



# Report of a Designated Centre Special Care Unit

Name of designated centre:	Gleann Alainn
Name of provider:	The Child and Family Agency
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	18 & 19 July 2018
Centre ID:	OSV 4220
Fieldwork ID	MON 0024379

## About the designated centre

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

Gleann Alainn special care unit is one of four special care units in the country. The occupancy of the special care unit is up to two children of female gender, aged between 11 and 17 years on admission.

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

Our objective is to provide a high quality and standard of young person centred care to young people who are detained under a high court order and in accordance with evidence based best practice; to ensure young people live in a comfortable, clean and safe environment that promotes the wellbeing, health, education, rights and independence of the young person in Gleann Alainn special care unit, assist in reducing their risk taking behaviour and to return them to a non-secure environment as soon as possible.

Gleann Alainn special care unit has been adapted to be secure to ensure only appropriate and approved access and egress from the campus is permitted. Given the nature of the service security is paramount to protect young people, staff and visitors.

All young people have their own bedroom with access to their own bathroom and personal storage spaces for their belongings. Residents have access to outdoor playing areas with a green area and basketball court, gym, computer room, beauty room. Residents have access to cooking facilities in the unit where they can cook in a planned way.

**The following information outlines some additional data of this centre.**

Current registration end date:	New application
Number of children on the date of inspection:	Two

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information and information submitted by the provider or person in charge since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

	Times of inspection	Inspector	Role
18/07/2018	12:00hrs to 18:00hrs	Ruadhan Hogan Ann Delany Aileen Keane	Inspector Regional Manager Regulatory Practice Development Manager
19/07/2018	08:00hrs to 13:00hrs	Ruadhan Hogan Ann Delany Aileen Keane	Inspector Regional Manager Regulatory Practice Development Manager

## Views of children who use the service

Children told inspectors that, while they would rather not be living in a secure environment, they were happy in the unit. Children understood why they were detained in the special care unit and said staff told them why doors were locked and explained why it was in their best interests. They said that the staff team helped them understand that certain ways of behaving were not acceptable and that they wanted to change these behaviours. From conversations with inspectors, children were focused on where they were going after their placement in the special care unit ended and what they needed to do to prepare for that.

Children had good quality relationships with staff. One child told inspectors that the best thing about living in the centre was the staff, as they felt that the staff had provided good quality care to them. Children called staff by their first names around the unit. Children told inspectors that when they went on trips, such as to the shop or going on arranged activities, staff facilitated children calling them mam and/or dad, so members of the public wouldn't know they were children-in-care. Children told inspectors that this meant a lot to them.

Inspectors observed light hearted and warm interactions between children and staff. There was a relaxed and calm atmosphere in the special care unit on the days of inspection. Children completed projects in the unit and were proud to show inspectors what they had done. Inspectors saw educational projects along with planting of flowers and painting children completed on the external part of the premises. Children showed inspectors their bedrooms which they had decorated with pictures, posters and things that they liked.

Children took part in a wide range of activities that they liked. For example, the staff in the unit tried new activities with children such as fishing for which children said they really enjoyed. Summer activities were scheduled for children such as outdoor activity day camps with their peers which included canoeing and other water sports. Children watched movies with staff on some evenings and their bedtimes were extended to allow them to watch the end of the movie which was in response to more settled behaviours.

## Capacity and capability

The person in charge effectively managed the unit to ensure a good quality and safe

service was delivered. However, the registered providers governance arrangements did not ensure that sufficient systems were in place to adequately monitor the service delivered. The registered provider had notified the office of the chief inspector that the centre was to cease operating as a special care unit by 31 December 2018. However, the provider had not notified nor supplied the regulatory information to the office of the chief inspector of the change of the person in charge and the change to the person participating in management (PPIM). Inspectors found some of the needs of children were met but others were not. Furthermore, the special care unit was not operating in line with the statement of purpose.

There was a clear organisational structure in place in the unit. The person in charge worked fulltime in the special care unit and had been the manager of the unit for the past seven years. He was qualified, experienced and had the necessary skills to manage the special care unit. He provided good leadership to staff in the unit. However, at the time of the inspection, the on call arrangements were not sustainable. The person in charge was required to be available 24 hours a day, seven days a week and there was no alternative staff to share the on-call rota.

The role of the director of special care (PPIM) was to provide day to day operational management and oversight of the safety and quality of the service. Inspectors found that the director of services was overly reliant on the person in charge and did not have sufficient presence in the centre, good knowledge of the children and their needs or oversight of the service to ensure, on behalf of the registered provider that a safe, quality service was being delivered. For example, inspectors found that An Garda Síochána had been called by members of the staff team to manage children's behaviour which resulted in children being pepper sprayed and or handcuffed. There was no proactive learning from these incidents to look at patterns and trends, for example, if they involved particular staff members, staff combinations or if they happened at a particular time of day. In addition, when inspectors contacted the director of care in relation to the needs of the children, there was a delay in him reverting to inspectors.

Some management systems in the unit ensured the service was safe and appropriate to childrens needs. The person in charge ensured that changes to some care practices were implemented, in response to the changing needs of children. As children's behaviours stabilised, he ensured the restrictions on childrens movement within and outside of the centre were somewhat relaxed. For example, previous restrictions on foot wear for children, which were put in place to mitigate against the risk of violence, had been lifted. Children were then exposed to experiences and activities where they had more autonomy and responsibility. For example, the person in charge organised projects for children to complete such as gardening and landscaping around the centre. This was responsive to childrens needs, promoted greater independence and gave children a more realistic expectation of life after

special care. However, further work was required by the registered provider to ensure care practices continued to change and ensure they were reacting quickly and positively to childrens needs. Where some childrens risk taking behaviours had reduced, they were still subject to intitutional practices such as restrictions on bedtimes, outings from the centre and movement within the centre.

Other management systems in the centre required improvement. Care practices, operational policies and procedures were not in place in line with the regulations. Risk managment systems were not sufficient to ensure all risks were identified and appropriately graded. The registered provider had not carried out a six monthly unannounced visit and prepared a written report on the safety and quality of care and support provided in the centre. The system of monitoring and oversight was not sufficiently developed. The registered provider did not undertake trending of significant events to analyse patterns and improve interventions with children. For example, triggers for behaviours that were challenging were not sufficiently identified through trending so that every effort was made to alleviate the cause of the child's behaviour. Incidents had been reviewed individually but an overarching analysis was not completed to inform care practices and thus ensure incidents such as these did not happen again.

The system for recording information on children was excessive and hindered staff having ready access to the current plan of care for the child. For example, new staff, or agency staff were required to read an onerous range of documents when they started work and before they engaged with children. There were numerous documents on childrens files, some of which were very long and held details which had been saved on the other documents. A staff member could then read the same information in multiple places without being assured they had the right information.

There was a dedicated staff team who provided good continuity of care. While at the time of the inspection there were a suitable number of staff working in the special care unit, this was not always the case. Children told inspectors that from time to time, there were staff shortages that prevented them from going out on pre arranged activities. For the most part, the person in charge ensured there was an appropriate mix of staff. On one occasion, there wasn't an appropriate mix of staff. During this time, behaviours that were challenging were not managed appropriately and resulted in An Garda Síochána being called to manage these behaviours. The supervision of staff occurred in line with the policy. However, there was a variance in the quality of supervision. Not all staff had received mandatory training for example training on the management of behaviours that were challenging and fire safety training. Furthermore, the unit admitted children identified as being at risk of self harm and suicide, yet not all staff were trained in self harm and the use of ligature cutters.

The statement of purpose was not in compliance with the regulations. It did set out some of the care and support needs of children and services to be provided. However, the special care unit was not operating in line with the statement of purpose. For example, when some children had been in the unit for 12 months with ongoing discussion about a suitable follow on placement, the registered provider did not ensure that placements were in line with maximum length of nine months as specified in the statement of purpose.

#### Regulation 5: Statement of purpose

There was a statement of purpose that was not compliant with the regulations as it did not outline all aspects of Schedule 1 of the regulations. Additionally, the statement of purpose did not adequately describe the arrangements as set out under Schedule 1, paragraphs 11, 12, 13 and 14 of the regulations.

Judgment: Not compliant

#### Regulation 6: Care practices, operational policies and procedures

The registered provider did not ensure that all care practices, operational policies and procedures were in place in line with Schedule 2 of the regulations, had been reviewed in line with the regulations.

The registered provider did not ensure that the care practices, operational policies and procedures set out in Schedule 2, were implemented by the person in charge having regard to the particular needs of each child. In addition, not all care practices were child centred and responsive to childrens needs.

Judgment: Not compliant

#### Regulation 13: Person in charge

The person in charge had the qualifications, skills and experience necessary to manage the special care unit.

Judgment: Compliant



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

The registered provider did not ensure that there was a sufficient skill mix, of staff members in the special care unit at all times.

The registered provider did not ensure there were appropriate numbers of staff present in the special care unit at all times.

Judgment: Not compliant

### Regulation 15: Training and staff development

The person in charge did not ensure that all staff members in the special care unit had access to training to enable them to provide care in line with the statement of purpose and policies and procedures. Training figures for staff provided to HIQA showed that a significant number of staff did not have training in key areas, for example, first aid, the safe use of ligature cutters and restrictive practices as per the unit's own training and staff development policy.

Staff did not have an adequate understanding of the requirements of the regulations.

Judgment: Not compliant

### Regulation 16: Staff supervision and support

The person in charge did ensure that an adequate level of supervision to staff members in the unit. There was a variance in the quality of written supervision records.

Judgment: Substantially compliant

### Regulation 19: Care record

While the care records were maintained, and had all the requirements of schedule 5 of the regulations they were difficult to navigate due to the volumes of paperwork.

Judgment: Substantially compliant

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

The register was up-to-date and met the requirements of the regulation.

Judgment: Compliant

### Regulation 24: Governance and management

The registered provider did not ensure that the special care unit was sufficiently resourced to ensure the effective delivery of special care. On call arrangements, when a manager was not present, required review to ensure they were sustainable.

The management systems in place did not adequately ensure that the service provided was effectively monitored. In addition, the registered provider did not ensure that an unannounced visit to report on the safety and quality of care and support provided in the special care unit was carried out in accordance with regulations.

Judgment: Not compliant

### Regulation 29: Complaints

Complaints were dealt with and managed well in line with their policy.

Judgment: Compliant

### Registration regulation 6: Changes to information supplied for registration purposes

A new person in charge and person participating in management had been

appointed in May 2018 but at the time of inspection the required notice and documentation had not been submitted by the registered provider.

Judgment: Not compliant

**Registration regulation 10: Notice to be given by the registered provider of a special care unit of the intention to cease to carry on its business and close the special care unit**

The registered provider had given notice, in line with the regulations, of the intention to cease to carry on its business as a special care unit by 31 December 2018.

Judgment: Compliant

## **Quality and safety**

Children had their needs met and they felt safe while living in the special care unit. Some of the outcomes for children were positive. However, the premises was not suitable for the provision of special care.

Children were individually well cared for. Staff spoke with and engaged with children in a warm and respectful manner. Their basic needs including health care needs were met. Both children were engaged in an educational curriculum. While attendance varied staff in the unit continued to work with children and made efforts for them to attend.

Children told inspectors they were given information and staff talked to them about what their rights were. They were facilitated to express them by staff in the centre and their social worker. Children had access to advocates such as their guardians ad litem and representatives from EPIC (Empowering People in Care). Children could maintain contact with their families and significant other where appropriate

A programme of special care was in place for all children, was well overseen and was having a positive impact for children. Prior to their admission to the special care unit children displayed significant high risk behaviours that necessitated a period of containment in order to stabilise them. The unit had access to a therapeutic team (ACTS) which currently included a psychologist and a social care leader.

A psychiatrist was available to the children in line with their programme of care and the registered provider sourced additional support services as and when required, for example occupational therapy services .

The programme of care interventions had begun to have an impact on the stabilisation of some behaviours and gave children the skills to work through their difficulties without resorting to shouting, aggression, violence or further behavioural escalation. From the 1<sup>st</sup> January 2018 until approximately June 2018, there were a large number of significant events. These included episodes of single separation, structured time away and incidents of violence and aggression. Some of these incidents could have been managed better as they resulted in An Garda Síochána being called to manage the incident which included the use of pepper spray and hand cuffs to manage a child's behaviour.

In the eight weeks prior to the inspection, these restrictive practices and behaviours that were challenging effectively ceased. There had been one significant event in the eight weeks prior to the inspection which showed that interventions from staff were having a positive effect on children.

Safeguarding measures within the unit were good. Children were clear on why these measures were put in place. Staff had received training on the role of a mandated person and the Children First Act, 2015.

The premises was not suitable for the provision of special care. The person in charge had made the best of decorating the unit so the interior was as homely as possible. The premises was clean and tidy. The unit, including the walls were recently painted and decorated to reflect the gender admissions outlined in the statement of purpose. The location of the unit on the grounds of a psychiatric hospital, which also had a range of other services including a public pitch and putt course, did not ensure children had adequate privacy. The design and layout of the premises was not purpose built for the provision of special care as the building itself was institutional and parts of the interiors were not sufficiently robust to provide care to children as outlined in the statement of purpose. The ventilation was not adequate.

## Regulation 7: Programme of care

The person in charge consulted with the relevant social worker to oversee and

implement the programme of special care.
Judgment: Compliant
<b>Regulation 8: Healthcare</b>
Childrens health care needs were met while living in the special care unit.
Judgment: Compliant
<b>Regulation 9: Education, individual needs, religion, ethnicity, culture and language</b>
The registered provider did not ensure that each child had appropriate access to the internet.
Judgment: Not Compliant
<b>Regulation 11: Positive behavioural support</b>
<p>The person in charge did not ensure that every effort was made to identify and alleviate the cause of the child's behaviour and all alternative procedures were considered before a restrictive procedure was used. While low level behaviour that was challenging was well managed, on some occasions triggers for these behaviours were not recognised at the earliest opportunity and there was a corresponding escalation that sometimes involved the use of An Garda Síochána.</p> <p>The person in charge did not ensure that all staff members received training in the management of behaviour that is challenging.</p>
Judgment: Not compliant
<b>Regulation 12: Protection</b>

The registered provider ensured that the national guidance for the protection and welfare of children was followed where there were incidents, allegations or suspicions of abuse. While the person in charge ensured that all staff members had received training in relation to safeguarding children, not all staff demonstrated to inspectors that they knew what to do if there was a safeguarding concern.

Judgment: Not compliant

### Regulation 17: Accommodation

The premises was unsuitable for the provision of special care. The registered provider did not provide suitable accommodation in the special care unit as set out in schedule 4 of the regulations having regard to the nature of the needs of children. There was not adequate ventilation. While there was recreational equipment in the unit, it was stored away which did not facilitate easy access for children.

Judgment: Not compliant.

### Regulation 25: Risk management

While the registered provider ensured that risk management policies and procedures were in place, the national policy for risk management did not meet the criteria in the regulations. Some risks in the service were not appropriately identified and assessed. Risk ratings were not aligned with the actual rating attached to the risk. For example, risks associated with deficiencies in the building were not adequately identified or risk rated. Additionally, as the building was not sufficiently robust to provide care to children as outlined in the statement of purpose, this had not been identified as a risk nor had measures been put in place to mitigate against the risk.

Judgment: Not compliant

### Regulation 26: Fire precautions

The registered provider did not take adequate precautions against the risk of fire. Based on the unsuitability of the premises and practices of routinely locking the

doors within the unit, a fire risk assessment by a competent professional was required for the registered provider to assure themselves that precautions within the special care unit were robust. The registered provider did not ensure that all staff members had up-to-date training in fire safety.

Judgment: Not compliant

### Regulation 27: Notification of incidents

The person in charge appropriately notified incidents occurring in the special care unit to HIQA.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 5: Statement of purpose	Not compliant
Regulation 6: care practices, operational policies and procedures	Not compliant
Regulation 13: Person in charge	Compliant
Regulation 14: Staff members and others working in the Special Care Unit	Not compliant
Regulation 15: Training and staff development	Not compliant
Regulation 16: Staff supervision and support	Substantially compliant
Regulation 19: Care record	Substantially compliant
Regulation 21: Register of children detained in the special care unit	Compliant
Regulation 24: Governance and management	Not compliant
Regulation 29: Complaints	Compliant
Registration regulation 6: Changes to information supplied for registration purposes	Not compliant
Registration regulation 10: Notice to be given by a registered provider of a special care unit of intention to cease to carry on its business and close the special care unit	Compliant
<b>Quality and safety</b>	
Regulation 7: Programme of care	Compliant
Regulation 8: Health care	Compliant
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Not compliant
Regulation 11: Positive behavioural support	Not compliant
Regulation 12: Protection	Not compliant
Regulation 17: Accommodation	Not compliant
Regulation 25: Risk management	Not compliant
Regulation 26: Fire precautions	Not compliant
Regulation 27: Notification of incidents	Compliant



# Compliance Plan for [Gleann Alainn] OSV – 0004220

Inspection ID: MON 0024379

Date of inspection: 18 July 2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:</p> <p>Gleann Alainn is currently operating under the original Policies and Procedures approved by Tusla and implemented by a fully qualified staff team. A full suite of National Policies will be completed by working group for the end of January 2019. However Gleann Alainn will cease to operate as a Special Care Service on the 31<sup>st</sup> of December at the latest. When it reopens it will operate as an open residential service which will be covered by these policies.</p> <p>The information required regarding the Person in Charge was sent to HIQA offices in Cork on the 12<sup>th</sup> Sept 2018.</p>	
Regulation 5: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Statement of purpose:</p> <p>The Person in Charge will provide a statement of purpose which is regulatory compliant by the 10<sup>th</sup> of Oct 2018. When this is complete copies will be circulated to all social workers Guardian ad Litem monitors and the young person's family.</p> <p>The Statement of Purpose will be reviewed in January 2019 as Gleann Alainn will cease to be a Special Care Service. A new Statement of Purpose will be developed prior to reopening which will reflect Gleann Alainn's new composition.</p>	
Regulation 9: Education, individual needs, religion, ethnicity, culture and language	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Education, individual needs, religion, ethnicity, culture and language:</p>	

<p>The Registered Provider has installed internet access in designated areas within the centre. Access to the internet is now part of their programme of care. This has been in place since the 12<sup>th</sup> September 2018.</p>	
Regulation 11: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Positive behavioural support:</p> <p>In future all incidents of aggression/violence will be reviewed at staff meetings. The learning will be documented in the minutes and care practices taken up with individual staff if necessary. This will commence on the 24<sup>th</sup> September 2018.</p> <p>All incidents of Garda intervention in the unit will be reviewed at the weekly Managers Meeting being held since 18<sup>th</sup> September 2018. This will also be reviewed at a serious incident review group meeting with all the stakeholders (which are held after the young person's Child in Care Reviews). The SIRG meeting minutes will subsequently be reviewed at staff meetings to ensure that the learning is available to the whole team this will be on the 1<sup>st</sup> October 2018.</p> <p>Behaviour management training for the 3 staff that are out of date was delivered on the 19<sup>th</sup> September 2018. A workshop on restrictive practices and the use of the Garda will be completed on the 11<sup>th</sup> October 2018.</p>	
Regulation 12: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Protection:</p> <p>The Person in Charge will deliver a workshop on safeguarding to the young people for all staff on the 18<sup>th</sup> and 25<sup>th</sup> of October 2018. The purpose of this is to ensure that all staff are confident in knowing what to do should a safeguarding incident occur.</p> <p>Safeguarding for young people will become an agenda item for Supervision. Staff will be assessed to ensure that they are competent in their knowledge of safeguarding of the young people. If they fail to demonstrate this competency then they will receive extra supervision and could be placed on a staff buddy system to support this development. This will be reviewed on an interim basis. This system will become practice on 1<sup>st</sup> of October 2018.</p>	
Regulation 14: Staff members and others working in the special care unit	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Staff members and others working in the special care unit:</p> <p>Interviews for social care workers have been completed and six contracts have been offered this will return Gleann Alann to its full complement of staff. The six successful candidates are currently undergoing the compliance process. Once this is completed they</p>	

<p>will take up their posts</p> <p>New staff who will take up their post will receive supervision on a fortnightly basis in line with the supervision policy. They will also be budded by an experienced staff member for the first six months of working in Gleann Alainn. The buddy and the supervisor will link and have three way supervision on a three occasions during the first six months. This will commence on the 1<sup>st</sup> of October 2018.</p> <p>As part of the induction all staff will receive training in medication management and ligature removal.</p>	
Regulation 15: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Training and staff development:</p> <p>All the staff who do not have training in restrictive practices, behaviour management and the safe use of ligatures will receive this training in October 2018. Training on the regulations will be provided by the Deputy Manager at staff meetings in September and October 2018.</p>	
Regulation 16: Staff supervision and support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Staff supervision and support:</p> <p>The Person in Charge will provide a workshop on supervision to focus on quality and recording by end Nov 2018. This training will be conducted on a quarterly basis to ensure that the quality of supervision in maintained.</p>	
Regulation 17: Accommodation	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Accommodation:</p> <p>The Registered Provider recognises that the premises is not fit to continue as a Special Care Centre and will cease to be a Special Care Centre on the 31<sup>st</sup> of December 2018.</p> <p>All recreational equipment will be risk assessed to see if it can be left in a more assessable location for the young people. This location will be decided on the week beginning 8<sup>th</sup> October 2018.</p>	
Regulation 19: Care Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Care Records:</p>	

The Person in Charge will carry out internal review of all paperwork generated within Gleann Alainn with the view to establishing potential duplication and unnecessary recording. The Person in Charge will link in with other Special Care Services to ensure that the paperwork and recording systems are similar. The findings of this review will then be implemented. This will be completed in October 2018.

There is currently a review of the paperwork used in Special Care this is due to be completed by the end of January 2019.

Regulation 24 Governance and Management	
<p>An Acting Deputy Social Care Manager has been appointed since 16.07.2018 to ensure that the on call arrangements are divided between two people.</p> <p>The Person Participating in Management, the PIC and Acting DSCM have a weekly management meeting which reviews, Restrictive Practices, Complaints, Child Protection, Health and Safety, Fire Protocols and Supervision. Any issues arising from reviewing these areas an action plan is developed to resolved the matter. These meetings been in place since the 19<sup>th</sup> of September 2018.</p> <p>The Person Participating in Management and the Registered Provider also meet on a monthy basis and will review the above list. This meeting will begin in October 2018.</p> <p>The monitor has agreed to do two unannounced inspections for all Special Care Centres. This has been agreed in October 2018.</p>	

Regulation 25: Risk management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Risk management:</p> <p>The Person Participating in Management, the Person in Charge and the Tusla Risk Manager will meet by the 12<sup>th</sup> of October to ensure that risks are appropriately rated. If these risks cannot be managed they will be escalated the Service Director for Special Care. The Service Director will decide to either accept the risk, des-escalate the risk back down for on-going monitoring at local level or escalate the risk up to the next level of management. This formal risk escalation process will begin in October 2018.</p>	

Regulation 26: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Fire precautions:</p> <p>The Person in Charge will get a suitably competent professional Fire Safety Consultant to ensure our safety plan complies with fire regulations by the 12<sup>th</sup> of October. The Person in Charge is meeting with Fire Consultant on the 4<sup>th</sup> October 2018 to ensure that the building is in compliance. If there are any none compliant issues arising from this meeting they will be dealt with urgently by maintenance.</p> <p>All staff will be trained in fire training in line with the regulations by 11<sup>th</sup> of October 2018.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 6(2)(a)	Notwithstanding paragraph (1), the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a special care unit has ceased to be in charge.	Not Compliant	Orange	Sept 12 2018
Registration Regulation 6(2)(b)	Notwithstanding paragraph (1), the registered provider shall in any event supply, within 10 days of the appointment of a new person in charge of the special care unit, the information set out in paragraph 5 of Schedule 2 and paragraph 3 of Schedule 3 in respect of the new	Not Compliant	Orange	12 <sup>th</sup> September 2018

	person in charge.			
Registration Regulation 6 (3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a special care unit within 28 days of the change and supply the information set out in paragraph 5 of Schedule 2 and paragraph 3 of Schedule 3 in respect of such person.	Not Compliant	Orange	28 <sup>th</sup> September 2018
Regulation 5(1)	The registered provider shall prepare in writing a statement of purpose relating to the special care unit concerned which shall contain the information set out in Schedule 1.	Not Compliant	Orange	Oct 10 <sup>th</sup> 2018
Regulation 5(5)	The registered provider shall put in place appropriate procedures to ensure that a child detained in the special care unit is provided with a copy of the statement of purpose in a format which shall be age appropriate to ensure the child's understanding of it.	Not Compliant	Orange	12 <sup>th</sup> October 2018

Regulation 6(1)	The registered provider shall promote and protect the life, health, safety, development and welfare of each child who is detained in the special care unit.	Substantially Compliant	Yellow	3 <sup>rd</sup> October 2018
Regulation 6(2)	The registered provider shall ensure that the special care unit has care practices, operational policies and procedures in place in accordance with best practice and paragraph (1) having regard to the number of children detained in the special care unit and the nature of their needs, which practices, policies and procedures shall include, but shall not be limited to, the matters set out in Schedule 2 and the obligations of the person in charge under these Regulations.	Not Compliant	Orange	January 2019
Regulation 6(3)	The care practices, operational policies and procedures referred to in paragraph (2) shall be set out in writing by the registered provider.	Not Compliant	Orange	January 2019
Regulation 6(4)	The registered provider shall	Not Compliant	Orange	Feb 2019



	ensure that the care practices, operational policies and procedures referred to in paragraph (2) are implemented by the person in charge having regard to the particular needs of each child.			
Regulation 6(5)(a)	The registered provider shall ensure that all written care practices, operational policies and procedures are reviewed and updated in accordance with best practice and such reviews shall have due regard to any recommendations made by the chief inspector.	Not Compliant	Orange	Feb 2022
Regulation 6(8)	The person in charge shall implement the care practices, operational policies and procedures required to be put in place by the registered provider under paragraph (2) and shall, in so doing, promote and protect the life, health, safety, development and welfare of each child who is detained in the special care unit.	Not Compliant	Orange	Feb 2019
Regulation 9(7)	The registered	Not Compliant	Orange	Sept 12 2018

	provider shall ensure that each child has appropriate access to a telephone and appropriate media, such as television, newspapers and internet, if available, in accordance with the relevant policies set out in Schedule 2.			
Regulation 11(5)(a)	The person in charge shall ensure that every effort is made to identify and alleviate the cause of the child's behaviour.	Not Compliant	Orange	24 <sup>th</sup> September 2018
Regulation 11(5)(b)	The person in charge shall ensure that all alternative procedures are considered before a restrictive procedure is used.	Not Compliant	Orange	24 <sup>th</sup> September 2018
Regulation 11(6)	The person in charge shall ensure that staff members in the special care unit receive training in the management of behaviour that is challenging including the use of restraint, single separation and de-escalation techniques, and that only approved techniques are used, in accordance, where applicable, with	Not Compliant	Orange	11 <sup>th</sup> October 2018

	the child's individual crisis management plan.			
Regulation 12(2)	The registered provider shall protect all children placed in the special care unit from all forms of abuse.	Not Compliant	Orange	3 <sup>rd</sup> October 2018
Regulation 12 (5)	The person in charge shall ensure that all staff members receive training in relation to safeguarding children and in the prevention, detection and response to abuse.	Not Compliant	Orange	25 <sup>th</sup> October 2018.
Regulation 14(1)	The registered provider shall ensure that the number, qualifications, experience, suitability and availability of staff members in the special care unit is appropriate, having regard to the number and assessed need of children detained in the special care unit, the statement of purpose and the size and layout of the special care unit.	Not Compliant	Orange	1 <sup>st</sup> October 2018.
Regulation 14(4)	The registered provider shall ensure that there are appropriate numbers of staff members present in the special care	Not Compliant	Orange	01 <sup>st</sup> October 2018.

	unit at all times to supervise each child detained in the special care unit in accordance with the requirements of registration of the special care unit.			
Regulation 15(1)(a)	The person in charge shall ensure that each staff member in the special care unit and each person working as an intern, a trainee or a person on a placement as part of a vocational training course has access to appropriate training, including refresher training, as part of a continuous professional development programme to enable the staff member to provide care in accordance with evidence based practice, the statement of purpose and policies and procedures.	Not Compliant	Orange	End October 2018
Regulation 15(1)(b)	The person in charge shall ensure that each staff member in the special care unit and each person working as an intern, a trainee or a person on a placement as part	Not Compliant	Orange	End Oct 2018

	of a vocational training course is informed of the provisions of Acts of the Oireachtas and all regulations, standards and guidelines made thereunder, or otherwise, dealing with the care, welfare and protection of children detained in a special care unit.			
Regulation 16	The person in charge shall ensure that an appropriate level of professional supervision and support is provided to staff members in the special care unit.	Substantially Compliant	Yellow	End Nov 2018
Regulation 17	The registered provider shall provide adequate and suitable accommodation, as set out in Schedule 4, having regard to the number of children detained in the special care unit and the nature of the needs of each child.	Not Compliant	Orange	End Dec 2018
Regulation 19(1)	The person in charge shall establish and maintain a Care Record in respect of each child detained in the special care unit.	Substantially Compliant	Yellow	End of October 2019
Regulation 24(1)(a)	The registered provider shall	Not Compliant	Orange	12 <sup>th</sup> October 2018.

	ensure that the special care unit has sufficient resources to ensure the effective delivery of special care in accordance with the statement of purpose.			
Regulation 24(1)(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate to the child's needs, consistent and effectively monitored.	Not Compliant	Orange	End Sept 2018
E	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the special care unit at least once every six months, or more frequently as determined by the chief inspector, and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care.	Not Compliant	Orange	October 2018
Regulation 24(3)(b)	The registered provider, or a	Not Compliant	Orange	1 <sup>st</sup> October 2018

	<p>person nominated by the registered provider, shall carry out an unannounced visit to the special care unit at least once every six months, or more frequently as determined by the chief inspector, and shall maintain a copy of the report prepared under subparagraph (a) and make it available on request to children placed in the special care unit, and their parents or guardians, and the chief inspector.</p>			
Regulation 25(1)	<p>The registered provider shall ensure that the special care unit has a risk management policy in place and that it is implemented throughout the special care unit.</p>	Not Compliant	Orange	12 <sup>th</sup> October 2018.
Regulation 25(2)	<p>The registered provider shall ensure that the risk management policy includes the following: (a) the ongoing identification, assessment, management and review of risks throughout the special care unit, (b) the measures</p>	Not Compliant	Orange	19 <sup>th</sup> of October 2018

	<p>and actions in place to control the risks identified, (c) the measures and actions in place to control the following risks to a child— (i) child abuse, (ii) situations where a child may be removed or absconds from the special care unit, (iii) accidental injury to a child, (iv) aggression and violence from or towards a child, and (v) self-harm, (d) arrangements for the identification, recording, investigation and learning from incidents involving children detained in the special care unit, (e) accidental injury to a staff member, an intern, a trainee or a person on a placement as part of a vocational training course in the special care unit, and (f) aggression and violence towards a staff member, an intern, a trainee or a person on a placement as part of a vocational training course in the special care unit.</p>			
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Regulation 26(1)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	11 <sup>th</sup> October 2018
Regulation 26(1)(e)	The registered provider shall make arrangements for staff members, interns, trainees and persons on placements as part of vocational training courses at the special care unit to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a child detained in the special care unit catch fire, and arrangements for the evacuation of children detained in the special care unit, calling the fire service and for assisting the fire brigade.	Not Compliant	Orange	End Oct 2018