

Health Information and Quality Authority Regulation Directorate

Monitoring Inspection Report Special Care Centres
under Section 69 (2) of the Child Care Act 1991
as amended by the Child Care Act (Amendment)
2011



Type of centre:	Children's Special Care Unit
Centre name:	Coovagh House
Centre ID:	OSV-0004219
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0019802
Lead inspector:	Ruadhan Hogan
Support inspector (s):	Ann Delany; Tom Flanagan

Children's Special Care Unit

About monitoring of children's special care services

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving child protection and welfare services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. monitoring also has an important role in driving continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (the Authority or HIQA) is authorised by the Minister for Children and Youth Affairs under Section 69 (2) of the Child Care Act, 1991 as amended by the Child Care(Amendment) Act 2011 to inspect children's special care services provided by the Child and Family Agency.

In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- assess if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- seek assurances from service providers that they are safeguarding children by reducing serious risks
- provide service providers with the findings of inspections so that service providers develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of the Authority's findings.

Monitoring inspections assess continuous compliance with the Standards, and can be announced or unannounced.

Compliance with National Standards for Children's Special Care Units

The inspection took place over the following dates and times:

From:	To:
12 July 2017 10:00	12 July 2017 18:00
13 July 2017 08:00	13 July 2017 17:30

During this inspection, inspectors made judgments against the *National Standards for Children's Special Care Units*. They used three categories that describe how the Standards were met as follows:

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

Substantially compliant: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-compliant: means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

The table below sets out the Standards that were inspected against on this inspection.

Standard	Judgment
Theme 1: Child - centred Services	
Standard 1:1	Compliant
Standard 1:2	Non Compliant - Moderate
Standard 1:3	Non Compliant - Moderate
Standard 1:4	Substantially Compliant
Standard 1:5	Compliant
Standard 1:6	Compliant
Standard 1:7	Non Compliant - Moderate
Theme 2: Effective Care	
Standard 2:1	Compliant
Standard 2:2	Non Compliant - Moderate
Standard 2:3	Non Compliant - Major
Standard 2:4	Non Compliant - Moderate
Standard 2:5	Non Compliant - Moderate
Theme 3: Safe Services	
Standard 3:1	Non Compliant - Major
Standard 3:2	Non Compliant - Major
Standard 3:3	Non Compliant - Moderate
Standard 3:4	Non Compliant - Moderate
Theme 4: Health & Development	
Standard 4:1	Non Compliant - Moderate
Standard 4:2	Non Compliant - Major
Standard 4:3	Compliant
Theme 5: Leadership, Governance & Management	
Standard 5:1	Non Compliant - Moderate
Standard 5:2	Non Compliant - Major
Standard 5:3	Non Compliant - Moderate
Standard 5:4	Non Compliant - Major
Theme 6: Use of Resources	
Standard 6:1	Non Compliant - Moderate
Theme 7: Responsive Workforce	
Standard 7:1	Compliant
Standard 7:2	Compliant
Standard 7:3	Non Compliant - Moderate
Standard 7:4	Non Compliant - Moderate
Theme 8: Use of Information	

Standard 8:1	Non Compliant - Moderate
Standard 8:2	Substantially Compliant

Summary of Inspection findings

Coovagh House special care unit is one of three special care units in the country. It has capacity for up to four children of mixed gender, aged between 11 and 17 years on admission. The purpose of Coovagh House special care unit is to provide a short-term period of care in a safe and secure environment. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 3 children, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke with social workers, guardian ad litem, a Tusla monitoring officer and manager of the monitoring service along with a member of the assessment, consultation and therapy service (ACTS).

Children's rights were promoted and protected while living in the unit. Despite having a deprivation of liberty due to being detained in a special care unit, children's other civil and legal rights were not infringed upon. Children told inspectors that while they understood the reason for being in special care, they were not happy to be there.

Children received individualised care and support from staff in the unit and from members of the ACTS team. Children said they liked some, but not all staff, and got on well with their key workers. A significant proportion of staff had not received up-to-date training in supporting positive behaviour and emotional wellbeing. Some care practices in the unit did not promote a positive approach to behaviour that challenges nor were they safe. These included needlessly locking doors throughout the unit and observing children via Closed Circuit Television (CCTV) in lieu of directly engaging with children. These issues were beginning to be addressed by the unit manager at the time of inspection.

Some but not all children were safe while living in the special care unit. Inspectors found that some children had absconded from the unit and placed themselves at significant risk. While meetings were held to address these risks, decisions taken at these meetings were not always effective at reducing risk for some children who continued to abscond and place themselves at significant risk. These concerns were escalated to the relevant social work department and an satisfactory response was subsequently received.

Safeguarding measures were in place but not all staff working in the unit had An Garda Síochána (police) vetting. This was escalated to senior management in Childrens

Residential Services who subsequently provided satisfactory assurances that all staff working in the unit had appropriate Garda vetting.

Education and the health and development of each child was promoted in the unit. However, children did not always have timely access to psychiatric services, in line with the special care process.

Staff in the unit were dedicated, skilled, experienced and had the competencies to provide care. However, they were not sufficiently supported, supervised and provided with up-to-date and necessary training.

The living environment was not fit for the purpose of providing safe and effective care. This was found to be of significant risk on the last HIQA inspection in 2016 and little progress had been made since that time. Recreational equipment was minimal and not readily accessible in the unit. This was also unchanged since the last inspection. A door on a child's room had not been replaced in over six months and consequently, their privacy and dignity could not be fully maintained as a result.

Information was not being used to plan and deliver the service. While information was shared to support decision making, information was not being collected comprehensively in a systematic way to plan and deliver a child-centred, safe and effective service. There were no formal methods: for monitoring the quality and safety of the programme of special care, for tracking and monitoring significant events to analyse patterns and to reduce the use of restrictive procedures and to consider outcomes for children to drive continuous improvement. A service development plan had not been developed for the unit for 2017.

Management arrangements had not been adequately resourced as the unit had been operating without a dedicated unit manager and supporting management team for a significant period of time. In the absence of a full management team and adequate oversight, there were deficiencies across a number of systems in the unit. Inspectors found deficits in the oversight of complaints, children's meetings, recording, timely notification of significant events and staff training in addition to the deficits already stated. A cleaning company who had been conducting periodic deep cleans of the unit were not subject to a service level agreement. The statement of purpose that described the model of service provision was not up to date, nor were the suite of unit policies. Areas of non-compliance found in an inspection of the service in 2016 such as premises, recreational equipment, supervision of staff, auditing, risk management remained unchanged since that time. This resulted in a deterioration in the quality of service being provided in the unit.

This report makes a number of findings which the provider is required to address in an action plan at the end of this report.

Inspection findings and judgments

Theme 1: Child - centred Services

Services for children are centred on the individual child and their care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

Children were listened to and their views were considered in decisions about their care. While children could exercise choice while living in the unit, daily routines in the unit were not varied. Children knew what their rights were and were facilitated to exercise them but the booklet that was provided to children that had information about the unit was not up-to-date. Not all children's privacy and dignity was maintained while living in the unit as there was a long delay in replacing a door on one child's bedroom. Links with families and significant others could be maintained. Visits from and contact with social workers, guardian ad litem and independent advocates were facilitated. Children knew they had a right to complain and told inspectors that they knew who to go to when making a complaint. However, the system in place to respond to complaints made by children was not effective or timely and the oversight of complaints was poor.

Standard 1:1

The rights and diversity of each child are respected and promoted.

Inspection Findings

Children's rights were promoted and protected while living in the unit consistent with the provision of safety and security. Despite having a deprivation of liberty due to being detained in a special care unit, children's other civil and legal rights were not infringed upon. There was a policy in place that guided staff on facilitating the rights of children. Inspectors reviewed records and saw that children had access to their social worker, guardian ad litem (GAL), advocacy services and legal representation when required. During the inspection, one child was being visited by their GAL.

Children were provided with information on their rights and were supported to exercise them. A booklet given to children upon admission outlined what their rights were and how to exercise them. Children told inspectors that staff explained what their rights were. Children were facilitated to meet with independent advocates and this was reflected in the centre records.

Judgment: Compliant

Standard 1:2

The privacy and dignity of each child are respected.

Inspection Findings

There were policies and procedures in place to guide those working in the unit and inspectors found that staff respected children's privacy and dignity.

Room searches were carried out based on risk. Inspectors reviewed significant event notices (SENs) and found that they outlined the context and justification to undertake the room search. The SEN referred to completed risk assessments which were also reviewed by inspectors. Records showed why the decision was taken and that the risk identified justified the room search.

CCTV was in place in the common areas of the unit and while necessary for the provision of safety and security, it did not overly impact on the privacy and dignity of children. Areas covered by the CCTV included outside the main doors, internal corridors and outside children's bedrooms. However, signage alerting those in the unit to CCTV was not displayed prominently. Children were aware of these systems and there were policies in place that guided the placing of cameras and the recording and retention of images.

Not all children's privacy and dignity was maintained while living in the unit. A door belonging to one of the children's bedrooms had been removed during an incident and had not been replaced for over six months. The outside doors at either end of the corridor where the child's bedroom was were locked so as to protect the child's belongings. However, this child had to go to sleep with no door on their room. This arrangement meant that this child slept and had to dress themselves with an open door and could not maintain as much privacy as possible, and this had continued for over six months. Children said that they were not happy with this and didn't feel like complaining, as they had no confidence in the system. This was not a satisfactory arrangement considering the background and experience of the children and particularly as it had continued for such a long period of time.

Judgment: Non Compliant - Moderate

Standard 1:3

Each child exercises choice and experiences effective care and support as part of a programme of special care.

Inspection Findings

Children could exercise choice while living in the unit. Children told inspectors that some requests they made were met while others were not. Requests were made to staff in the unit and through children's meetings. Inspectors reviewed the recordings of recent meetings and found that children's requests for food, meals and activities were discussed and well recorded. Some requests were followed through, and when others were not, a rational was given. Records showed that the frequency of meetings in the past was very poor. While recordings during June 2017 showed frequent meetings,

recordings from the period from January to May 2017 showed that three meetings were held and the quality of recording was poor. This meant that childrens views was not sufficiently recorded and if requests were refused, a rationale was not evident.

Children’s significant events and personal achievements were marked and celebrated while living in the unit. Inspectors saw that where a child completed state exams, they were congratulated and rewarded with special activities.

While children had opportunities for new experiences, daily routines were not varied and children had little opportunity to develop skills required for adulthood. Inspectors saw the weekly activity planners that were put in place. However, there were large gaps on the planners which did not show opportunities to develop social and life skills. In addition the delays in carrying out of scheduled activities sometimes resulted in children becoming frustrated. For example, on the day of inspection, one child waited too long while staff took time to prepare leaving the centre for a scheduled activity. Inspectors saw the child grow frustrated as the delay continued and could not see why there was a delay. Children told inspectors that it sometimes took too long to leave the unit and that they were not communicated with about the reason for the delay. Staff told inspectors of other situations where leaving the unit was significantly delayed and resulted in the activity lasting one hour instead of a scheduled four hours. The centre manager acknowledged this wait time and was looking at ways to reduce it and alleviate the frustrations children experienced in these situations.

The opportunities for supervised activities, within the provision of safety and security, was limited. While there was outdoor green areas, recreational equipment in the unit was limited. Plans to develop the gym and outdoor area of the unit were identified following the last HIQA inspection in August 2016. However, there had been little progress and this remained largely unchanged since the last inspection.

Judgment: Non Compliant - Moderate

Standard 1:4
Each child has access to information, provided in an accessible format that takes account of their communication needs.

Inspection Findings

Children were provided with information in line with the special care policies and procedures. However, the booklet that was provided to children with information about the unit was not up to date. While this booklet referred to the National Standards for Special Care, it did not describe them in an accessible format and children were not provided with a copy of the standards. In addition, the person named as the child protection officer in the booklet was no longer working in the unit and therefore it was out of date. Both of these issues had been highlighted in the last inspection, but this remained unchanged.

Children were supported to access information. While the unit did not have wireless internet nor could children access their mobile phones while in the unit, inspectors saw that children went to the local library to access the internet and were appropriately

supervised to do so. Children told inspectors that they accessed their records and these requests were recorded in the daily logs reviewed by inspectors.

Judgment: Substantially Compliant

Standard 1:5
Each child participates in decision-making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.

Inspection Findings

Children were listened to and their views were considered in making decisions about their care. Inspectors reviewed the minutes of child in care review meetings and placement planning meetings, that took place as part of the special care processes. These records showed that children’s views were listened to, considered and comprehensively recorded, in conjunction with the views of their social worker and social care workers from the unit. Consent for medical treatment was appropriately recorded on some, but not all, of the children’s records. Where there were instances of a child refusing treatment and the child was over 16 years of age, this was respected.

Children had access to advocates such as guardian ad litem (GAL), legal representatives and independent advocacy services. All children in the unit had a GAL appointed by the Court and visits by the GAL were recorded in the daily logs. Inspectors spoke with three GAL’s who told inspectors they visited regularly and ensured that the childrens’ views were represented, and decisions taken were in the best interest of the child. Records also showed that representatives from EPIC (Empowering People In Care), an independent advocacy service, visited the unit and met with children.

Key working sessions with children were undertaken and recorded by staff, and a review of these records by inspectors showed that there had been good quality interventions with children in creative situations. Social workers and GAL’s told inspectors that staff had good relationships with children.

Judgment: Compliant

Standard 1:6
Each child develops and maintains positive attachments and links with family, the community and other significant people.

Inspection Findings

Children were facilitated to maintain positive attachments and links with their family and significant others, in line with the special care process. All children living in the unit had been placed outside of their own community. Visits with their families were promoted and facilitated by staff. A family room in the administration block of the unit could facilitate visits from family members. A small kitchen was next to that room so children could sit and have a cup of tea and a snack with their family when they visited. If it was agreed that children had overnight visit to their family home, inspectors saw that key staff stayed in the family home with the children and parents to ensure a

smooth transition. Inspectors saw that phone calls to family members from children were facilitated in the unit, and were recorded in the daily logs. Phone calls to family members from unit staff were also recorded in the daily logs and these showed that family members were kept informed of developments with children.

Judgment: Compliant

Standard 1:7

Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Inspection Findings

Children knew they had a right to complain and told inspectors that they knew who to go to when making a complaint. Children could also contact their social worker, GAL or the ombudsman for children, if they wished to make a complaint.

The unit implemented the Tusla 'Tell us' complaints procedure and policy for resolution of complaints, which came into effect in September 2016. A child friendly and accessible version of this policy was available to children. The children's booklet in the unit briefly outlined who to make a complaint to, but did not outline the appeals process, and key persons named were no longer working in the unit. The booklet also did not refer to the new 'Tell us' procedure and was not up to date.

The system in place to respond to complaints made by children was not effective or timely. Some complaints were not dealt with through the complaints procedure or recorded in the log. For example, one child told inspectors about a complaint that wasn't resolved and had not been appropriately recorded. Records did not show that other complaints were investigated and brought to a conclusion. On the day of inspection, individual complaints records were requested on several occasions from staff present. Inspectors were informed that there were difficulties locating these records and records were subsequently provided the week following the inspection, during an interview with the unit manager. However, these records were incomplete. A sample of complaints were reviewed, however they did not indicate that there had been follow up or that any work had been completed to resolve the issues. The unit manager was clear in her expectations of how a complaint should be investigated and resolved. However, she acknowledged that the complaints system was not fully implemented.

The oversight of complaints was poor. Inspectors were provided with a complaints log that showed 21 complaints had been made in the last 12 months. The log did not show if the complaints had been resolved or not. A significant event notification (SEN) was completed when a complaint had been made and was notified to Tusla Children's Residential Services (CRS) national office. A separate 'Significant Event Notification Log' was maintained by the Tusla CRS national office which showed all SENs including complaints and indicated if they were open or not. According to this log, there were 22 complaints, of which 13 were still open. As information was not easily found and staff interviewed were unsure of the number and status of complaints, inspectors were not assured that there was adequate oversight of this process. In addition, both the significant event notification log and the local complaints log did not show that

complaints were monitored and reviewed to track the overall timeliness of management of complaints. This remained unchanged since the last HIQA inspection.

Judgment: Non Compliant - Moderate

Theme 2: Effective Care

Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

Children who were placed in the unit were done so in accordance with their identified need and in line with the relevant legal authority. However, follow on placements for children were not identified in a timely manner. The living environment was not fit for the purpose of providing safe and effective care. This was found to be of significant risk on the last HIQA inspection in 2016 and little progress had been made since that time. Children's had an individualised program of special care which set out their needs and interventions. Where risks to a child were identified or there was a lack of progress, decisions taken at meetings were not always effective at reducing risk for some children who continued to abscond and place themselves at significant risk while living in the unit.

Standard 2:1

Each child is placed in special care, in accordance with his or her identified needs and subject to the relevant legal authority.

Inspection Findings

Children who were placed in the unit were placed in accordance with their identified need and in line with the relevant legal authority. Referrals to the unit were overseen by a national committee for special care. Comprehensive referral forms, with detailed information on each child, was found on children's records. This meant that the centre had good quality information on children prior to their admission.

The unit had a policy in place for admission of children. Inspectors reviewed children's files and found that each child was subject to an order from the High Court and copies of the orders were held on their files. Records showed that the unit held a special care order application preparation meeting (SCOAP), when it was agreed a child was to be placed in special care. Children told inspectors that while they understood the reason why they were in special care, they were not happy to remain there.

A new policy and process for special care had been implemented in August 2016. The new special care process stipulated that placements in the unit were initially for a three month duration, with this time extended if required. Two children, who were living in the unit at the time of inspection, were in a special care setting for the first time and the length of placement was identified as three months only, in line with these special care processes. Another child previously had several admissions to special care and prior to this current placement, had transferred to this unit from another special care unit. The effectiveness of all care planning was being regularly monitored and reviewed through frequent child in care meetings and multi disciplinary meetings held in the unit

every four week, both within two weeks of each other.

Judgment: Compliant

Standard 2:2

Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.

Inspection Findings

Children had an individualised program of special care which set out their needs and interventions. An updated policy on the special care process had been implemented in August 2016 which required a completed care plan, placement plan, placement support plan, individual education plan and individual therapeutic plan. If a child needed a psychiatric service, an intervention plan was also required. Inspectors reviewed the files of the children who were in the unit at the time of inspection, and found that all relevant documentation required by the programme were in place. The quality of the majority of these plans were good. There were difficulties in retrieving documents during the inspection as inspectors could not easily find some documents and staff had difficulties locating them. Improvements were required in some of the documentation given to inspectors, as they were not signed off and one care plan was unfinished, with no actions listed.

Children received individualised care and support from staff in the unit and from members of the Assessment Consultation and Therapeutic Service (ACTS). Inspectors saw reports on children's files from professionals, and attended an ACTS meeting with unit staff, where guidance was given to staff on providing positive behavioural support to children.

Where risks to a child were identified or there was a lack of progress, the unit held meetings to review the programme and make changes. However, decisions taken at these meetings were not effective at reducing risks for some children. A child-in-care review and multi-disciplinary meeting was held every four weeks, both within two weeks of each other, in line with the updated special care process. Records showed that extra meetings were also held to address specific risks when they arose. However, the decisions and recommendations were not consistently recorded on the files. Inspectors found that meetings were not always effective at reducing risk for some children who continued to abscond and place themselves at significant risk while living in the unit.

There was no formalised system in place to consider outcomes for children to drive continuous improvement. During interviews, the unit manager was well aware of children's circumstances and could provide insightful feedback on children's progress in the unit. Centre governance reports were completed by the unit management and returned to the national office. However, these reports did not track outcomes for children to contribute to improvement in the unit. The national manager for special care said that there was no system in place to monitor outcomes for children.

Judgment: Non Compliant - Moderate

Standard 2:3

The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

Inspection Findings

The living environment was not fit for the purpose of providing safe and effective care. This was found to be of significant risk on the last HIQA inspection in 2016 and little progress had been made since that time. A door to a child's room had been removed in February 2017 and by the time of inspection had not been replaced nor had a replacement door been ordered. The child was still living in the room and doors on either end of the corridor outside the room were locked as a means of maintaining privacy. This significant delay was not acceptable and meant that this child was sleeping in a room without a door for over six months.

The living environment was not stimulating and did not provide adequate opportunities for rest, recreation and skills development. This remained unchanged since the last inspection. The furnishings and décor inside the unit were very limited and there was little to offer stimulation. There were some pictures on the wall but they were not within eye line. During the inspection, maintenance work was being carried out throughout the unit which required the removal of children from affected areas, and supervision of maintenance workers by staff members. Children had not been effectively communicated with prior to the work taking place nor were their bedrooms tidied up after the work was finished, which caused frustration for the children. Maintenance requests were recorded in a log. However, inspectors found that some issues, such as tea stains on the walls, were not recorded in the log. While children did have access to indoor and outdoor recreational areas, these areas did not have sufficient working equipment that offered enough stimulation. Children told inspectors that they wanted more access to the kitchen to build up cooking skills. The restrictions placed on children's entry to the kitchen prevented the development of life skills essential for living independently.

Inspectors walked through the unit and found the premises had adequate lighting and heating. At the time of inspection the ventilation system was in the process of being repaired. The health and safety statement dated June 2016 was not up to date as names of staff no longer working in the unit were recorded. The unit had two vehicles which inspectors were unable to view as they were being used to transport children.

During the inspection, the unit was not in full compliance with the requirements of fire safety legislation, building, and health and safety regulations. While there were sufficient numbers of fire extinguishers in place, other precautions for the prevention of fire were not adequate. Inspectors found that access to two fire extinguishers close to the kitchen was not possible, as they were blocked with boxes of supplies and inspectors requested that be rectified immediately. When checked later that day, the boxes had been removed. A fire safety register was in place with checks of equipment and alarms. These checks did not pick up the blocked access to the extinguishers.

Inspectors also found fire exit signage over a door in the dining room that was no longer a fire exit door. The fire safety plan was dated 2012 and had not been reviewed since that time, despite being highlighted at the last inspection. The fire safety register held records of fire drills, fire alarm tests and servicing of equipment. There were adequate means of escape and all fire escapes were unobstructed. Each child had a personal evacuation plan in place. There were no procedures on display in the children's unit to ensure a safe evacuation in the event of an emergency. This also remained unchanged since the last inspection. During the inspection, the fire alarm was activated and inspectors observed staff and children proceed to the fire evacuation point, in line with unit procedures. The alarm was triggered due to the maintenance work underway. According to data returned to HIQA, 70% of staff did not have up-to-date fire safety training completed.

Judgment: Non Compliant - Major

Standard 2:4

Children are actively supported in the transfer to and/or from special care and all transitions occur in a timely manner with a discharge plan in place to assure continuity of care.

Inspection Findings

Follow on placements for children were not identified in a timely manner. There was a policy and procedure in place to guide transfer, release and discharge from special care. Children were actively supported to transfer to and/or from special care, with a discharge plan in place to assure continuity of care. Records showed some children had comprehensive discharge plans and appropriate follow on placements identified. Records also showed that parallel planning for alternative placements, including back-up plans should a follow on placement become redundant, were in place. For other children, a follow on placement was not identified in a timely manner. As children had been told that placements would be identified by the end of their three months in the unit, and this had not happened. Children expressed frustration to inspectors at the delay and having to spend more time in the unit than was necessary. External professionals told inspectors that the policy of three month placements was not realistic and demonstrated poor practice particularly when the timeframe could not be delivered.

Judgment: Non Compliant - Moderate

Standard 2:5

Special care units have a care record for each child.

Inspection Findings

Children's records in the unit were not up to date. There was a policy in place to guide how records were maintained. Inspectors found that not all records were consistently held on the files, for example, child-in-care review minutes. Other records such as care plans were not signed or dated. In addition, the full review of information proved difficult during the inspection, as staff were unable to retrieve all relevant documents.

Judgment: Non Compliant - Moderate

Theme 3: Safe Services

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities.

Child protection allegations and concerns were appropriately identified and notified to the relevant persons in line with Children First. Safeguarding measures were in place but not all staff working in unit had An Garda Síochána (police) vetting. Not all children were safe as some children continued to put themselves at risk in the community. Staff in the unit were not sufficiently trained in supporting positive behaviour and emotional wellbeing and some care practices in the unit did not promote a positive approach to behaviour that challenges nor were they safe. There were no formal methods for tracking and monitoring significant events to analyse patterns and to reduce the use of restrictive procedures. This was unchanged since the last inspection.

Standard 3:1

Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.

Inspection Findings

Not all children were safe, as some children continued to put themselves at risk in the community. Safeguarding measures were in place but not all staff working in unit had An Garda Síochána (police) vetting. The unit had policies for and procedures in place which guided staff in safeguarding children from abuse and neglect. Staff demonstrated an awareness of some safeguarding principals during interviews with inspectors. In addition to policies already stated, there were policies on the issue of bullying. CCTV was in place as a method of reviewing incidents. Children were made aware of their right to complain and they were facilitated to meet an independent advocate. All children had a guardian ad litem appointed by the courts service. Staff met school staff and advocated for children when there were issues arising for them at school.

Child protection allegations and concerns were appropriately identified and notified to the relevant persons in line with Children First. In addition, where an allegation had been made against a staff member, a trust in care process was initiated and the allegation was managed in line with Children First. Investigations were subsequently undertaken by the relevant social work departments. Staff demonstrated an appropriate insight of child protection and what actions should be taken, when asked about different child protection scenarios by inspectors. The unit manager was the designated liaison person (DLP) for child protection and staff told inspectors they knew who to report concerns to. Inspectors were provided with a child protection log which was maintained by the DLP. This log held entries for the nine months prior to inspection and held 34 entries, 13 of which related to children resident in the unit at the time of inspection. Inspectors reviewed the log and a sample of these allegations held on the children's files, who were resident at the time of inspection. Two were still open and the remainder had been brought to a satisfactory conclusion. Records showed there was appropriate follow-up on file from the unit in relation to these allegations.

Other measures in place to safeguard children from abuse and neglect and to ensure their protection and welfare was promoted were not effective for all children.

All Tusla and agency staff had up-to-date An Garda Síochána (police) vetting. However, inspectors found that contract staff working in the unit had not been vetted. This was known to special care management for four weeks prior to inspection yet the contracted person(s) continued to be employed in the unit. Inspectors issued an immediate action plan in relation to this arrangement and received prompt verbal and written assurances that arrangements had been put in place to ensure all people working in the unit had appropriate vetting in place. Some staff interviewed by inspectors were not aware of protected disclosure legislation.

While staff followed the appropriate protocols when children went 'Missing from care', children placed themselves at significant risk. According to data returned to HIQA, there were 35 incidents of children 'Missing from Care' since the last inspection in August 2016. Inspectors reviewed a sample of SENs in relation to these incidents and found that during these incidents, children had placed themselves at significant risk and therefore the staff team were unable to ensure their safety. The social work department, who were managing the children's care plan acknowledged that some children continued to place themselves at risk despite significant intervention by Tusla, which had not been effective over the long term. Inspectors escalated the risk and the social work plan to the respective social work department and to the area manager to seek assurances that the plan would reduce the risk and stabilise the child's behaviours. A satisfactory response was subsequently received.

Judgment: Non Compliant - Major

Standard 3:2

Each child experiences care that supports positive behaviour and emotional wellbeing.

Inspection Findings

Children received care that supported positive behavior and emotional wellbeing. The unit had a policy and procedures in place on the provision of behavioural support. Staff told inspectors they were appropriately informed of the difficulties particular children had. While the special care unit did not operate from a defined model of care, individual approaches were taken towards supporting children. This involved forming relationships with children and modelling positive behaviour, within the provision of safety and security. The approach was informed by recommendations from the ACTS team and each child had a written behavioural support plan and individual crisis management plan. There was a policy on consequence and sanctions, however, staff interviewed were clear that they did not punitively restrict children's activities in response to behaviours that challenged. Inspectors saw key working sessions completed with children that showed staff engaged with children to address their behaviour.

Staff in the unit were not sufficiently trained in supporting positive behaviour and emotional wellbeing. According to data returned to HIQA, 70% of staff did not have up-to-date training to respond to behaviours that challenge, using a Tusla-approved

method of managing behaviour that challenges. In addition, staff did not receive specialist training on children's specific behaviours. Some staff had been seriously assaulted during some incidents yet despite this, returned to work with the children indicating their dedication to providing consistent care.

Some care practices in the unit did not promote a positive approach to behaviour that challenged and were not safe. Children were involved in an incident where significant deficits in care practices were identified. This had been subject to an internal review by the monitoring officer and at the time of inspection, an independent investigation directed by the Court was underway. The significant care practice deficits identified by the unit manager included needlessly locking doors throughout the children's unit and using the CCTV as a method of supervising children, in lieu of directly engaging with children. This was a significant failing identified during the incident under review. Staffing arrangements in place both day and night were not always vigilant regarding the protection of children. Records showed that the unit management was appropriately addressing individual staff issues in line with unit policies. Practice deficits were addressed with the staff team in unit meetings and the unit manager assured inspectors that she was addressing these issues on an on-going basis through regular monitoring and reinforcing in team meetings. She acknowledged that practices were slow to change but she was aware of them and was proactive in challenging staff.

Where children had experienced on-going difficulty in managing particular risk behaviours, over a long period of time in special care, records showed that a specialist assessment was sought. This assessment was in its infancy and the outcome, including monitoring and review of the intervention, was not yet evident.

Judgment: Non Compliant - Major

Standard 3:3

Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.

Inspection Findings

There were national policies in place for dealing with situations that involve a risk to safety, including the use of restrictive practices. Inspectors found that restrictive practices were only used as an emergency intervention following a risk assessment. According to data returned as part of the inspection, there were 14 incidents of physical intervention, nine incidents of single separation and 40 incidents of structured time away involving eight children. Individual incidents were recorded through the significant event notices (SENs) held on each child's file. Inspectors reviewed a sample of these for children living in the unit at the time of inspection and found that while the recording of information on some of these SENs was comprehensive, the recording on others were of poor quality. Some incidents of single occupancy did not have timeframes or dates for review.

There were systems in place to ensure managerial oversight of all restrictive practices. However, some restrictive practices were not identified and regularly reviewed. For

example, inspectors found that doors throughout the unit were habitually locked by staff and were not kept open when they could have been. This had not been identified as a restrictive practice nor was it reviewed on an on going basis. All SENs were reviewed and signed off by the unit manager. They were then sent to the national office and collated via the centre governance reporting system. In addition, a sample of (but not all) restrictive practices were reviewed through the Significant Event Notification Review Group (SENRG). However, there were no formal methods for tracking and monitoring significant events to analyse patterns and to reduce the use of restrictive procedures. This was unchanged since the last inspection.

Judgment: Non Compliant - Moderate

Standard 3:4

Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

Inspection Findings

While incidents had been managed, they were not reviewed in a timely manner and therefore could not effectively inform practice. In addition, notification of incidents was not timely. There were policies in place for the notification, management and review of incidents. Incidents were recorded as significant event notices (SENs) by the individual staff members involved. The expectation was that this was to be completed on the day of the incident or the following day. The unit manager was to then review the SEN and give feedback if appropriate. However, inspectors found this was not consistently carried out. For example, on one SEN details relating to physical restriction initially indicated that the interventions used were outside of the approved techniques. When this was brought to the attention of the unit manager, a review took place which recommended that the SEN be re-written to reflect that the intervention did, in fact, use an approved technique.

There were delays in notifying relevant persons of incidents. Following completion of the SEN, a notification email was then sent out to all relevant persons including the social worker, monitoring officer and GAL. Inspectors spoke with external professionals who said that while the unit staff contacted them via phone, usually on the day of the incident, they were not satisfied with the delay in receiving SENs. Some professionals said there was sometimes a delay of a week to ten days for SENs to be sent. Where serious incidents took place, external reviews were conducted. Records showed that the learning from reviews was shared with staff during team meetings.

There was a policy in place on protected disclosures. Some staff interviewed by inspectors were aware of what and who they should report concerns to while others were not aware of protected disclosure legislation.

Judgment: Non Compliant - Moderate

Theme 4: Health & Development

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.

The health and development of each child was promoted in the unit. Children had some access to leisure and recreational activities. However, recreational equipment was minimal and not readily accessible in the unit. This was unchanged since the last inspection. There were suitable arrangements in place for children to have timely access for assessment and support to meet their physical and mental health needs. Children were seen by a General Practitioner (GP) and attended specialist appointments where required including dentist. However, children did not always have access to psychiatric services in line with the special care process.

Standard 4:1

The health and development of each child is promoted.

Inspection Findings

The health and development of each child was promoted in the unit. However, records did not comprehensively show that health promotion initiatives within the unit promoted good physical and mental health with children. Staff interviewed were knowledgeable of healthy lifestyles. Inspectors reviewed key working sessions and found good quality work with children on maintaining good mental health. However key worker sessions did not reflect that children were provided with information on substance misuse, smoking cessation and exercise and physical health.

Children had some access to leisure and recreational activities. However, recreational equipment was minimal and not readily accessible in the unit. This was unchanged since the last inspection.

Judgment: Non Compliant - Moderate

Standard 4:2

Each child receives an assessment and is given appropriate support to meet any identified need.

Inspection Findings

There were suitable arrangements in place for children to have timely access for assessment and support to meet their physical and mental health needs. However, children did not always have timely access to psychiatric services in line with the special care process. Inspectors reviewed children's files and found that, while there were gaps in some records, children were seen by a General Practitioner (GP) and attended specialist appointments where required, including a dentist.

Children received an assessment of their physical and mental health needs, which informed the special care programme. Care plans along with a comprehensive admission form outlined the needs and background of children. In addition, some children's records held copies of specialist assessments, such as psychological or psychiatric assessments, which were undertaken prior to their admission. These documents informed staff of the reason for admission to special care and children's immediate needs. Records showed that soon after their admission, further assessment by the assessment, consultation and therapeutic service (ACTS), took place. As the ACTS team was multi-disciplinary, children had access to speech and language therapy, therapeutic social work and psychological services. Referrals could also be made to other services, such as occupational therapy and psychiatry.

Regular meetings were held to support communication and coordinate the programme of care, in line with the special care process. Records showed that multi-disciplinary meetings were held every four weeks, with care planning meetings held every other two weeks. The multi-disciplinary meetings were attended by professionals from the ACTS team, staff in the unit, social work representatives and the guardian ad litem. These meetings and assessments informed the ACTS treatment plan, which in turn informed the programme of special care, specifically, the placement plan, placement support plan and individual therapeutic plan. Weekly ACTS meetings and unit team meetings were also held and attended by ACTS. Staff told inspectors that the relationship between the ACTS team and unit staff was very good. This ensured a coordinated and consistent response from the array of professionals involved with children.

Some children did not have timely referral to mental health services where appropriate. On one occasion after a significant event, a child required a psychiatric assessment. Records showed that the child did not have timely access as the relevant Tusla referring professional was on leave. The child was subsequently reviewed by the psychologist and referred to psychiatry six days after the event. Given the seriousness of the incident and the risk to the child, this was an unacceptable delay, and had the potential to have a detrimental impact on a child.

Medical records were not consistently maintained and were not comprehensive. Medical

examinations on admission, records of medical cards and signed medical consent forms were not always held on children's files. A history of children's medical intervention, including vaccination history, was not always held on the children's files.

Medicines management practices were safe, although there were some areas for improvement. There were written policies on the administration, storage, review and disposal of medicines. However, a national medicines management policy was still at draft stage. This remained unchanged since the last inspection. Inspectors reviewed medicine management practices including the storage and administration of medicines. The unit had a secure locked cabinet where medicines were stored. Children's medicines were recorded on individual administration sheets. Improvements in recording and formatting were required, as it did not indicated that medications were discontinued in line with good practice and some medications did not have a doctors signature.

Judgment: Non Compliant - Major

Standard 4:3

Educational opportunities are provided to each child to maximise their individual strengths and abilities.

Inspection Findings

Educational opportunities were provided to children while living in the special care unit. A school was attached to the unit and children from the local area could also attend. The school was subject to regular inspection from the Department of Education. Inspectors met with the school principal and saw the school surroundings and found that children in the special care unit were offered creative and meaningful subjects and activities while in school.

Children's engagement and attendance in school was valued and supported by unit staff. All three children attended school regularly. The school principal told inspectors that the staff linked in regularly with the school. The principal also attended child-in-care review meetings and provided an update on children's progress in school.

Educational records maintained by the unit were comprehensive. All children had individual educational plans on their files. The files also contained educational reports from the school. Inspectors found that the records provided by the school and held on the children's files demonstrated that there was an improvement in children's engagement in school. One child who was admitted eight weeks before a state examination, completed it and attained a qualification. Other children were encouraged to train in a vocational skill such as barbering. Inspectors spoke with children who said they were supported to complete a curriculum vitae (CV) and work experience interviews were organised. This had a very positive impact on children who were able to develop a skill that could be used when they left the unit.

Judgment: Compliant

Theme 5: Leadership, Governance & Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

The unit performed its function in line with the relevant legislation. However, in the absence of full management team and adequate oversight, there were deficiencies across a number of systems in the unit. Inspectors found deficits in the oversight of complaints, children's meetings, recording, timely notification of significant events and staff training. There had also been a significant drift in appropriate action in relation to the fitting of a bedroom door for one child. A service development plan had not been developed for the unit for 2017. Areas of non compliance found in an inspection of the service in 2016 such as premises, recreational equipment, supervision of staff, auditing, risk management remained unchanged since that time. This resulted in a deterioration in the quality of service being provided in the unit. The statement of purpose that described the model of service provision was no up-to-date as were the suite of unit policies. A cleaning company who had been conducting periodic deep cleans of the unit were not subject to a service level agreement.

Standard 5:1

The special care unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.

Inspection Findings

The unit performed its function in line with the relevant legislation. The special care unit observed the regulations, policies and standards for the care and welfare of children in special care. However, this was not always reflected in all aspects of the practice in the centre.

The unit had a suite of policies that were last updated in November 2014. These policies were not up to date and required a review to ensure named individuals were still Tusla employees and that the relevant policies were reflective of the most up-to-date procedures and practices. This was unchanged since the last inspection. Staff who were interviewed as part of the inspection demonstrated an awareness of the legislation, regulations, policies and standards but were not knowledgeable of all aspects.

Appropriate and timely actions had not been taken to ensure compliance with regulations, standards and policies. While some actions from the last inspection had been completed, a number had not been completed at the time of this inspection. Of the 19 standards that required action arising from the last inspection, actions had not been completed in 13 of those standards.

Judgment: Non Compliant - Moderate

Standard 5:2

The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.

Inspection Findings

In the absence of full management team and adequate oversight, there were deficiencies across a number of systems in the unit. Inspectors found deficits in the oversight of complaints, children's meetings, recording, timely notification of significant events and staff training. There had also been a significant drift in appropriate action in relation to the fitting of a bedroom door for one child. A service development plan had not been developed for the unit for 2017. Areas of non compliance found in an inspection of the service in 2016 such as premises, recreational equipment, supervision of staff, auditing, risk management, remained unchanged since that time. This resulted in a deterioration in the quality of service being provided in the unit.

The unit had governance structures in place that set out lines of authority and accountability. The unit manager had the overall responsibility for the operation of the unit and reported to the national manager for special care, who in turn reported to the Tusla director of Children's Residential Services. The unit manager was supported in her role by one deputy manager. Staff were aware of the governance structures and during interviews demonstrated knowledge of their roles and responsibilities.

The management arrangements had not been adequately resourced to ensure effective oversight and prevent drift across different systems in the unit. The national manager for special care was the unit manager for another two special care units. During interviews, he told inspectors that the demands of managing these other units were extensive and it was a challenge to provide oversight of this unit. In addition, the national manager role was not an official role. The previous manager for this unit went on statutory leave in December 2016 for which there was ample notice given. Despite this, a replacement unit manager was not recruited in time and in the interim, one of the two deputy managers was in an acting unit manager position. This remained in place until a replacement unit manager was employed from May 2017. One of the deputy managers then subsequently left the unit. This meant that the unit has been operating without a dedicated unit manager and supporting management team for a significant period of time.

The management team did show leadership to implement continuous improvement in some areas, such as engagement with children. As stated, following a serious incident, there was a prompt review of practice and direction was issued to staff regarding interaction and supervision of children. However, they were hampered in providing leadership, as systems and practices did not adequately support the management team to manage the service. For example, the rota system was completed manually which was not efficient and became a huge demand on the unit managers time. Some managers had been spending time on the unit with children which meant that management tasks remained uncompleted. This was acknowledged by the unit

manager who was in the process of encouraging staff to practice more independently, allowing managers to focus on maintaining systems of governance in the unit.

The management systems in place were not always effective at ensuring the service was safe. Inspectors found deficits in areas such as Garda vetting, children putting themselves at risk, a significant incident under review and the absence of a service level agreement.

Systems of communication in the unit were of mixed quality. Weekly teleconference in relation to the progress of all children in special care and monthly national management meetings were held and a review of these minutes by inspectors found there was good quality recording of issues and decisions taken. Unit staff team meetings were held infrequently. Records showed that while children were always discussed, minutes were not in a standard format and did not always record what decisions were taken. Since the appointment of the new unit manager, inspectors found the quality had improved.

Audits were not carried out in a systematic way to assess, evaluate and improve the provision of services. The unit manager signed off on some documentation in the unit such as SENs and daily records. However, inspectors were not provided with copies of audits undertaken in the unit since the last inspection.

The service had systems in place to identify, assess and manage risk. However, given the deficits in the unit, collective risks had not been identified and managed. Records showed that good quality individual risk assessments were appropriately undertaken and recorded on children's files. Inspectors were provided with the centre governance report, which included the unit risk register. This included general risks regarding health and safety, alongside more specific risk, such as reduced staffing levels, risk to children during periods of absconsion and lack of access to psychiatry during emergencies. Control measures to manage the risk were listed along with confirmation that they had been escalated to senior management or not. The risk register did not identify the collective risk due to management deficits.

The special care unit was monitored by a Tusla monitoring officer who visited regularly and wrote regular reports. At the time of inspection, a new monitoring officer who was familiar with the unit, had been recently allocated to the special care unit. Shortly after the inspection, inspectors interviewed the monitoring officer and the national manager for quality assurance in relation to their future plans for monitoring. Since the last inspection, HIQA received four monitoring reports. The monitoring officer also carried out a review of a significant event and a report was written on foot of this. The monitoring reports verified the progress of actions from the previous HIQA inspection and made recommendations and actions that were to be followed up by the unit management. Some of the deficits in this HIQA report in relation to systems in the centre, including governance, had been previously identified by the monitoring officer in the reports and were therefore known by CRS Management, yet little had been acted upon.

Judgment: Non Compliant - Major

Standard 5:3

The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.

Inspection Findings

The statement of purpose that described the model of service provision was not up to date. It included its basis in legislation, statutory functions and service obligations. The statement was last updated in July 2015 and was not in line with the new special care processes that were implemented in August 2016. The statement therefore did not accurately reflect the day-to-day operation of the unit. In addition named persons on the statement were not working in the unit at the time of inspection.

Judgment: Non Compliant - Moderate

Standard 5:4

Appropriate service level agreements, contracts and or other similar arrangements are in place with the funding body or bodies.

Inspection Findings

Formal service level agreements were not required for the unit as it was funded and managed by Tusla. There were other service level agreements in place for services provided externally such as medical services and a private security company. However, a cleaning company who had been conducting periodic deep cleans of the unit were not subject to a contract. Expectations regarding compliance with relevant legislation, specifically Garda vetting were therefore not set out. As previously stated, inspectors found that individuals from this company had been working in the unit without any Garda vetting. While this was known to the management in the unit, individuals from the cleaning company continued to be employed without any vetting until inspectors escalated the issue to the director of children's residential services. A satisfactory response was promptly received which confirmed that the company was no longer used and a new company was to be employed after a written contract was signed.

Judgment: Non Compliant - Major

Theme 6: Use of Resources

The effective management and use of available financial and human resources is fundamental to delivering child-centred services and supports that meet the needs of children.

The unit did not have a service plan or development plan to adequately take account of funding and resources so they could be effectively deployed.

Standard 6:1

The use of available resources is planned and managed to provide child-centred, effective and safe services to children.

Inspection Findings

Resources were not effectively planned so they could be managed to provide a child-centred, effective and safe service. During interviews with inspectors, the unit manager and national manager for special care demonstrated an understanding of the levels of need to deliver the service. The management team said that, while there were difficulties in finding suitable candidates for recruitment, staffing was sufficiently resourced in the service. However, the unit did not have a service plan or development plan which meant the needs of the service could not be directed to where they were required in a planned way.

Judgment: Non Compliant - Moderate

Theme 7: Responsive Workforce

Each staff member has a key role to play in delivering child-centred, effective and safe services to support children. Children's services recruit and manage their workforce to ensure that staff have the required skills, experience and competencies to respond to the needs of children.

Staff recruitment process which was in line with the recruitment policy. The staff group in the unit had a varied and appropriate mix of skills and experience to meet the needs of children. The staff team had the necessary qualifications and skills to undertake their role. The unit manager was appropriately qualified and while new to the role of unit manager in a special care unit, had sufficient practice experience, was previously a manager of a residential unit in another area and had management training. However, staff in the unit were not adequately supported or supervised to undertake their role. The timely provision of and quality of supervision provided to staff was poor. A large proportion of staff had not been received up-to-date training in Children First, manual handling, fire safety, medicines management, restrictive practices and behaviour management.

Standard 7:1

Safe and effective recruitment practices are in place to recruit staff.

Inspection Findings

Staff recruitment took place through a centralised Tusla recruitment process, which was in line with the recruitment policy. The centre governance reports were provided to inspectors and these gave an overview of what references and checks were on file for staff including Garda vetting. The unit manager also provided a record confirming that all staff held up-to-date vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 in relation to these staff. Inspectors also reviewed a sample of the records for agency staff employed in the unit. Records showed that these agency staff, who had been recently recruited, had undergone a formal induction and probation period. Records also held copies of Garda vetting, references and qualifications. A written code of conduct was in place for all staff.

Judgment: Compliant

Standard 7:2

Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.

Inspection Findings

The staff group in the unit had a varied and appropriate mix of skills and experience to meet the needs of children. The unit was staffed by 26 whole time equivalent staff members comprising of 34 social care professionals at the time of inspection. The composition of the staff team included a unit manager, one deputy manager, four social care leaders and 28 social care workers. The unit relied on 13 agency workers to fill gaps on the rota. The unit also had a full time clerical staff, two part time chefs and one housekeeper. Six staff members had left the unit and seven new staff had been recruited since the last inspection. Four staff were on administration leave as a result of various reviews being undertaken in response to significant incidents and complaints, and inspectors found that the unit adhered to the correct procedures in relation to these issues. Inspectors reviewed the rota and found that necessary staffing levels were maintained. The unit manager acknowledged that it was a challenge to ensure an appropriate mix of staff given that six experienced staff members had left the service and four experienced staff members were on administration leave. In particular this impacted the on call rota system, as there were less managers and social care leaders to provide on call support to staff outside of the core hours.

The staff team had the necessary qualifications and skills to undertake their role. Staff, including managers, demonstrated to inspectors during interviews that they were competent to undertake the roles assigned to them. Inspectors reviewed a sample of staff records and found that, while not all staff had a recognised social care qualification, they had a relevant qualification.

The unit manager was appropriately qualified and while new to the role of unit manager in a special care unit, had sufficient practice experience, was previously a manager of a residential unit in another area, and had management training.

Children's records showed that staff who were key workers demonstrated the necessary skills to plan and coordinate the programme of special care. Key worker records showed evidence of good practice with children and discussion on important aspects of their care, in line with the programme of special care. Social workers and GALs told inspectors that they were happy with the quality and timeliness of verbal updates and coordination from key workers.

Judgment: Compliant

Standard 7:3

Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.

Inspection Findings

Staff in the unit were not adequately supported or supervised to undertake their role. The timely provision of and quality of supervision provided to staff was poor. Inspectors reviewed a sample of staff supervision records and found significant deficits in the records. On some files, there were gaps of three to six months in records of supervision, which was not in line with the supervision policy. This was unchanged since the last inspection. Where performance issues were raised in relation to specific staff members, records did not show that this was addressed with the staff in question through extra support, guidance and if appropriate performance related procedures. In addition, there was a lack of support for staff who had witnessed violence and assaults. Staff members continued to work in the unit without appropriate intervention from the management team. A small number of files reviewed had performance reviews completed, however, this was not consistently implemented across all staff files reviewed.

Some staff in the unit, but not all, understood their roles and responsibilities and were committed to the role. During interviews they demonstrated that they aspired to the provision of a child-centred, effective and safe service. They were aware of the policies and procedures to be followed.

Judgment: Non Compliant - Moderate

Standard 7:4

Training is provided to staff to improve outcomes for children.

Inspection Findings

A considerable proportion of staff were not provided with relevant training that enabled them to provide child-centred, effective and safe care to children in the unit. Records returned to HIQA from the unit management showed that there were deficits in staff training across a number of areas. A large proportion of staff had not been received up-to-date training in manual handling, fire safety, medicines management, restrictive practices and behaviour management. In addition, 55% of staff had not received up-to-date training in Children First: National Guidance for the Protection and Welfare of Children (2011). The unit did not complete a training needs analysis and review of training to inform a service training plan. Staff were not provided with continuous professional development.

Judgment: Non Compliant - Moderate

Theme 8: Use of Information

Quality information and effective information systems are central to improving the quality of services for children. Quality information, which is accurate, complete, legible, relevant, reliable, timely and valid, is an important resource for providers in planning, managing, delivering and monitoring children's services. An information governance framework enables services to ensure all information including personal information is handled securely, efficiently, effectively and in line with legislation. This supports the delivery of child-centred, safe and effective care to children.

Information was not being used to plan and deliver the service. While information on shared to support decision making, Information was not being collected comprehensively in a systematic way to plan and deliver a child-centred, safe and effective service.

Standard 8:1

Information is used to plan and deliver a child-centred, safe and effective service.

Inspection Findings

Information was not being used to plan and deliver the service. While information was shared to support decision making, information was not being collected comprehensively in a systematic way to plan and deliver a child-centred, safe and effective service. For example, practices in the unit such as restrictive practices were not analysed to identify patterns and trends. In addition, the service did not have any formalised systems in place to gather information from children on outcomes and use it to drive improvement. For example, changes to the length of admission of children to three months. As the service was not able to analyse the effect of this change of admission on children, it was unknown if this had a positive or negative impact for children.

Judgment: Non Compliant - Moderate

Standard 8:2

Information governance arrangements ensure secure record-keeping and file management systems are in place to delive a child-centred, safe and effective service.

Inspection Findings

Some information governance arrangements in place to support the provision of the service were not effective. Information governance is the process of managing what data is gathered, how it is gathered, how it is stored, how it is processed and how it is deleted. The quality of records were generally good quality and children's information was protected and respected and treated as confidential. The unit was proactive in archiving files no longer required, which was positive. However, the storage and processing of information on children's files and centre records was poor. Some records were not up to date and others were not accurate. There was also little evidence of file audits so that management could monitor information governance on these files. Staff struggled to retrieve relevant information during the inspection. This impacted on a

number of areas including for example, the oversight of complaints and recording of significant events, which in turn impacted on the effective and efficient running of the service.

Judgment: Substantially Compliant

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Action Plan

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

Action Plan ID:	MON-0019802-AP
Provider's response to Inspection Report No:	MON-0019802
Centre Type:	Children's Special Care Unit
Centre name:	Coovagh House
Date of inspection:	12 July 2017
Date of response:	13 November 2017

These requirements set out the actions that should be taken to meet the National Standards for Children's Special Care Units.

Theme 1: Child - centred Services	
Standard 1:2	
Judgment: Non Compliant - Moderate	
The Provider is failing to comply with a regulatory requirement in the following respect:	
One child slept and had to dress themselves with an open door and could not maintain as much privacy as possible within the provision of safety and security.	
Action Required:	
Under Standard 1:2 you are required to ensure that: The privacy and dignity of each child are respected.	
Please state the actions you have taken or are planning to take:	
The bedroom door has been replaced and no young person is sleeping without a door in Coovagh House.	
Proposed timescale: 01/11/2017	Person responsible: Centre Manager

Theme 1: Child - centred Services

Standard 1:3

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Daily routines were not varied and children had little opportunity to develop skills required for adulthood.

The opportunities for supervised activities, within the provision of safety and security, was limited.

There was a delay in carrying out of scheduled activities sometimes resulting in children becoming frustrated.

The frequency of children's meetings was poor.

Action Required:

Under Standard 1:3 you are required to ensure that:

Each child exercises choice and experiences effective care and support as part of a programme of special care.

Please state the actions you have taken or are planning to take:

Each young person has a daily planner and a weekly planner for activities. These plans are developed by both the young people and staff together. The plans will provide a varied daily routine and support the timeframe for activities to eliminate any delays.

A Fitness Instructor (0.5 WTE) for Coovagh House has been recruited through the agency. His role is to coordinate a programme of activities for the young people.

An audit was completed of recreational equipment in Coovagh House in September. A fitness Instructor has been assigned to work in Coovagh House. The Fitness Instructor and SCL, are responsible for purchasing gym equipment, a space has been made available to have supervised internet access for the young people. Bikes and helmets will be purchased and basketball court has been developed in the courtyard.

Newspapers and magazines are purchased weekly and put in the sitting room.

Books, cards and games are in baskets in both the activity room and the sitting room.

Young People's house meeting takes place on a Tuesday attended by young people, care staff and management. This is put in the centre diary up to the end of December 2017. If for any reason a young person meeting does not happen on a Tuesday, it is carried forward to Wednesday and the meeting is discussed at Coovagh House team meeting each Thursday.

Proposed timescale:
01/09/2017

Person responsible:
Centre Manager

Standard 1:4

Judgment: Substantially Compliant**The Provider is failing to comply with a regulatory requirement in the following respect:**

The information about the unit, in the booklet that was provided to children, was not up to date.

Action Required:

Under Standard 1:4 you are required to ensure that:

Each child has access to information, provided in an accessible format that takes account of their communication needs.

Please state the actions you have taken or are planning to take:

A SCL has been identified to update Coovagh House Young Persons Information Booklet.

Proposed timescale:
01/10/2017

Person responsible:
Centre Manager

Theme 1: Child - centred Services**Standard 1:7****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Some complaints were not recorded through the complaints procedure and records did not show that other complaints were investigated and brought to a conclusion.

The oversight of complaints was poor.

The local complaints log did not show that complaints were monitored and reviewed to track the overall timeliness of management of complaints.

Action Required:

Under Standard 1:7 you are required to ensure that:

Each child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Please state the actions you have taken or are planning to take:

Complaints Officer for Coovagh House and the young person's social worker have reviewed all complaints made in 2016 and up to and including July 2017. These have all been investigated and resolved.

All open complaints will be discussed at Coovagh House weekly staff meeting the purpose is to ensure there is no unnecessary drift. Agreed action points will be recorded in the decisions in Team Meeting Minutes.

Open complaints are also recorded in the monthly governance which is reviewed by the National Manager on a monthly basis.

Open complaints reviewed at monthly National Special Care Managers Meeting.

Proposed timescale:
01/10/2017

Person responsible:
Centre Manager

Theme 2: Effective Care

Standard 2:2

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Improvements were required in some of the documentation given to inspectors as they were not signed off and one care plan was unfinished with no actions listed.

Where risks to a child were identified or there was a lack of progress, decisions taken at meetings were not always effective at reducing risk for some children who continued to abscond and place themselves at significant risk while living in the unit.

There was no formalised system in place to consider outcomes for children to drive continuous improvement.

Action Required:

Under Standard 2:2 you are required to ensure that:

Each child has a programme of special care which details their needs and outlines the supports required to maximise their personal development.

Please state the actions you have taken or are planning to take:

The centre manager will ensure that all documentation will be signed at the young person Child in Care Review.

Each young person has a Programme of Special Care folder with all signed documents.

Lack of progress in identified risks to a young person will be risk escalated to the National Manager. The National Manager will organise a meeting with the Service Director, Centre Manager and Social Work Area Manager; the purpose of this meeting is to plan a response to reduce the risk this may include moving the young person to a different Special Care Centre to reduce the risk.

The National Manager for Special Care will review the young people's cases at their monthly meetings, to ensure that risks are escalated appropriately.

A Child Care Consultant, has been engaged for Special Care Services which will improve on outcomes for young people in Coovagh House. The model which is being introduced will work with young people who have experienced significant trauma in their lives. When the young person starts their programme their Wellbeing will be measured. This measurement will be measured throughout their placement and when they leave.

Proposed timescale:
01/10/2017

Person responsible:
Centre Manager

Theme 2: Effective Care

Standard 2:3

Judgment: Non Compliant - Major

The Provider is failing to comply with a regulatory requirement in the following respect:

The living environment was not fit for the purpose of providing safe and effective care.

The living environment was not stimulating and did not provide adequate opportunities for rest, recreation and skills development.

Children had not been effectively communicated with prior to maintenance work taking place nor were their bedrooms tidied up after the work was finished.

Indoor and outdoor recreational areas did not have sufficient working equipment.

The restrictions placed on children's entry to the kitchen prevented the development of life skills essential for living independently.

A fire safety register in place did not pick up the blocked access to the extinguishers.

Fire exit signage remained over a door in the dining room, that was no longer a fire exit door.

There were no procedures on display in the children's unit to ensure a safe evacuation in the event of an emergency.

70% of staff did not have up-to-date fire safety training completed.

The fire safety plan had not been reviewed since 2012.

Action Required:

Under Standard 2:3 you are required to ensure that:

The special care unit is homely and promotes the welfare, dignity and safety of each child, consistent with the provision of safety and security.

Please state the actions you have taken or are planning to take:

A SCL has been assigned the task of coordinating the creation of a warm and nurturing living environment in Coovagh House. This includes soft furnishings and availability of recreational activities.

There is a minor capital action plan in place to carry out building works, this will increase staff ability to observe the young people also for the young people to observe the staff.

There has been a review of restrictive practices in relation to the living environment and a decision has been made to open up all internal doors on corridors, and for these doors to remaining open at all times unless immediate safety risk present, which now allows the young people to have access to all communal areas except for the kitchen

Weekly team meeting will be used to inform young people of scheduled work to undertaken on the unit.

The Fitness Instructor has responsibility for putting in place indoor and outdoor working recreational equipment. The fitness instructor will also specifically engage the young people in activities both onsite and offsite.

All young people aged 16 and over will have an Independent Living Skills programme which will include access to the kitchen.

All young people can access the kitchen with a staff member once it is risk assessed that it is safe to do so.

Staff are directed to check that there is no blocked access to fire extinguishers as part of their daily checks and record same in Fire Safety Register

Fire Exit sign has been removed from over a door in the dining room as it is no longer a fire exit door.

A child friendly safe evacuation procedure will be put on display on the corridor; each young person also has an identified Personal Emergency Evacuation Plan (PEEP).

There was fire safety training in Coovagh House on 20.07.17 and 10.08.17 with 23 staff now up to date. Extra training will be completed in November.

Fire Safety Plan to be reviewed by end of October.

Proposed timescale:
01/11/2017

Person responsible:
Centre Manager

Theme 2: Effective Care

Standard 2:4

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Follow on placements for children were not identified in a timely manner.

Action Required:

Under Standard 2:4 you are required to ensure that:

Children are actively supported in the transfer to and/or from special care and all transitions occur in a timely manner with a discharge plan in place to assure continuity of care.

Please state the actions you have taken or are planning to take:

There is a weekly teleconference which is also attended by the manager of the Private Placement team. She identifies during this call if the SW department have made an application etc. If there are issues with not getting a timely placement it will be identified at this stage. Local management will follow up delays with the case Social Worker if the delay is above this level the National Manager will follow up the delay with

Service Manager or Area Manager.

Children not transferred from Special Care in a timely manner, with a discharge plan, will be risk escalated to National Manager, Special Care, the National Manager will organise a meeting with the Service Director and Area Manager which the young person is from. The purpose of this meeting is to develop a plan to move the young person from Special Care.

Proposed timescale:
01/09/2017

Person responsible:
Centre Manager

Theme 2: Effective Care

Standard 2:5

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Staff were unable to retrieve all relevant documents during the inspection.

Children's records in the unit were not up to date.

Records such as care plans were not signed or dated.

Action Required:

Under Standard 2:5 you are required to ensure that:
Special care units have a care record for each child.

Please state the actions you have taken or are planning to take:

All documentation that requires social work signatures will be brought to the Child in Care Review so that we have all parties signed up to discussions.

Centre Manager will check the Special Care Processes documentation on a monthly basis to ensure that it is correct.

A Social Care Leader and two key workers have been assigned to each young person. This key team ensure all documents are in place and up to date with management oversight. The unit management will review this weekly with the SCL and if actions are required this will be recorded in the young persons decision log.

Proposed timescale:
01/10/2017

Person responsible:
Centre Manager

Theme 3: Safe Services

Standard 3:1

Judgment: Non Compliant - Major

The Provider is failing to comply with a regulatory requirement in the following respect:

Not all children were safe as some children continued to put themselves at risk in the

community.

Contract staff working in the unit did not have An Garda Síochána (police) vetting.

Action Required:

Under Standard 3:1 you are required to ensure that:
Each child is safeguarded from abuse and neglect and their protection and welfare is promoted.

Please state the actions you have taken or are planning to take:

If young people continue to place themselves at risk in the community this will affect their opportunity to have such mobility's. This will be discussed at their Multi-disciplinary meeting and CICR, the young people's mobility's can be suspended to support reducing the risk.

All external contactors and fully supervised when they are on site if they are working in areas where the young people are.

The contract staff (cleaning agency) are no longer working in Coovagh House. A new cleaning company with Garda vetting have been contracted.

Proposed timescale:
01/09/2017

Person responsible:
Centre Manager

Theme 3: Safe Services

Standard 3:2

Judgment: Non Compliant - Major

The Provider is failing to comply with a regulatory requirement in the following respect:

There were deficits in some care practices that required ongoing review to ensure they promoted a positive approach to behaviours that challenge and were safe.

Staff did not receive specialist training on children's specific behaviours.

70% of staff did not have up-to-date training to respond to behaviours that challenge.

Action Required:

Under Standard 3:2 you are required to ensure that:
Each child experiences care that supports positive behaviour and emotional wellbeing.

Please state the actions you have taken or are planning to take:

Following a review of how staff were meaningfully engaging with young people, staff and management made the decision to change their approach. Staff now work more directly with the young people, this is through a staff member being directly assigned with the young person and through a robust daily planner.

Staff are on the floor with young people engaging with young people in conversation

and activities.

Internal corridor doors are unlocked and CCTV monitor is removed from staff office.

ACTS are attending Coovagh House weekly team meeting to discuss young people's specific behaviours. The Acts Clinical Psychologist has undertaken to provide any specific behaviour training required. There will be a record of attendance sheet for any training provided and a certificate of attendance will be given to staff members.

Training on Challenging behaviour will be delivered to all staff by the end of October 2017.

Proposed timescale:
01/11/2017

Person responsible:
Centre Manager

Theme 3: Safe Services

Standard 3:3

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Some restrictive practices were not identified and reviewed on an on going basis.

The recording on some significant event notices was of poor quality.

There were no formal methods for tracking and monitoring significant events to analyse patterns and to reduce the use of restrictive procedures.

Action Required:

Under Standard 3:3 you are required to ensure that:

Children are not subjected to any restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to the safety and welfare of the child or that of others.

Please state the actions you have taken or are planning to take:

Restrictive training will be provided to staff to ensure that all staff are aware of what restrictive practices are.

Staff are attending training in reflective recording and report writing on 09.11.2017 to support the quality of the SEN's completed by staff.

The Deputy Manager, will identify key restrictive practices and track these on a monthly basis. The purpose of this is to analyse patterns of behaviours and reduce the use of restrictive practices.

Management and Social Care Leaders as part of the weekly meeting will review SENs the purpose of this review is to identify any patterns in restrictive practices and to put an action plan to reduce their usage.

A monthly national review of SEN's also takes place for the whole of Special Care which feeds into reviews of SEN's.

Proposed timescale:
01/12/2017

Person responsible:
Centre Manager

Theme 3: Safe Services

Standard 3:4

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Some incidents were not reviewed in a timely manner and therefore could not effectively inform practice.

The notification of incidents to the relevant persons was not timely.

Action Required:

Under Standard 3:4 you are required to ensure that:

Incidents are managed and reviewed in a timely manner and outcomes inform practice at all levels.

Please state the actions you have taken or are planning to take:

Following every incident in which a young person was involved staff ring or text parents social worker and GAL, as initial notification as soon as possible. This is followed by the SEN being sent out generally within 72 hours of the incident happening. If it will take longer than the 72 hours management will send out an email notification to all parties with a synopsis of the event.

SEN's are now reviewed weekly in the SCL meeting. Practice issues if identified are brought to the next staff meeting or individual supervision.

SENRG review happens Nationally on a monthly basis for incidents which occur during the preceding month.

Proposed timescale:
01/10/2017

Person responsible:
Centre Manager

Theme 4: Health & Development

Standard 4:1

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

Records did not comprehensively show that health promotion initiatives within the unit promoted good physical and mental health with children.

Recreational equipment was minimal and not readily accessible in the unit.

Action Required:

Under Standard 4:1 you are required to ensure that:
The health and development of each child is promoted.

Please state the actions you have taken or are planning to take:

It will be part of each young person's Placement Plan to complete Individual Work to promote physical exercise and discuss the benefits of exercise on mental health.

Young people will be supported to quit smoking and smoking cessation intervention available for young people to quit smoking.

Coovagh House Fitness Instructor will put individual programmes in place for each young person to promote good physical and mental health.

A SCL, has been assigned the task of coordinating the creating of a warm and nurturing living environment in Coovagh House and availability of recreational equipment.

The Fitness Instructor has responsibility for working with the staff team to develop an activity programme for the young people. They are also responsible for maintaining the equipment and ensuring that there is sufficient fitness equipment in the centre.

Proposed timescale:
01/10/2017

Person responsible:
Centre Manager

Theme 4: Health & Development**Standard 4:2****Judgment: Non Compliant - Major****The Provider is failing to comply with a regulatory requirement in the following respect:**

Some children did not have timely referral to mental health services where appropriate.

Medical records were not consistently maintained and were not comprehensive.

A history of children's medical intervention including vaccination history was not always held on the children's files.

Action Required:

Under Standard 4:2 you are required to ensure that:
Each child receives an assessment and is given appropriate support to meet any identified need.

Please state the actions you have taken or are planning to take:

Review on mental health services for Special Care will be conducted in September attended by National Psychiatry Service, HSE and Service Director, Children's Residential Services. The purpose of this review is to ensure timely access to mental health services.

There will be a separate medical file for each young person that will include vaccination

history and a full medical history. It will also include a record of young person attending hospital, GP and dental, optical and aural appointments.

Proposed timescale:
01/11/2017

Person responsible:
Centre Manager

Theme 5: Leadership, Governance & Management

Standard 5:1

Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The suite of policies in use in the unit were not up to date.

Appropriate and timely actions had not been taken to ensure compliance with regulations, standards and policies.

Action Required:

Under Standard 5:1 you are required to ensure that:

The special care unit performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each child and promote their welfare.

Please state the actions you have taken or are planning to take:

There is an ongoing tender process close to completion for developing a suite of policies for Special Care in Ireland. The proposed timescale for the suite of policies is Quarter 1 of 2018.

The Statement of Purpose and Function was updated and signed off 04.10.17

The Health and Safety Policy is in the process of being updated.

The National Manager and Centre Manager will meet on a monthly basis to review the HIQA action plan to ensure its compliance. An evidence file will be produced to ensure the actions have been completed.

Proposed timescale:
01/01/2018

Person responsible:
Centre Manager

Theme 5: Leadership, Governance & Management

Standard 5:2

Judgment: Non Compliant - Major

The Provider is failing to comply with a regulatory requirement in the following respect:

The management arrangements had not been adequately resourced to ensure effective oversight and prevent drift across different systems in the unit.

The unit has been operating without a dedicated unit manager and supporting

management team for a significant period of time.

The national manager for special care was not an official role and was challenged to provide adequate oversight of the unit.

The management systems in place were not always effective at ensuring the service was safe.

Audits were not carried out in a systematic way to assess, evaluate and improve the provision of services.

Collective risks had not been identified and managed.

Deficits in this HIQA report in relation to systems in the centre, including governance, had been previously identified by the monitoring officer and were therefore known by CRS Management, yet little had been acted upon.

Action Required:

Under Standard 5:2 you are required to ensure that:

The special care unit has effective leadership, governance and management arrangements in place with clear lines of accountability.

Please state the actions you have taken or are planning to take:

The Social Care Manager post in Coovagh House has been interviewed for in September 2017 and the two Deputy Manager posts will be interviewed for in October 2017. There will be a permanent manager and two permanent deputy managers appointed and roles clarified by end of Quarter 4 2017.

Social Care Leader competition will also be held and completed by end of 2017.

Social Care Leaders and Management meetings will address gaps in the governance of Coovagh House. The risk register has been brought up to date and is now reviewed on a monthly basis.

A monthly review of both HIQA and Monitors action plans will be undertaken by both the Centre Manager and the National Manager.

The National Manager position will become full position in 2018, which will allow for improved governance support.

Key audit requirements have been identified to be in line with registration these will be scheduled through the year and will be lead out by the National Manager.

Coovagh House Manager will carry out audits to assess, evaluate and improve the provision of services. A supervision audit and a training audit completed to date.

**Proposed timescale:
31/12/2017**

**Person responsible:
Centre Manager**

Theme 5: Leadership, Governance & Management
Standard 5:3
Judgment: Non Compliant - Moderate

The Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose that described the model of service provision was not up to date.

Action Required:

Under Standard 5:3 you are required to ensure that:

The special care unit has a publicly available statement of purpose that accurately and clearly describes the services provided.

Please state the actions you have taken or are planning to take:

The Statement of Purpose of Coovagh House has been updated and includes Special Care Processes.

Proposed timescale:
01/10/2017

Person responsible:
Centre Manager

Theme 5: Leadership, Governance & Management
Standard 5:4
Judgment: Non Compliant - Major

The Provider is failing to comply with a regulatory requirement in the following respect:

A cleaning company who had been conducting periodic deep cleans of the unit were not subject to a service level agreement.

Action Required:

Under Standard 5:4 you are required to ensure that:

Appropriate service level agreements, contracts and or other similar arrangements are in place with the funding body or bodies.

Please state the actions you have taken or are planning to take:

Coovagh House has changed to a new cleaning company and there is a service agreement in place.

National Special Care Meeting on 21.11.17 to review all contracts in place in Special Care Units.

Proposed timescale:
01/11/2017

Person responsible:
Centre Manager

Theme 6: Use of Resources**Standard 6:1****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

The unit did not have a service plan or development plan to adequately take account of funding and resources so they could be effectively deployed.

Action Required:

Under Standard 6:1 you are required to ensure that:

The use of available resources is planned and managed to provide child-centred, effective and safe services to children.

Please state the actions you have taken or are planning to take:

Coovagh House Manager and National Manager for Special Care will put a 2018 service plan in place.

Proposed timescale:
01/12/2017

Person responsible:
Centre Manager

Theme 7: Responsive Workforce**Standard 7:3****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Staff in the unit were not adequately supported or supervised to undertake their role.

The timely provision of and quality of supervision provided to staff was poor.

Action Required:

Under Standard 7:3 you are required to ensure that:

Staff are supported and supervised to carry out their duties and promote and protect the care and welfare of children.

Please state the actions you have taken or are planning to take:

The unit manager has undertaken a review of supervision within Coovagh House. Following this supervision has now been brought up to policy guidelines.

SCL have started supervising SCW which means that supervision now occurs on a more regular basis. Coovagh House Manager supervising all Deputy Managers and Social Care Leaders. Supervision of SCW's and how they are getting on in this role will be discussed during the supervision of Social Care Leaders as part of their supervision.

Proposed timescale:
01/09/2017

Person responsible:
Centre Manager

Theme 7: Responsive Workforce**Standard 7:4****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

There were deficits in staff training across a number of areas. A large proportion of staff had not been received up-to-date training in Children First, manual handling, fire safety, medicines management, restrictive practices and behaviour management.

The unit did not complete a training needs analysis and review of training to inform a service training plan.

Staff were not provided with continuous professional development.

Action Required:

Under Standard 7:4 you are required to ensure that:

Training is provided to staff to improve outcomes for children.

Please state the actions you have taken or are planning to take:

Training Audit completed in September 2017 of both Tusla and agency staff.

Providing training on an ongoing basis will be prioritised. All staff have received up to date Behaviour Management training and priority has been given to Children First, Manual handling, fire training and medicines management.

Training on restrictive practices will be delivered in November and December 2017.

All staff we be trained and supported in understating and using continuous professional development in quarter one 2018.

A Training needs analysis for 2018 will be completed in November.

Proposed timescale:
14/11/2017

Person responsible:
Centre Manager

Theme 8: Use of Information**Standard 8:1****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Information was not being collected comprehensively in a systematic way, to plan and deliver a child-centred, safe and effective service.

Action Required:

Under Standard 8:1 you are required to ensure that:

Information is used to plan and deliver a child-centred, safe and effective service.

Please state the actions you have taken or are planning to take:

Each young person will have a programme for Special Care which will ensure that their placement plans etc are consistently reviewed and up to date.

Deputy Unit Manager will review the weekly SEN register which is provided. The purpose of this review is to identify trends on restrictive practices. Once trends are identified an action plan can be developed.

The purpose of the action plan is to reduce the negative activity the young person is engaged in. The plan will identify tasks for the care staff to support the young person to help change their behaviour.

Proposed timescale:
01/11/2017

Person responsible:
Centre Manager

Theme 8: Use of Information

Standard 8:2

Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

Information governance arrangements, specifically the storage and processing of information on children's files and centre records was poor.

Action Required:

Under Standard 8:2 you are required to ensure that:
Information governance arrangements ensure secure record-keeping and file management systems are in place to deliver a child-centred, safe and effective service.

Please state the actions you have taken or are planning to take:

A full review of young people's files and their storage was undertaken. Current residents information is stored in locked filing cabinets, in either staff or managers office.

Previous resident's information is archived in a records management company.

Proposed timescale:
01/09/2017

Person responsible:
Centre Manager