



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:	Announced
Date of inspection:	09 and 10 June 2021
Centre ID:	OSV-0004219
Fieldwork ID	MON-0032838

About the designated centre

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

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

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

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

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

The following information outlines some additional data of this centre.

Current registration end date:	01 November 2021
Number of children on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service,
- talk 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 summarize 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
09 June 2021	10:00hrs to 17:00hrs 10:00hrs to 16:30hrs 11:00hrs to 17:00hrs	Lorraine O'Reilly Susan Geary Pauline Clarke Orohoe	Lead Inspector Support Inspector Support Inspector
10 June 2021	09:30hrs to 16:00hrs 09:30hrs to 16:00hrs 09:00hrs to 16:00hrs	Lorraine O'Reilly Susan Geary Pauline Clarke Orohoe	Lead Inspector Support Inspector Support Inspector

What children told us and what inspectors observed

This inspection found that children received good quality care and support that was child-centred, personalised and responsive to their individual needs. Children received appropriate interventions, and care practices afforded to children were continually reviewed and monitored to ensure their effectiveness. Inspectors observed children interacting with staff in a friendly manner and there was a relaxed atmosphere throughout the centre. Children's rights in relation to participation and involving them in decision-making were supported by staff who advocated promptly on children's behalf.

Inspectors had the opportunity to meet with and observe children and staff while onsite at the centre over a two day period. There were four children living in the centre at the time of this inspection and inspectors met with two of them onsite. Inspectors visited the residential unit where children lived, as well as the gym building and school. Inspectors observed children and staff as they got on with their everyday activities. Inspectors also spoke with four parents and guardians, three social workers and four guardians ad litem, in order to gather their experience of the service.

The accommodation provided to children was bright, colourful and decorated appropriately. Children had been consulted about changes to the centre to make it more homely. The dining area was bright with paintings on the walls and there were various other living areas within the unit, which provided space for children. A separate building had a gym, pool room, relaxation room and an area where children had access to the internet. Children had recently built a barbecue with staff in the garden area, where there was a colourful repainted picnic bench and a trampoline. There was a visitor's room with couches and a television, where children could meet with their family and friends. Children's bedrooms were personalised and decorated by children and staff. One child showed an inspector their artwork and family photos on their bedroom door.

Children spoke positively about the staff team. One child told inspectors that 'staff go out of their way to help' and gave an example of how they had helped them to get back into boxing, which was an activity they liked. They said 'there was nothing bad' they could say about the centre. They also said that staff members listened to them and cared for them very well. Children appeared comfortable and relaxed while talking with the managers and staff. Children were observed talking with staff outside of their school, having lunch and getting ready to leave on outings.

The special care unit is a secure environment, and on a walk around inspectors observed staff and the school principal supervising children on the grounds of the campus. The residential unit door was locked at all times, and internal doors were open to allow free movement of children between living areas and bedrooms. Children could not leave the

residential centre without staff assistance and supervision and this was well managed. Children had safe access to facilities across the campus and they benefited from this.

The centre had appropriate safeguarding practices in place. The safety of children was a priority for staff, and they operated in line with the centre's policies and procedures on safeguarding. Children were safe as a result. One child told inspectors they felt safe in the centre. Another child told inspectors about a time when they experienced being physically held by staff members for their own safety.

Staff encouraged children's participation in decision-making about their care. Inspectors observed and spoke with children about the activities that they chose to take part in. Children told inspectors that they enjoyed activities such as horse-riding and boxing. Children were also involved in a youth participation group and took part in the An Gaisce Presidents Award. Children were also provided with the opportunity to explore apprenticeships in the community and were provided with external supports to help them with this. Work experience outside of the centre was arranged for children where appropriate, and they also had the opportunity to complete courses such as first aid. Guardians ad litem told inspectors that the staff team had found the right balance between supporting and guiding young people, and providing them with sufficient opportunities to make decisions about their lives.

Children's right to participate was encouraged through their involvement in young people's meetings, weekly planning meetings and through daily interactions with staff. Staff told inspectors when children declined to attend the house meeting, they were spoken with individually to obtain their views. Feedback from the house meetings was discussed in team meetings and children were then informed of the discussions and outcomes. Areas of discussion included meal planning, purchasing new gym equipment, mattresses and talking about what activities work well as well as what needed to change. This impacted on the kind of positive and consultative experiences children had while placed in this centre.

Children were supported to develop and maintain contact and relationships with their families. Children often met with their families outside of the centre, in line with their programme of care. Parents told inspectors that they were satisfied that their children were safe and looked after 'very well'. They said staff communicated with them on a regular basis and they had received written information about the centre. Parents told inspectors that they were happy with the level of contact they had with their children. One parent was unhappy that visits with their child were held outside of the centre, but inspectors were satisfied with the rationale for this decision.

The staff team promoted the rights of children to make choices around their care and support, and to contribute to their overall programme of care. For example, children attended meetings related to planning their care. Children had a view on leaving the

centre. They said that they were not sure what their plan was, or the length of time they would continue to remain in there, and some felt they had done what was required of them to be discharged. However, they were confident that the staff team were working in their best interests in this regard. The views of children reflected the findings of this inspection in relation to timely onward placements for some children.

Children were encouraged and supported to attend school and develop independent living skills. Children had a school timetable and an individual education plans suited to their needs. All four children were actively involved in school and attended classes as well as going out on outings with school staff. Children's religious views were recorded on their files and discussed during individual work with children.

Children told inspectors they knew how to make a complaint and they were confident to do so. Children received information about their rights from staff during individual work and were also provided with information booklets. Children's complaints were managed well and children said that they felt listened to. Inspectors observed information about complaints displayed in the centre.

Social workers and guardians ad litem who spoke to inspectors were satisfied that the care provided to children was reviewed and monitored well. They were 'impressed' with the positive and effective relationships between staff and children, and communication with the centre was regular and good. They said that the staff team went 'above and beyond' to meet children's needs, to get them involved in activities in the community and to be actively involved in their programme of care. They said they experienced the person in charge as a strong leader, and described the service as 'holistic'.

Overall, the children living in this centre at the time of inspection were respected, consulted with and encouraged to participate in decisions about their care and to get an education. Although this was a secure (locked) centre, the staff team took every opportunity to limit the physical restrictions on children within their living areas and the campus, where appropriate. Children benefited overall to the approach to their care, but they wanted to see improvements in relation to planning and providing timely onward placements.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The aim of this announced inspection was to assess ongoing compliance with the regulations, and it provided inspectors with the opportunity to gain further information in

relation to the centre's application for renewal of registration. There were management systems in place to ensure that the care provided to children was safe, consistent and appropriate to their needs. There was effective governance and leadership of the centre. Governance and management structures were clear and set out the lines of authority and accountability. Overall, inspectors found a good level of compliance with the regulations with some improvement needed in the provision of staff supervision, and in the reporting process for child protection concerns.

Inspectors found that there was a well-defined management structure in the centre. There was a national lead for children's residential services, who filled the role of registered provider representative for the designated centre. There was a person in charge, suitably qualified and experienced, who was responsible for the operational management of the centre. The person in charge reported to the director of the service, who was a person participating in management, as defined by the regulations. The person in charge was supported by two deputy social care managers. There were clear lines of authority and assuredness of both role and delegated duties. There was a clear written record of the delegated duties assigned to staff members, including a list of duties and frequency of their respective audits.

There were effective systems of oversight in place. The service had an annual review for 2020, which was being finalised at the time of the inspection. The report detailed a review of the quality and safety of the service. The review included for example, a review of significant event notifications, complaints and an analysis of incidents of restrictive practice in the centre. In line with the finding of this inspection, onward placements for some children were difficult to find and delayed their discharge from the centre. This was recorded on the centre's risk register and escalated to the Tusla corporate risk register. Developing a strategy in relation to the provision of step down placements for children leaving special care was identified as an action in the improvement plans detailed in the annual review for 2020. Significantly, there was a plan to enhance the centre, and the findings on the accommodation provided in the centre is discussed in the quality and safety section of this report.

There were additional effective monitoring arrangements in the centre that provided oversight of the safety and quality of care provided to children. For example, there was a tracking system to assess ongoing compliance with regulations. There was also a structured programme of internal auditing. For example, audits of staff training, fire safety and staff supervision were undertaken. Any identified deficits were addressed to improve the quality of the service.

The timeliness of notifications by the person in charge to the chief inspector had improved since the last inspection. Incidents were reported in a prompt manner and the person in charge kept a record of all notifications. Incidents were reviewed and key learning was discussed at staff meetings. There were clear actions, directions and decisions made, demonstrating an appropriate managerial response to incidents.

A national suite of policies and procedures were implemented in 2020. All staff had received a copy of the policies and procedures and had completed training as part of the implementation plan. The centre had not yet formulated a child friendly version of the centre's policies and procedures and this was planned to be completed by the end of 2021, as part of the centre's improvement plan. Some staff who met with inspectors were not aware of the procedures and guidance related to protected disclosure.

There was a written statement of purpose for the centre. The centre had reviewed the statement of purpose in October 2020 and it accurately reflected the service provided. There was a child-friendly version of the statement within a colourful booklet provided to children who availed of the service. The statement of purpose was also provided to children's families, as required by the regulations.

Inspectors found that staffing levels were sufficient having regard to the number of children detained in the centre at the time of this inspection. The staffing structure comprised of one person in charge, two interim deputy social care managers, six social care leaders and 26 social care staff. At the time of this inspection, there were eight staff on long term leave which led to the centre utilising agency staff to fill gaps in the roster. The agency staff were familiar with the centre, and the same agency staff were used to provide consistent and stable care to the children. There were two vacancies at the time of the inspection comprising of one social care leader and one social care worker. Staff shortages did not impact on the quality of care provided to children. Staff recruitment processes were ongoing, and the provider had initiatives in place to attract new staff into the centre.

There were good communication systems in place and the person in charge had revised the staff rota to ensure there was ample time for handovers between staff shifts three times a day. This ensured that information about children and unit activities was timely across the staff team.

There was a good level of mentoring and support provided to managers and staff in the centre, and managers were accessible to the staff team. There was a culture of learning, progression and development of practice and service delivery. There was an enhanced induction programme in place for new staff, and existing staff had development plans in place, which were strongly promoted by the person in charge. Weekly management meetings took place and aspects of the service such as safeguarding, complaints, significant events and staff training were reviewed and monitored. These meetings were effective in implementing necessary changes to ensure a safe service to children.

Staff supervision was irregular and not occurring in line with centre policy. There were significant gaps in the recording of formal supervision, including that of the person in charge. Seven of the nine staff supervision files reviewed by inspectors had gaps of at least three months between supervision sessions. Managers and staff told inspectors that 'informal' supervision occurred regularly but this was not recorded. Completed supervision records showed an emphasis on training, staff well-being and discussion

about the children in the centre. In order to improve staff supervision, audits of practice had commenced, but this did not include supervision of the person in charge.

Staff in the centre had access to an ongoing programme of training that included mandatory training such as fire safety, and medication management training. There was a system in place to track and monitor staff training. Although COVID-19 had impacted on face to face training up to recently, online alternatives were put in place. Planned training was again interrupted as a result of a recent cyber-attack on IT services shared with the Health Service Executive.

All complaints were well-managed and in a prompt way in the centre. There was a complaints procedure in place which was explained to children in an age-appropriate manner. A copy of the complaints procedure was displayed in the centre. Inspectors found that this required updating, and it was rectified immediately by the person in charge. There was a culture of taking children's complaints seriously, and all relevant people were informed of complaints made by children. Children were informed of the outcome of their complaints. Records of complaints in children's files were good and contained all of the information required. The person in charge maintained a complaints log of all complaints, but it did not provide a complete overview of complaints for monitoring and review purposes. For example, it did not record the outcome of complaint, whether the child was satisfied with the outcome or informed of their right to appeal.

Regulation 4: Application for registration or renewal of registration

The provider submitted a full and timely application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 5: Statement of purpose

There was a written statement of purpose for the centre. A child-friendly version of the statement of purpose was provided to young people and their families. Parents confirmed that they had received a copy of the statement of purpose.

Judgment: Compliant

Regulation 6: Care practices, operational policies and procedures

The centre had not yet formulated a child friendly version of the centre's policies and procedures which were implemented in 2020. Some staff were unaware of Tusla's own procedure about how to make a protected disclosure.

Judgment: Substantially compliant

Regulation 13: Person in charge

The registered provider appointed a person in charge of the special care unit on a full time basis. They had the qualifications, skills and experience necessary to manage the centre. They had developed systems and structures for satisfactory management and oversight of the service. Information was held about the person in charge as stated in Schedule 3.

Judgment: Compliant

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

There were appropriate numbers of suitably qualified staff to care for the children detained there. There was a system in place to ensure that the registered provider maintained the records specified in Part B of Schedule 3. Improvement was required in relation to supervision of staff and this was judged against Regulation 16.

Judgment: Compliant

Regulation 15: Training and staff development

Staff had access to appropriate training. There was a training schedule and tracker in place. Legislation, regulations, standards and guidelines were made available to all staff. An enhanced induction programme for new staff was in place.

Judgment: Compliant

Regulation 16: Staff supervision and support

Staff were well supported and were held accountable for their practice. Supervision did not occur every 4-6 weeks and was not recorded in line with Tusla's policy. There were gaps in supervision records maintained by the centre and this required improvement.

Judgment: Substantially compliant

Regulation 19: Care record

Care records were up to date and maintained in line with Schedule 5 of the regulations.

Judgment: Compliant

Regulation 20: Maintenance of records

The records set out in Schedule 6 were maintained in the centre.

Judgment: Compliant

Regulation 21: Register of children detained in the special care unit

The register of children was maintained with the required information for each child.

Judgment: Compliant

Regulation 22: Record of a person employed in the special care unit

The person in charge held registers to ensure that the information set out in part B of Schedule 3 was maintained for each member of staff.

Judgment: Compliant

Regulation 23: Insurance
Insurance was in place in line with the regulations.
Judgment: Compliant
Regulation 24: Governance and management
The provider had improved systems of review and monitoring of the quality and safety of the service. Management structures were defined and strong and there were good systems of oversight and monitoring within the centre.
Judgment: Compliant
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit
There were no periods of 28 days or more when the person in charge was absent from their role as person in charge of the designated centre.
Judgment: Compliant
Regulation 29: Complaints
Complaints were managed in line with Tusla's policy and procedure.
Judgment: Compliant
Quality and safety
<p>Children had a good quality of life in the centre. The centre implemented a Tusla national model of care which was supported by an ethos of trauma informed practice. Participation by children in decisions about their care was good, and their wishes, feelings and experiences were well documented, heard and acted upon. Children's programmes of care were individual to each child's needs and involved multidisciplinary input and review. Overall, there was a good level of compliance with the regulations.</p> <p>There was a programme of care for each child which was of good quality, well documented, kept up to date and held securely. The programme of care was developed,</p>

reviewed and shared with each child's social worker and other professionals. The person in charge ensured that programmes were fully implemented and contained all of the components required by the regulations. There were some delays in the social work department sending updated care plan documents to the centre as a result of the recent cyber-attack in May 2021, but social workers and staff maintained regular communication to ensure there was no impact on the service provided to children.

Programmes of care were personalised to meet children's individual needs. The national model of care assisted staff to identify where children required further support and to track the overall progress made with children. Child-in-care reviews and professional meetings took place fortnightly, on alternative weeks to monitor and review the programme of care for each child.

There were arrangements in place to ensure children's health care needs were met. Children had a medical examination on admission and had access to a doctor when required. All staff were trained in medication management. Medication records were up-to-date. Medication provided to children was securely stored and administered appropriately. An internal audit identified and inspectors were told that keys for medicine cabinet were not stored or held separately to other keys. This was not in line with national policy.

Children had access to educational supports and services and all four children were engaged with the school located on campus. Each child had their own individual timetable and education plan. The educational progress of each child and their goals were clearly documented. Children were encouraged to plan for their future lives and the careers they could aspire to.

Restrictive procedures were carried out in line with national policy and children's safety and welfare were prioritised. Staff had up-to-date knowledge, training and skills to respond to behaviour that was challenging, while also supporting children to develop the skills to manage their own behaviour. Inspectors reviewed samples of incidents involving restrictive practices and found that good quality care and support was provided to children during times of escalated or challenging behaviour. A restrictive practice log was kept for each child that recorded all the relevant details and appropriate reflection of incidents. Keyworking sessions occurred with children following incidents to provide them with support and to discuss what had occurred. Staff told inspectors that there had been a change in culture over the past three years with several restrictive measures being removed, a restrictive practice working group had been established and any learning from incidents was discussed at staff meetings.

The safety and welfare of children was protected and promoted within the service. Each child was supported to develop knowledge, self-awareness and skills needed for self-care and protection. All staff had completed mandatory Children First training in relation to safeguarding children. All child protection concerns were reported appropriately and in a timely manner. There was a very good response from the person in charge to all

concerns raised and up-to-date records of all concerns were maintained. However, the person in charge was reporting all child protection and welfare concerns to the social work department, including when a staff member should have done so as a mandated person under the Children First Act 2015. The person in charge and the provider representative told inspectors this practice was to provide oversight of reporting and appropriate follow up arrangements regarding concerns. This system of reporting is not in line with the Act, and required revision.

Children's nutritional and dietary requirements were met. Meals were provided at appropriate times and there were suitable and sufficient cooking facilities and equipment. There were facilities for refrigeration, storage, preparation, cooking and serving of food.

The accommodation was adequate and suitable for the four children residing at the centre. Management and staff spoke with inspectors about wanting to further improve the accommodation, or preferably, build a purpose built unit which would be more child-friendly and homely. The design brief detailing improvements included recommendations such as replacing windows which cannot be opened with windows to allow fresh air into the building rather than depending on the air conditioning system. Other recommendations included replacing bedroom doors and updating ensuite bathrooms.

Satisfactory arrangements were in place to ensure good oversight and reporting on risk. The registered provider had measures in place identify, manage and review risk on an ongoing basis. The centre had introduced collective risk assessments as part of the admissions process, to assess the risks to all children in the centre. The centre maintained a risk register which was updated to reflect current risks in the centre, for example; risks associated with COVID-19 and the lack of onward placements for children. The risk register was reviewed and monitored on a quarterly basis by the management team. Risks were escalated when required. The lack of onward placements had been escalated to Tusla's corporate risk register. The risk management policy for the centre was an overarching Tusla risk management policy supplemented by centre specific policies to include the requirements set out in regulation 25(2).

There was good oversight of significant events by the management team. There were significant incident review group meetings in the centre which provided management oversight, quality assurance of incidents and a review and response of what had occurred. They involved managers, professionals involved in the young person's care and others with specific skills and knowledge in key areas. Inspectors reviewed the minutes of these meetings and noted good decisions were made on each incident discussed, there were clear actions, directions and decisions made with the person responsible identified to complete the task within a specified timeframe. Staff told inspectors that incident reviews and communication by management allowed the team to improve their practice in managing challenging situations.

There were national significant event review group meetings every two months which identified issues and trends from significant events. These involved all three special care

units to ensure quality management, risk management and service improvement and discussed any actions required. Issues discussed at these meetings included the management of challenging behaviours and the lack of onward placements for children.

Reasonable measures were taken to prevent accidents in the centre and on the grounds. For example, the person in charge told inspectors that proper signage was used to prevent trips, slips and falls and they ensured there was no moss in the courtyard which may lead to someone slipping.

All vehicles used to transport children and staff were certified as roadworthy, regularly serviced and insured.

The staff team were continuing to wear face coverings at the time of this inspection, in line with public health advice, in order to mitigate against the risks associated with COVID-19.

As part of the application to renew the registration of the centre, it was noted that all statutory requirements relating to the fire safety and building control were substantially complied with. Precautions were in place against the risk of fire. Procedures to be followed in the event of fire were displayed in the units. Children had all participated in a fire drill. The Tusla health and safety advisor was undertaking a review of the fire doors at the time of the inspection to determine any actions which may be required, including the possibility of replacing all fire doors. There were some gaps in recording in the fire log which required improvement.

Regulation 7: Programme of care

The staff team implemented programmes of special care for all children which were developed and reviewed with key stakeholders. These included all necessary components such as care plans, placement plans, placement support plans, education plans and psychiatric plans when required.

Judgment: Compliant

Regulation 8: Healthcare

There were adequate arrangements in place for children to access health care services. Medication management systems were good and all staff were trained in medication management. Keys were not secured in line with Tusla's own policy.

Judgment: Substantially compliant

Regulation 9: Education, individual needs, religion, ethnicity, culture and language
There were arrangements in place for access by each child to educational facilities and supports. Children were involved in planning their weekly activities to meet their individual needs.
Judgment: Compliant
Regulation 10: Family contact and visiting arrangements
There was appropriate arrangements in place to facilitate access to, visiting of, and contact with children by parents, guardians and professionals.
Judgment: Compliant
Regulation 11: Positive behavioural support
Children were provided with good quality care during incidents or significant events relating to escalated or challenging behaviours.
Judgment: Compliant
Regulation 12: Protection
All child protection concerns were reported in a timely manner. However, these were not always reported by mandated persons, as required by legislation.
Judgment: Substantially compliant
Regulation 17: Accommodation
The accommodation was adequate and suitable to meet the needs of four children. Management had identified improvements to be made prior to inspection and there was a design brief in place to further enhance the centre.

Judgment: Compliant
Regulation 18: Food, nutrition and cooking facilities
There were appropriate arrangements in place for the provision of food, nutrition and cooking facilities. Children’s dietary preferences and requirements were met.
Judgment: Compliant
Regulation 25: Risk management
The registered provider had effective arrangement for the identification, management and ongoing review of risk. Risks associated with child protection were not reported in line with legislation and this was judged under regulation 12.
Judgment: Compliant
Regulation 26: Fire precautions
Fire safety arrangements were in place in the centre. Precautions were in place against the risk of fire. Procedures to be followed in the event of fire were displayed in the units. Children had all participated in a fire drill. There were some gaps in recording which required improvement.
Judgment: Substantially compliant
Regulation 27: Notification of incidents
Measures were in place to ensure that notifications to the Chief Inspector were completed.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 5: Statement of purpose	Compliant
Regulation 6: Care practices, operational policies and procedures	Substantially compliant
Regulation 13: Person in charge	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Compliant
Regulation 15: Training and staff development	Compliant
Regulation 16: Staff supervision and support	Substantially compliant
Regulation 19: Care record	Compliant
Regulation 20: Maintenance of records	Compliant
Regulation 21: Register of children detained in the special care unit	Compliant
Regulation 22: Record of a person employed in the special care unit	Compliant
Regulation 23: Insurance	Compliant
Regulation 24: Governance and management	Compliant
Regulation 28: Notification of procedures, arrangements and periods when the person in charge is absent from the special care unit	Compliant
Regulation 29: Complaints	Compliant
Quality and safety	
Regulation 7: Programme of care	Compliant
Regulation 8: Health care	Substantially compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Compliant
Regulation 10: Family contact and visiting arrangements	Compliant
Regulation 11: Positive behavioural support	Compliant
Regulation 12: Protection	Substantially compliant
Regulation 17: Accommodation	Compliant
Regulation 18: Food, nutrition and cooking facilities	Compliant
Regulation 25: Risk management	Compliant
Regulation 26: Fire precautions	Substantially compliant
Regulation 27: Notification of incidents	Compliant