



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Designated Centre Special Care Unit

Issued by the Chief Inspector

Name of designated centre:	Coovagh House
Name of provider:	The Child and Family Agency
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-004219
Fieldwork ID	MON-0048816

About the centre

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

Coovagh house caters for young people who engage in risk-taking behaviours including but not limited to; being unable to keep themselves safe and protected from exploitation by adults or peers, drug and alcohol misuse (excluding dependence), non-school attendance, violence and aggression.

Coovagh House aims to provide a safe, secure and therapeutic environment where young people learn to reduce their risk-taking behaviours while developing their wellbeing. The aim is 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 standard of child centred care to up to four young people, under the age of 18 years, who are detained under a High Court Special Care Order. This is supported through the use of a trauma informed 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.

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.

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.

Compliance classifications

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

Compliant: a judgment of compliant means the provider and or the person in charge is in full compliance with the relevant regulation.

Substantially compliant: a judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow, which is low risk.

Not compliant: a judgment of not compliant means the provider or person in charge has not complied with a regulation and that considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk-rated red (high risk) and the inspector will identify the date by which the provider must comply. Where the non-compliance does not pose a significant risk to the safety, health and welfare of residents using the service, it is risk-rated orange (moderate risk) and the provider must take action within a reasonable time frame to come into compliance.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector name	Role
25 November 2025	09:00hrs to 17:00hrs	Mary Lillis	Lead Inspector
	09:00hrs to 17:00hrs	Saragh McGarrigle	Support Inspector
	09:30 to 15:50	Erin Byrne	Support Inspector
26 November 2025	10:00hrs to 11:00hrs and 11:45hrs to 13:00hrs	Mary Lillis	Lead Inspector – Remote

What children told us and what inspectors observed

The centre was last inspected in November 2024 against 11 regulations. That inspection found the centre to be compliant with two regulations, substantially compliant with six and not compliant with three. Some findings from this inspection included; that the registered provider was not operating as required in line with condition 5¹ of their registration; that the provider had not ensured the person in charge appointed in October 2024 had the necessary qualifications for the role and had not ensured adequate resourcing of the service to meet the needs and number of children as set out in the statement of purpose. A satisfactory compliance plan was submitted following the November 2024 inspection. This plan included actions to be completed by the provider to bring the service into compliance with regulatory requirements.

In September 2025 an updated compliance plan was requested from and returned by the provider. This update demonstrated that actions outlined in the 2024 compliance plan had not been implemented. The provider had not ensured that the person in charge enrolled in the identified managerial qualification. While building works designed to address concerns related to accommodation and fire safety originally due to be completed by August 2025 were delayed and did not start until September 2025. Having received this information a provider assurance report (PAR) was requested seeking details of actions to be taken to address ongoing non-compliances and bring the service into compliance with regulatory requirements. This inspection was undertaken to validate the information within the provider's response. Only aspects of the service previously found to be not compliant with regulation were examined as part of this inspection.

At the time of this inspection there were four children living in the special care unit aged between 14 years and 17 years. Three of the four children agreed to speak with inspectors.

¹ Condition 5: The registered provider shall ensure that where a restrictive procedure is used in relation to a child, all available evidence in relation to the use of the restrictive procedure (including CCTV recordings where available) is reviewed by the registered provider within seven days of its use to ensure the use of the restrictive procedure

(a) was in accordance with the Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017 (the "Regulations") and

(b) did not give rise to any safeguarding concern. In the event that the review conducted by the registered provider

(1) is not completed within the seven day period,

(2) does not confirm that the restrictive procedure was in accordance with the Regulations or

(3) indicates that the use of the restrictive procedure may give rise to a safeguarding concern,

The registered provider shall, notwithstanding any other actions which it may take, notify the Chief Inspector in writing within three days.

The children who spoke with inspectors, had mixed views of living in special care telling the inspectors:

- "I don't like it."
- "It's okay here but no one wants to be here."
- "It's okay here, don't like being locked in."

All the children, who spoke with inspectors talked about how they spent their day including going on outings outside of the special care unit. They told inspectors that they liked going out and they "go to school and get out most days". One child was unhappy that they could not go to certain places on outings due to identified risks.

All the children knew how to make a complaint, with one child telling inspectors that they had made complaints in the past but that "nothing happens". Inspectors reviewed a small number of complaints and were satisfied that the outcomes were appropriate. When asked about who they would talk to if they had worries or concerns, children told inspectors:

- "I can talk to [key workers names] about worries, feel safe"
- "[Person in charge] is around, I can talk to him or others"
- There's "no one in here or my social worker that I trust to talk about worries."

All three children spoke with inspectors about their onward placement or lack of onward placement. Two children had onward placements identified, and one was able to tell the inspector the date for when they would likely transition out of special care. The third child spoke about their frustration with not having an identified placement telling the inspector, "there is no plan for me to move on – I went to child-in-care review, no plan made, I don't want to be here."

When asked what they would change or didn't like about the service, the children identified different topics, including the behaviour of their peers, access to certain items and the condition of the building, they said:

- "can't have a mobile phone, not fair."
- "thing that's most unfair is that [other child] break things and cause hassle then they get to go out."
- "don't get things fixed quickly, takes weeks to get thing fixed."

Inspectors had the opportunity to see the building where children live. Inspectors saw first-hand the maintenance issues raised by one child. Inspectors observed that the building in general was in need of repair and refurbishment. There had been a significant amount of property damage in certain areas of the building resulting in communal areas appearing very bare and worn. Inspectors noted that

there was damage to paint and plaster. There were a number of doors and storage areas boarded up and not accessible. This was again due to extensive property damage which made them unsafe and requiring them to be secured. Management in the centre were working to address the maintenance issues, for example the gym was undergoing refurbishment works during the inspection. This will be outlined in more detail under regulation 17, accommodation.

As part of the inspection process, Inspectors try to speak with the parents and or carers of the children living in special care. During this inspection, two family members spoke with and told inspectors their views of the service. While both reported that the children were being kept safe, they had opposite views on a number of aspects of care being provided by the service.

One family member reported that communication with staff was good and that they were kept updated in a timely fashion and were involved in the decision making regarding the child's care. The other reported they were not happy with communication as, it was often slow and they felt it was difficult to get a response from staff and management.

One family member reported that their child was getting the support they needed and that the structure and routine in special care was working for the child. The other family member painted a different picture saying that supports for the child were slow to be put in place and while safe, special care was not making a difference for their child.

Both family members reported that staff supported contact between them and the children. This included phone calls and in-person meetings, inside and outside of the special care unit. One family member was unhappy that it was usually only one staff member driving their child to visits. They acknowledged that there was no reason to require two staff in the car with their child but felt it would be better.

As part of the inspection process inspectors also contacted the professionals involved in the children's care. Three social workers and one guardian ad legitim², spoke with inspectors. These professionals were in general positive about the service. They told the inspectors that it was a good service and the approach used with the children worked and helped the children. All the professionals reported that the children were being kept safe by the staff and management.

The professionals spoke about good communication with the staff and managers. They described receiving phone calls or an initial email about any significant events usually within 24 hours. However, two professionals noted that the full

² A person who supports children to have their voice heard in certain types of legal proceedings, and makes an independent assessment of the child's interests.

significant event notification (SEN) form³ may take a week or longer to be received.

The professionals noted that staff promoted the rights of the child. They gave examples of staff advocating for children to be fully informed about their care, while others spoke about staff responding appropriately to complaints made by the children. One professional noted that the children were always listened to by staff.

Capacity and capability

The centre was inspected against seven regulations, and found to be compliant with two, substantially compliant with three and not compliant with two regulations. The registered provider did not have adequate monitoring systems in place to ensure that action plans and commitments given were undertaken in a timely fashion and did not ensure that the person in charge was adequately qualified for the role. The concerns found during this inspection resulting in three substantially compliant and one not compliant findings were also found in June 2024 and November 2024.

The registered provider was found to be compliant with condition 5 of their registration, however improvements were needed in the recording to fully evidence the provider's review of the use of restrictive procedures, in line with the requirements of the condition. Inspectors found reviews were being undertaken however, the date of these reviews were not clearly recorded meaning that inspectors could not identify if reviews were occurring within the seven day timeframe as required. The service Director provided verbal assurances that all reviews were happening within this time frame.

The registered provider ensured that the statement of purpose included all required information as per schedule 1 including the information set out in the current certificate of registration. There was a child friendly version of the statement of purpose which was explained to children when they were admitted to the centre.

During the previous inspection in November 2024 it was found that registered provider had not ensured that the, then newly appointed person in charge (PIC), had the appropriate qualification in the management of a health or social care service, as required by regulation 13 (4)b. The registered provider provided

³ A significant event notification form documents the nature of an event for example achievements, medical appointment or use of restrictive practice. It outlines what happened before, during and after the event, detailing both the actions and communication by the child and staff involved. It may include changes implemented to a child's plan as a result of an event.

assurances to the Chief Inspector that the PIC had the necessary skills and experience to manage the special care unit, including three years' experience in a management and or supervisory role with in the Special care unit. The Chief Inspector accepted assurances, through the provider's compliance plan response following the previous inspection that, appropriate action would be taken to ensure the person in charge would begin a relevant third level qualification in 2025. In addition, the provider committed to ensuring that adequate supervision and oversight mechanisms were put in place to support the ongoing development of the newly appointed person in charge. This would include a bridging course focused on management skills, to be completed prior to the commencement of the relevant course affording the PIC a qualification in the management of health and social care services. At the time of this inspection, the person in charge had completed the bridging course in late 2024 but had not commenced the required management qualification as agreed. In addition, the supervision of the person in charge was found to be inadequate.

The person in charge gave notice to the chief inspector regarding incidents occurring in special care in line with the requirements of the regulation.

Improvements were required in the supervision and support of staff in the special care unit. The person in charge had systems in place to ensure the professional supervision of all residential special care staff including agency staff. These systems required improvement in order to ensure supervision was occurring consistently in line with policy. While gaps in frequency of supervision were identified by audits and addressed, they were noted to reoccur. The supervision sampled by inspectors was of good quality, addressing areas such as practice, professional development and support.

Regulation 5: Statement of purpose

The registered provider had in place a statement of purpose which outlined the information required within schedule 1 of the regulations. This included the services and facilities provided, the management and staffing structure and the practices and procedures to ensure the child's wellbeing and safety.

The statement of purpose had been reviewed and updated annually and was last updated on 1 October 2025.

A child friendly version of the statement of purpose, using simple clear language was provided to children and their families on their admission.

Judgment: Compliant

Regulation 13: Person in charge

The person in charge demonstrated the skills and experience necessary to manage the special care unit, however they did not have the necessary qualifications as set out in the regulations. The November 2024 inspection found that the provider held information about the person in charge as required in schedule 3 of the regulations, as a result it was not necessary to review this documentation during this inspection.

The provider appointed a new person in charge in October 2024. At the time of their appointment, the person in charge did not have a management qualification as required by the regulations. The Chief Inspector was assured that the person in charge would enroll in a Health Services Management Diploma commencing in August 2025; that in the interim the person in charge would complete a bridging course in professional management in 2024 and they would be provided with sufficient supervision and oversight to ensure there was no impact on children or service provision.

There were not adequate governance systems in place to ensure that the registered provider completed all necessary actions, as agreed following the previous inspection of the service. The person in charge completed the bridging course in 2024 but did not apply for the diploma course in 2025. At the time of report writing no appropriate qualification in the management of health and social care services had been identified and or secured for completion by the PIC. For this reason the provider was found to be not compliant with this regulation.

Judgment: Not compliant

Regulation 16: Staff supervision and support

The person in charge ensured that each staff member in the special care unit received supervision and support but inspectors found that the frequency was not always in-line with the provider's supervision policy.

The person in charge monitored the levels of supervision and support provided to staff members supervised by social care leaders, through the use of supervision audits. These audits reviewed the frequency of supervision. It was noted that gaps in supervision sessions were identified by these audits, and addressed. However this was not maintained and gaps in supervision reoccurred. For example the August 2025 audit noted that four social care workers had gaps of between seven and 14 weeks. This was addressed for these staff but the October audit showed gaps had reoccurred with three staff having eight weeks between supervision sessions. Audits did not result in sustained improvements in the frequency of

supervision for all staff and staff were not consistently receiving supervision in line with policy.

Inspectors sampled records of staff member's supervision and found that when it occurred supervision was of good quality and provided adequate support to staff members.

Judgment: Substantially compliant

Regulation 24: Governance and management

While progress had been made in some areas such as the resourcing of the centre, and compliance with Condition 5 of registration. The provider needed to strengthen their monitoring of the service in particular as it related to commitments given to the Chief Inspector and actions identified in compliance plans.

The provider ensured that the obligations under condition 5 of registration was being met, however improvements were required in the documentation in relation to meeting this condition. Condition 5 requires that a review of restrictive procedures be carried out by the provider within seven days and sets out circumstances in which the Chief Inspector should be notified. Inspectors found clear evidence of reviews being carried out by either the Director of Special Care or a deputy Director from another special care unit for all restrictive procedures sampled. These reviews were comprehensive and included the information required by the condition and additional information such as learning from the period before the procedure was implemented and afterwards. However, the review documentation did not note the date of the review nor the date of the incident. The date of the incident was easily obtained from other records but, the date of review was not evident. Inspectors were able to see that SENs from the week before the inspection had been completed but could not confirm the timeframe for any others. The Director gave inspectors verbal assurances that the reviews were happening within the time frame.

The provider ensured that the special care unit had sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose, through the use of agency staffing and overtime. Since the inspection in November 2024 the number of vacant posts in the service had been reduced with 24 of 26 whole time equivalent posts filled. The service continued to rely on a relatively high number of agency staff as there were nine staff unavailable to work due to long term leave. Seven agency staff were employed. They were employed regularly, were known to the children and received supervision. There was one vacant social care leader role and one social care leader role being filled internally.

A sample of rosters showed that there was sufficient staff on shift to meet the needs of the children. It was noted that during a period of high sick leave overtime was used to ensure adequate staffing.

There was a clearly defined management structure in the special care unit. The person in charge was responsible for the day to day running of the service. The person in charge reported to the service Director who is a person participating in management as defined by the regulations. The Director held delegated duties. There was a record of these delegated duties, which detailed the responsibility for areas of special care provision as required by regulation. Two deputy social care managers also supported the person in charge and participated in the manager-on-call rota during evening and weekends.

There were management systems in place to ensure that the service provided was safe and appropriate to children's needs. These systems were not effectively monitored by the provider. The provider did not ensure adequate supervision of the person in charge nor did they ensure that actions identified in compliance plans were completed within stated timeframes.

There was a service improvement plan in place. This outlined the actions required to come into compliance with regulations. While this did successfully track and implement some actions, it was not effective for others. For example, it noted that supervision audits were ongoing and supervision was in line with policy. However, as discussed under regulation 16 this inspection found that this did not result in consistent sustained improvement.

As previously discussed, under regulation 13, assurances were given to the Chief Inspector in relation to the support, supervision and oversight to be provided to the person in charge until they completed the required qualification in management. Inspectors reviewed the supervision of the person in charge. The person in charge's supervision contract stated that supervision should take place every four to six weeks. Supervision, when it took place, was of good quality. Management of the service, service improvement plans, and supports for the person in charge were all discussed in detail. However there were only two formal supervision sessions in the six months before the inspection and a total of four to that date in 2025. In addition it was noted that there was a gap between August 2024 and March 2025 when no supervision took place, it was during this period that the person in charge was appointed. The inadequate supervision of the management team within this service has previously been identified in both June 2024 and November 2024 inspections and assurances were given that actions were implemented by the service to bring the service into compliance.

Management meetings and team meetings took place on regular basis. There was a set agenda for these meetings. A review of the minutes showed there was

discussion of children and their progress, staff numbers and training and service improvement. Some improvement to the detail provided for some discussions at team meetings was needed in order to provide staff, who had not been in attendance, with enough information to understand what was discussed. For example, during one meeting it was noted under complaints that one child made two complaints regarding washing their clothes. There was no further detail regarding the substance or outcome of these complaints. The inspector was able to get this information from a significant event notification and from discussion with the person in charge. However, there was not effective mechanisms in place to ensure staff members were aware of this information ahead of going on shift and caring for that child.

The Director was on-site weekly and was noted to attend all management meetings in the previous six months with the expectation of two. Both the person in charge and Director described weekly meetings in which the person in charge provided an update on the service. They described a focus on the programme of special care for children, staffing and building works. However there was no minutes of these meetings for the inspector to review.

There was a system of audits and registers in place to provide oversight to management, however improvements were required to ensure that they worked efficiently and effectively. For example, there were two significant event registers. One was hand written and was used as checklist of activities to be completed by staff following a significant event, such as email synopsis sent to professionals, SEN completed. This was up to date but did not contain sufficient information to allow for analysis of an event for example the synopsis of incident was usually a single word or short phrase such as "horse play" or "VHA" (violence, harassment and aggression). The second SEN register contained more information such as if the SEN had been reviewed by management, if a notification had been sent, if it required review at the significant event review group (SERG). However, this was not up to date and had not been completed since July 2025. Some of this information was included in the restrictive practice review document previously referenced.

The person in charge reported that they relied on a daily debrief from staff for oversight of significant events and other day-to-day developments in the service. Inspectors reviewed a sample of these debriefs, there was one for day time and one for night. They focused on the programme of care for children and day to day activities and incidents such as contact with family. They provided a clear overview of the children's day and or night in question.

The person in charge reported that a broader analysis of the SENs was completed monthly by external quality risk and service improvement staff. These were presented and discussed at SERG meetings.

The registered provider ensured there were effective arrangements in place to facilitate persons employed in the special care unit to raise concerns about the quality and safety of the special care provided. Inspectors noted that staff members were reminded about the providers protected disclosure policy in team meetings.

The regulations requires that the provider assess the safety and quality of care being provided in the special care unit in two ways. Firstly, by carrying out an annual review and an unannounced visit to the special care unit at least every six months. Most recently the practice assurance service monitoring (PASM) team carried out a visit in July 2025. The person in charge carried out a review of the service for 2024. This included an analysis of the centre's main risks, staffing, significant events and actions identified to come into compliance with regulations. However, there were gaps in the analysis within this report for example it noted the gaps in supervision practices for social care workers, social care leaders and deputy social care managers but it did not identify gaps in the supervision of the person in charge.

Restrictive practices were reviewed regularly, by multiple members of the management team to ensure they were used only when necessary, were the least restrictive possible and for the shortest possible period. All physical restraints were reviewed by the person in charge and a deputy centre manager who was a trainer in the providers approved approach to behaviour management. Regular significant event review group (SERG) meetings took place. A review of a sample of the minutes demonstrated that these meetings identified both areas for improvement and positive practices for learning. However, it was not always possible to track how these learnings were communicated to the wider team, due as previously discussed, to the limited detail in team meeting minutes.

While there was a clearly defined management structure and improvements in the resourcing of the centre, the systems in place for monitoring the service required improvement to ensure that commitments on actions to be taken by the provider and actions identified in compliance plans to address regulator non compliances, were implemented. This inspection identified a number of actions relating to regulations 13, 16, 17 and 26, which had not be implemented or consistently maintained, since June 2024. For this reason the provider was found not compliant.

Judgment: Not compliant

Regulation 27: Notification of incidents

The person in charge gave notice to the chief inspector regarding incidents occurring in special care in line with the requirements of the regulation.

Inspectors reviewed notification register and sampled a number of significant events and found that incidents were notified to the chief inspector appropriately and within the time frames as set out in the regulations.

Judgment: Compliant

Quality and safety

The registered provider ensured that each child was provided with their own bedroom, adequate toilet and showering facilities and adequate communal space. There were plans in place to improve the environment, such as refurbishing the gym, residential and administration buildings. However the building at the time of inspection required significant repair and or refurbishment, this was an ongoing issue that was previously identified in June 2024. Inspectors found that there were delays in required maintenance work being completed, which not only impacted on the homeliness of the environment but had the potential to increased response time of staff during incidents.

The registered provided had taken precautions against the risk of fire. Inspectors found that all staff and children had engaged in fire drills. Almost all staff had up-to-date training in fire safety, a small number of staff were due to complete the training again in the month following the inspection. All required fire safety equipment checks were carried out. However, building works required for the service to come into full compliance, first identified in June 2024, had been delayed and the timelines agreed following previous inspections had not been adhered to. It is of note that the Chief Inspector had not been informed of these delays and or changes to agreed actions relating to the refurbishment of the special care unit. These works had started but had not yet been completed.

Regulation 17: Accommodation

The accommodation was adequate for the number and needs of children living in the designated centre at the time of the inspection. However, there were ongoing delays in the completion of maintenance works.

Inspectors found that there were delays in required maintenance work being completed. This is an on-going issue and had previously been identified in both

the June 2024 and November 2024 inspections. Inspectors acknowledge that the nature of special care is such that property damage is more likely to occur than in other settings, however this makes it more important to have an efficient and effective maintenance.

The risk to young people's health, safety and wellbeing as a result of a decline in the physical environment of the centre was listed on the service's risk register since February 2022. The risk had been regularly reviewed and updated by the person in charge and service Director as situation changed. It was most recently reviewed in September 2025. The person in charge and Director had also raised these concerns more recently via the need-to-know procedure to the National Director of Children's Residential Services on 11 November 2025. However, despite these mechanism inspectors found that delays in relation to the maintenance of the building were on-going. An example of this was that a door could not open inwards for 10 days at the time of the inspection. This door continued to function adequately as a fire escape. However, staff would be required to use a door which was slightly further away, if responding to an incident in that part of the building. This had the potential to delay a response from staff. The person in charge had taken steps to mitigate the impact by ensuring that all staff were aware that when responding to an incident they could not use the broken door and were directed to use the next closest door. Management were very aware that even a small delay can place children and staff at increased risk during an incident.

As discussed earlier in the report, Inspectors observed that there was damage to paint and plaster. Inspectors noted that this created an environment in some parts of the building that was not homely or welcoming. One child told inspectors "press in kitchen broken few weeks ago so I'm not allowed in to do my cooking, others are allowed in, told I'm a bigger risk with broken door. I have to eat what is cooked for me now, I don't like that." While the delay in maintenance was one factor included in this child's risk assessment it was not the deciding factor in why they could not access the kitchen area. Inspectors found that this restriction was managed appropriately.

The Director and the person in charge acknowledged the delays in maintenance. Inspectors were informed that a business case was put forward to hire dedicated maintenance personnel local to the special care unit. This plan did not go ahead due to circumstances outside the control of the person in charge and delays in completion of ongoing building works continued.

As outlined earlier in the report, the gym was undergoing refurbishment. This was one part of a larger plan in relation to the refurbishment of the designated centre and attached school. The work was being approached in a step wise manner to minimise disruption to children. Following the November 2024 inspection report the provider identified that this work would be completed by 31 August 2025.

However, the work did not begin until September 2025 and at the time of inspection it was reported, would likely continue into quarter three 2026.

Judgment: Substantially compliant

Regulation 26: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and made adequate arrangements for preventing, detecting, containing, extinguishing fires and evacuating in the event of a fire. However, concerns identified in June 2024 had not been addressed to ensure the service came into full compliance.

All children and staff members had taken part in a fire drill. All children had personal emergency evacuation plans on files. Staff members were up to date with regard to their fire safety training, with a small number of staff having an identified training date for the month following the inspection.

There was evidence of the completion of required daily and monthly fire safety checks with oversight by management. Fire safety equipment was in place and regularly serviced. Floor plans with evacuation routes and containment zones were on display throughout the unit.

During the June 2024 inspection the provider was found substantially compliant in relation to fire safety. At the time of the inspection in November 2024, there were plans in place to address these issues including replacing a number of fire doors in quarter one 2025. There were delays to these plans and this work had not yet been completed. The provider failed to notify the chief inspector of delays in completion of required works within the designated centre.

As previously noted, building work had commenced in September 2025 and would include addressing actions required to come into full compliance with fire safety regulations. However, this work is not expected to be fully completed until summer 2026. As this work had begun but was not completed within the agreed timeline, and the chief inspector had not been notified of changes and or constraints in the implementation of actions to address non-compliances with regulation 26, the provider was found to be substantially compliant.

Judgment: Substantially Compliant

Appendix 1 - Full list of standards considered under each dimension

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

Standard Title	Judgment
Capacity and capability	
Regulation 5: Statement of purpose	Compliant
Regulation 13: Person in charge	Not compliant
Regulation 16: Staff supervision and support	Substantially compliant
Regulation 24: Governance and management	Not compliant
Regulation 27: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Accommodation	Substantially compliant
Regulation 26: Fire precautions	Substantially compliant

Compliance Plan

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

Provider's response to Inspection Report No:	MON-0048816
Centre Type:	Special Care Unit
Date of inspection:	25 November 2025
Date of response:	9th of January 2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is

required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

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

Compliance plan provider's response:

Regulation 13: Person in charge	Judgment: Not Compliant
Outline how you are going to come into compliance with Regulation 13:	
<p>To ensure that the Interim Person In Charge has the appropriate managerial qualification and skills necessary to fulfil their role under the Regulations, they will commence a QQI Level 6 Certificate in Human Services Manager. This course will begin in January 2026 and conclude in Q2 2026.</p> <p>Whilst the Interim Person In Charge (PIC) is studying for this course, they will continue to receive regular supervisory support from the Director of Special Care and other Person Participating in Management from another Special Care Unit. The Director of Special Care will have a connect meeting with the Interim PIC on a weekly basis to discuss day to day management of the Special Care Unit. Minutes of same will be recorded. The PPIM will provide additional supervision support to the Interim PIC to support the Interim PIC's development in the role.</p>	
Proposed timescale: Course to begin Q1 2026-Q2 2026	Person responsible: Interim Person in Charge

Outline how you are going to come into compliance with Regulation 16:

Management meetings are in place to review the safety and effectiveness of the service being delivered to the young people. Supervision structures are in place to support individual staff members and Managers. At management meetings the delegation of duties is reviewed to include priority supervision.

The Interim PIC will ensure that all staff members receive support and supervision by appropriately qualified staff, to ensure that they perform their duties to the best of their ability in line with our Supervision Policy.

The Interim PIC monitors the levels of supervision and support provided to staff members supervised by social care leaders, through the use of supervision audits. These audits review the frequency of supervision and alert the Interim PIC to any discrepancies in frequency.

- A monthly report on the supervision register will be submitted to the Interim PIC for auditing purposes.
- An email will be generated by the Grade VI staff member in the Interim PIC's office on a monthly basis to each individual supervisor highlighting the current status of their supervisees which will include details of when supervision must be completed with each individual.
- Where deficits are identified by the Interim PIC an immediate action plan will be implemented to bring supervision back in line with policy.
- The Interim PIC has requested a schedule of planned supervision from all supervisors for 2026. This schedule is on an excel tracker for monitoring by the Grade VI who will keep the Interim PIC updated on same.
- If a supervisor is absent for an extended period, a contingency plan will be put in place by the Interim PIC to maintain regular supervision for all staff or where staff are outside the appropriate frequency, they will be supervised by their supervisor or delegate within 7 days, dependent on shift patterns.
- The Grade VI will audit all supervision records and communicate with all supervisors that notes must be signed off after every session, (signatures, transfer sheets, duration of supervision session).
- The QRSI Officer for the Special Care Unit will undertake a review of supervision records each quarter for additional oversight of the quality of the records maintained to identify learning and training needs of individual supervisors and to verify that supervision is completed as per Tusla Supervision Policy.

<ul style="list-style-type: none"> - The Interim PIC will meet with individual Supervisors/Supervisees if supervision goes outside of the frequency as laid out in the Tusla Supervision Policy 2023 for no valid reason. - Team meetings and management team meetings will have a standing agenda item, that all staff are reminded to plan and participate in supervision meetings at a frequency as per Tusla Supervision Policy. - A full audit review of supervision to be completed by Interim PIC and DSCM- actions from same to be discussed regarding updates at managers meeting. - All staff have been invited to complete online supervision training (HSELand). 	
Proposed timescale: Q1 2026	Person responsible: Interim PIC

Regulation 24: Governance and management	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24:</p> <p>The Director of Special Care will review all instances of restrictive practices within 7 working days and the PPIM will review all CCTV footage of physical interventions where appropriate.</p> <p>The documentation will include:</p> <ul style="list-style-type: none"> • the date of the incident of restrictive practice occurred • the signature of the Director of Special Care • the date of the review by the Director of Special Care or delegate (PPIM) <p>An audit will be undertaken by the Grade VI each month for additional governance and oversight.</p> <p>Staff practices are discussed at the weekly management meetings to include the use of restrictive practices to ensure they are measured and proportionate. This will be recorded in the meeting minutes.</p> <p>Shared learnings from restrictive practices that involved physical interventions are reviewed at SERG meetings, and the minutes will identify any areas for improvement and positive learning. These learnings will be communicated to the wider staff team and evidenced through the recording of same in the team meeting and management team minutes.</p> <p>Sufficient resources to ensure the effective delivery of special care in accordance with the Statement of Purpose through the use of agency staffing and overtime.</p> <p>-Tusla continues to recruit full-time staff to include SCW's and SCL's to fulfill vacancies in CHSCU.</p> <p>-CHSCU will only recruit agency staff from procured approved providers, and have proven that they are registered with CORU.</p>	

- All agency staff will be afforded the same opportunity to complete a comprehensive training plan and induction as their TUSLA colleagues.
- All new agency staff are assigned to work a mix of day and night shifts to ensure management can observe their professional practice and address any deficits in a timely manner.
- Unit rosters are discussed at the weekly management meeting to ensure a balanced skill set and appropriate numbers are onsite at all times.
- Substantial governance and oversight are provided by unit management in relation to rosters;
 - Rosters reviewed by DSCM daily.
 - DSCM assist with shift plans & have governance of same.
 - Amendments completed following an identified gap in skills.
 - Management signs off on shift plan daily.
 - Weekend plans signed and approved by management prior.
 - All plans approved by PIC.

-All agency staff receive enhanced supervision during their first six months in line with TUSLA's national supervision policy.

- All agency staff receive a comprehensive induction prior to commencing work with young people.

- All agency staff are met by the Person In Charge when they commence.

- All staff inclusive of Agency attend daily handover, daily debriefs, attend team meetings, are provided with routine supervision, regular support check ins from unit management and can avail of further supports provided by Tusla to ensure they are confident in completing their duties and have the ability to care for the Young People resident. Unit management are located within the unit daily where staff can escalate or discuss any concerns they may have.

-All staff inclusive of Agency complete Mandatory training which supports them to manage the environment and complete their role. Staff are provided with de-escalation techniques to support them in their daily tasks. This training includes a variety of online and practical training such as Therapeutic Crisis Intervention (TCI), Safety Pod Training, Ligature Training, Welltree Training, Violence Harassment & Aggression (VHA), Crisis Management Training, Children First, Health & Safety Awareness.

-Where agency staff members are required to be utilised, Coovagh House avail of a cohort of SCW's who have history working in the service. The use of Agency Staff is closely monitored by Coovagh House Senior Management.

Management Systems

Supervision frequency of Interim PIC

Supervision dates have been arranged for 2026 between the Person Participating in Management and the Interim PIC, in line with Tusla's Supervision Policy 2023. Meetings between the Interim PIC and PPIM to be recorded, signed off and held on supervision file. Weekly connect meetings will be held with the Interim PIC and the Director of Special Care and will be recorded.

Compliance Plan review

The responsibility for the implementation of Coovagh House SCU's Service Improvement Plan lies with the Interim PIC, with oversight by the Director of Special Care. Each action has a person responsible as stated on the compliance plan. The HIQA compliance plan will be reviewed by the Interim PIC with the Coovagh House management team (Deputy Social Care Managers, QRSI, GVI administration, and Director of Special Care or PPIM) at the first management team meeting of each month. The Interim PIC will also consult with the QRSI Officer and the GVI administrator monthly to review progress on compliance plan actions, and the service improvement tracker will be updated. The Interim PIC will discuss any delays in compliance plan actions directly with Director of Special Care at their weekly connect meeting. The Interim PIC will advise HIQA of any delays to compliance plan actions as appropriate.

Complaints

When a YP has an open complaint that concerns their programme of care, this will be recorded in the daily shift handover to ensure staff members are aware of this information ahead of going on shift and caring for that young person. Complaints are an agenda item on managers meeting and staff meeting and updates are clearly recorded on same.

Management Meeting Minutes

Minutes are kept by the Grade VI of all management team meeting discussions and decisions which are then circulated to all relevant staff.

SEN register

The CHSCU SEN register to be updated as SEN's occur and are completed. The PIC SEN Register will be cross checked against the CHSCU SEN Register and updated as required by the Grade VI and Interim PIC.

Annual review

An the annual review of the CHSCU will be carried out in Q1 2026 for the year 2025. The QRSI Officer will support the PIC with this report. The Annual Review Report will ensure to include the analysis from the data provided for 2025 including audits and other data such as incidents, risks, complaints etc.

An unannounced visit to the special care unit at least every six months as per Regulation 24 (3)

PASM conducted an audit of Coovagh House SCU on the 4th of November 2025 and a previous audit on the 6th of February 2025.

Proposed timescale:
Q1 2026

Person responsible:
Interim PIC

Regulation 17: Accommodation	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: All the buildings listed below on Coovagh House campus are to undergo planned building renovations, the completion dates as listed have been agreed with the building provider as of December 2025.</p> <ul style="list-style-type: none"> • Gym Building (Q4 2025- Q1 2026) • Administration building (Q1 2026- Q2 2026) • St.Canices' school (Q2 2026- Q4 2026) • Residential Building (Q4 2026- Q1 2027) <p>However building works may be hindered due to the availability of specialised materials from providers. HIQA will be notified of any delays to these scheduled works by the Director of Special Care.</p> <p>The Building works project team meet monthly. With representatives from Business Support and Tusla Estates, to review progress and time frames.</p> <p>HSE Maintenance continue to provide building maintenance to the CHSCU Campus. CHSCU staff log any issues with through the maintenance system.</p> <p>A business case has been logged for the funding for a full-time maintenance person to be employed for CHSCU. Awaiting outcome of 2026 budget allocations.</p> <p>It is accepted that the residential building requires substantial work to improve the ambiance and living environment for young people and staff. As part of the planned building renovation works (2025-27) CHSCU will be redecorated and furnishings and fittings will be improved, Young people and staff will be consulted in relation to these enhancements.</p> <p>Young people's rooms will be decorated to a high standard with input from the young people in the design of the own rooms as part of the planned building works 2025-2027.</p>	
<p>Proposed timescale: Q1 2027</p>	<p>Person responsible: Interim PIC</p>

Regulation 26: Fire precautions	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26:</p> <p>Outline how you are going to come into compliance with Regulation 26:</p> <p>Ongoing Building works on Coovagh House campus 2025-2027 Building works have commenced in Q4 2025 on Coovagh House campus and will continue into Q1 2027. Building works include;</p> <ul style="list-style-type: none"> • upgrading and fire remedial works • fireproofing/prevention • safety maintenance <p>All the buildings listed below on Coovagh House campus are to undergo planned building renovations, the completion dates as listed have been agreed with the building provider as of December 2025.</p> <ul style="list-style-type: none"> • Gym Building (Q4 2025- Q1 2026) • Administration building (Q1 2026- Q2 2026) • St.Canices' school (Q2 2026- Q4 2026) • Residential Building (Q4 2026- Q1 2027) <p>However building works may be hindered due to the availability of specialised materials from providers. HIQA will be notified of any delays to these scheduled works by the Director of Special Care.</p> <ul style="list-style-type: none"> - As part of the building works the installation of new internal fire doors will be installed throughout campus buildings. - Additional smoke detectors will be fitted in the ceiling void and additional heavy duty metal access hatches. - Ventilation to be provided by new openable windows and background ventilation. Mechanical ventilation for the toilets. - All Fire alarm panels will be replaced by Master Fire and this work will be co-ordinated to be done all on the same day. 	
Proposed timescale: Q1 2027	Person responsible: Interim PIC

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 13(3)	The post of the person in charge shall be full time and the registered provider shall ensure that the person in charge has the qualifications, skills and experience necessary to manage the special care unit, having regard to the size of the special care unit, the statement of purpose, and the number and needs of the children detained in the special care unit.	Not compliant	Orange	Q2 2026
Regulation 17	The registered provider shall provide adequate and suitable accommodation, as set out in Schedule 4, having regard to the number of children detained in the special care unit and the nature of the needs of each child.	Substantially Compliant	Yellow	Q1 2027
Regulation 16	The person in charge shall ensure that an appropriate level of professional supervision and support is provided	Substantially Compliant	Yellow	Q1 2026

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
	to staff members in the special care unit.			
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	Orange	Q1 2026
Regulation 24(1)(d)	The registered provider shall ensure that there is an annual review to assess the quality and safety of special care provided in the special care unit and to confirm that such special care is in accordance with national standards, the interim special care orders or the special care orders generally, and the child's programme of special care.	Substantially compliant	Yellow	Q1 2026
Regulation 26(1)(d)(vi)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	Q1 2027

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For further information please contact:

Health Information and Quality Authority

George's Court

George's Lane

Smithfield

Dublin 7

D07 E98Y

+353 (0)1 8147400

info@hiqa.ie

www.hiqa.ie

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