good multi-agency working meant that staff across the service worked together to decide on how best to support children to make good choices and keep themselves safe. Where appropriate, children were able to spend time in their community, in preparation for leaving the service. Professional partnership working with other agencies and children's residential services was good quality and took account of the needs of the children. Individual key working sessions were tailored to the needs of each child, and covered topics relevant to areas of risk for children.

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

Inspectors reviewed regulations 9(5) and 9(6) only, as part of this inspection. Children were encouraged to participate in, and contribute to decisions about their life and care. Children's dignity and privacy was respected throughout the service.

Judgment: Compliant

Regulation 11: Positive behavioural support

Improvements were required to ensure that restrictive practices were used in line with policy. While the majority of restrictive practices were carried out in accordance with the policy, the registered provider had not ensured the policy was adhered to in one instance. While the policy was being updated at the time of the inspection, the registered provider must ensure that relevant policies and procedures are adhered to. In addition, the review of these incidents by staff and management had not identified this issue. In the remaining instances of restrictive practices reviewed by inspectors, they were found to be proportionate, reviewed adequately and overseen by managers.

Judgment: Substantially compliant

Regulation 12: Protection

Allegations or suspicions of abuse and neglect in relation to children were reported in line with relevant policy.

Judgment: Compliant

Regulation 25: Risk management

While the service had systems in place to manage risk, improvements were required to ensure that they were effective. While the child was provided with the appropriate supports to meet their needs following admission, Tusla as the service provider did not identify the organisational risks associated with admitting a child who did not meet the criteria for admission to the service, in line with the statement of purpose.

Judgment: Substantially Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 5: Statement of purpose	Not compliant
Regulation 14: Staff members and others working in the Special Care Unit	Substantially compliant
Regulation 20: Maintenance of records	Compliant
Regulation 24: Governance and management	Substantially compliant
Regulation 27: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Compliant
Regulation 11: Positive behavioural support	Substantially compliant
Regulation 12: Protection	Compliant
Regulation 25: Risk management	Substantially compliant

Compliance Plan for Crannog Nua SCU OSV – 0004216

Inspection ID: MON-0037545

Date of inspection: 06TH September 2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Statement of purpose:</p> <ul style="list-style-type: none"> • The Centre will review and revise the statement of purpose relating to Crannog Nua in consideration of the information set out in Schedule 1 • The Centres Statement of Purpose will be reviewed and revised annually. • The Centre will notify any changes or variations to the Statement of Purpose, in advance, to the Chief Inspector through an 'Application to Vary'. • In the event it becomes apparent that a young person has been admitted to the centre outside of the Statement of Purpose the Registered Provider will inform the Chief Inspector of the situation • The Tusla Practice Assurance and Service Monitoring Team will undertake an unannounced six monthly visit to the Centre as per Regulation 24 (3) (a) (b) on behalf of the Registered Provider. 	
Regulation 11: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Positive behavioural support:</p> <ul style="list-style-type: none"> • The Single Occupancy Policy for Special Care has been revised and updated and will be considered by NPOC by 30th November 2022 • New paperwork for the risk assessment process and continuation of single occupancy has been updated to include the necessary considerations in line with policy • Single Occupancy will be reviewed as part on the monthly SERG and the National SERG • Audits related to Positive Behavioural will be reviewed and revised to ensure that current policy is clearly referred to in the completion of same. 	

Regulation 14: Staff members and others working in the special care unit	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Staff members and others working in the special care unit:</p> <ul style="list-style-type: none"> • The supervision policy is under review and will consider the social care structure in terms of the requirement of timelines • A supervision schedule will be maintained and reviewed at the managers meeting • Any gaps will be clearly recorded in records to give rationale for same i.e. sick leave • All staff will be assigned a supervisor, whereby the supervisor is absent another supervisor will be appointed • Quarterly audits will be completed 	
Regulation 24: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Governance and management:</p> <ul style="list-style-type: none"> • A review of the criteria for misconduct was completed and all practice issues reviewed • Any incidents that met the criteria for misconduct have been notified to HIQA • Any practice issues by staff are placed on the practice register and reviewed at the management meeting by the PIC and PPIM • A review of all fire safety records has been completed and updated • Delegated responsibilities have been assigned to Deputy Social Care Managers in each unit with oversight from the PPIM • A newly appointed maintenance personal has been appointed and support daily checks • There will be ongoing communication with the fire engineer to ensure records accurately reflect the safety reviews and works completed • All audits will be reviewed and revised particularly (Fire safety, Positive behaviour support and Notifications of incidents) to ensure that current policy is clearly referred to in the completion of same. 	
Regulation 25: Risk Management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Risk Management:</p> <ul style="list-style-type: none"> • A SCOAP meeting will be completed. This will include a review of the risk management requirements for the young person by the MDT • An admission risk management plan is completed for each young person to identify any potential issues of risks regarding their admission including the impact of group milieu • All young people have a developed Placement Support Plan to identify and outline appropriate behaviour management supports • If there are organizational risks associated to the admission of a young person these will be considered and put onto the TUSLA risk register 	
Regulation 27: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Notification of incidents:</p>	

- All notifications will be reviewed in line with policy and guidelines
- All managers are aware of the required criteria for allegations of misconduct
- Practice register for any staff concerns will be maintained and further reviewed at management meetings by PIC and PPIM
- Any queries or considerations will be raised with HIQA in relation to notification if required
- Audits related to the notification of incidents will be reviewed and revised to ensure that current policy is clearly referred to in the completion of same.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 5(1)	The registered provider shall prepare in writing a statement of purpose relating to the special care unit concerned which shall contain the information set out in Schedule 1.	Not Compliant	Orange	November 2022
Regulation 5(2)	The registered provider shall review and revise the statement of purpose at intervals of not less than one year.	Not Compliant	Orange	November 2022
Regulation 5(3)	The registered provider shall notify the chief	Not Compliant	Orange	November 2022

	inspector in writing before changes are made to the statement of purpose which affect the purpose of the special care unit.			
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.	Substantially Compliant	Yellow	December 2022
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.	Substantially Compliant	Yellow	March 2023
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	Substantially Compliant	Yellow	December 2022

	child's needs, consistent and effectively monitored.			
Regulation 25(1)	The registered provider shall ensure that the special care unit has a risk management policy in place and that it is implemented throughout the special care unit.	Substantially Compliant	Yellow	December 2022
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	November 2022

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