

Health Information and Quality Authority Regulation Directorate

Monitoring Inspection Report on children's
statutory residential centres under the Child Care
Act, 1991



Type of centre:	Children's Residential Centre
Service Area:	CFA DML CRC
Centre ID:	OSV-0004161
Type of inspection:	Unannounced Follow Up Inspection
Inspection ID	MON-0020533
Lead inspector:	Rachel McCarthy
Support inspector (s):	Tom Flanagan

Children's Residential Centre

About monitoring of children's residential services

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. 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 services.

The Authority is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011, to inspect children's residential care services provided by the Child and Family Agency.

The Authority monitors the performance of the Child and Family Agency against the National Standards for Children's Residential Services and advises the Minister for Children and Youth Affairs and 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.

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

From:	To:
13 December 2017 11:00	13 December 2017 18:00
14 December 2017 08:00	14 December 2017 15:00

During this inspection, inspectors made judgments against the *National Standards for Children's Residential Services*. 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 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Non Compliant - Moderate
Standard 6: Care of Young People	Non Compliant - Major
Standard 7: Safeguarding and Child Protection	Non Compliant - Major
Standard 10: Premises and Safety	Non Compliant - Moderate
Theme 3: Health and Development	
Standard 8: Education	Non Compliant - Moderate
Standard 9: Health	Non Compliant - Moderate
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Compliant
Standard 2: Management and Staffing	Non Compliant - Major
Standard 3: Monitoring	Non Compliant - Moderate

Summary of Inspection findings

This centre is a statutory mainstream residential children's centre in the Dublin Mid-Leinster region. It accommodates up to five boys and girls, between the age of 13 and 17 years on admission, who require medium to long term residential care. The centre is operating from a large detached building with ample garden and parking space and is within walking distance of all necessary amenities. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 4 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 the Child and Family Agency's monitoring officer, three social workers and one guardian ad litem.

The purpose of this inspection was to review the actions undertaken to address areas identified as requiring improvement during a full inspection (ID 973) of the service carried out 11 to 12 April 2017. At the time of the last inspection, inspectors found that young people were well-cared for by staff. All young people had up-to-date care and placement plans, and young people told inspectors that they got on well with staff. Aftercare planning for the young people required improvement, there were no aftercare

plans on file and two young people did not have an aftercare worker allocated. Governance and management and managing risk also required improvement, to ensure the centre operated within its statement of purpose and function.

Other deficits which were identified during the previous inspection included the provision of educational placements, record keeping and arrangements in place to safeguard young people against the risk of fire.

During this two day inspection, inspectors found that the majority of actions had not been completed. Since the previous inspection there had been a number of changes in the management of the centre. There was a new regional and interim service manager in place, the centre manager went on long-term leave during the summer of 2017 and the deputy manager was intermittently out on leave. In response to this situation, a deputy manager from a nearby centre was appointed as acting centre manager in late September 2017. In addition, a new deputy manager was employed for a period of three months. As a result inspectors found that there was a lack of consistency in the management of the centre since the previous inspection and this impacted negatively on the governance of the centre. Centre governance reports had not been submitted for several months, there was minimal learning from significant events in the centre, staffing arrangements were inadequate to meet the needs of the children and staff were not supervised in accordance with policies.

Inspectors found high levels of risk taking behaviour in the centre during the two day inspection. There were 302 incidents of young people absent from the centre without authority and there was a rising issue of young people using illicit substances on a frequent basis, including in their bedrooms and on the property. The frequent absences, suspected risk-taking behaviour, and lack of engagement of one child was not risk-assessed and was not adequately addressed by managers and staff.

Due to the high risks and safety concerns for the young people in the centre, inspectors requested an urgent meeting with the regional manager in the HIQA offices to discuss the inspection findings. Following this meeting, inspectors requested written assurances from the regional manager that the young people were safe in the centre and to provide a written plan to mitigate the current risks especially over the upcoming holiday period. The regional manager provided inspectors with an immediate action plan response to mitigate some of the current risks in the centre. The acting centre manager was to remain in post until the official centre manager post was filled and an external agency were providing cover for live night staff within the centre. The regional manager provided written assurances that steps had been taken to mitigate some of the remaining risks highlighted by inspectors.

Inspectors found that the centre had made some improvements to centre records and was now operating in line with its statement of purpose and function.

The actions published separately to this report outline the improvements that are required.

Inspection findings and judgments

Theme 2:

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. 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.

Standard 5: Planning for Children and Young People

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

Inspection Findings

At the time of the previous inspection improvements were required in relation to aftercare planning and preparation for leaving care. All of the young people living in the centre at the time of this inspection were over the age of 16 years. There had been one new admission and one discharge since the previous inspection.

All young people in the centre had an allocated social worker and all care plans were up to date. Inspectors found the care plans to be of good quality however two out of four care plans were not signed and dated by all the relevant people.

Aftercare planning for the four young people was not in line with national policy. There were no aftercare plans on any of the young people's files. Three of the young people were allocated an aftercare worker and staff had made efforts to support the young people in their aftercare planning through one-to-one work and daily tasks. The acting centre manager informed inspectors that aftercare plans had been requested from the relevant social workers but had not yet been received. Two of the young people were turning the age of eighteen in the months following this inspection and inspectors were informed that while an onward placement had been identified for one young person, there was no onward placement identified for the second young person. The interim service manager informed inspectors that a meeting between management of the centre and social work teams had been held a month prior to this inspection at the request of the interim service manager. The purpose of the meeting was to discuss ongoing difficulties in the centre and to agree a way forward. Aftercare was one of the items raised at this meeting. Two actions in relation to aftercare were agreed following

this meeting, that keyworkers and the acting centre manager would meet with each young person to discuss their current situation and the second one was that the social worker would forward one young person's aftercare plan to the centre. By the time of this inspection, this aftercare plan was still not on the child's file, therefore the young person and staff did not have a clear plan for this young person's care when they reached 18 years.

There had been one new admission since the previous inspection and the admission process was managed in line with regional policy. A review of the young person's care records demonstrated the pre-admission planning processes, transition and an admission plan was in place to ensure a planned and supported admission for the young person. The committee part of the admission process was carried out in line with national policy and a referral was made to the centre for consideration.

Once the committee make a referral to a centre for consideration, the referring social worker and/or team leader and centre manager arrange to meet, together with a member of the centre staff team, as soon as possible. Management told inspectors that there were discrepancies in the local process for the new admission. The centre manager was not involved in the local process as required due to leave and management told inspectors that adequate information to determine if they could meet the needs of the young person referred were not shared with them prior to the admission. Inspectors reviewed the local process form and found that there were gaps in the recording of information and the form was incomplete.

Prior to this admission, staff told inspectors there was a negative group dynamic in the centre that was difficult to break and staff were finding it hard to engage with the young people. Management told inspectors that the staff team had voiced their opinions that it was not a good time to take on a new admission, due to the ongoing behavioural issues in the centre. However management agreed to process the admission referral as they felt the staff team would be able to manage the young person's behaviours as presented in the committee's referral form. However following the admission, inspectors were informed by staff and social workers that the young person's behaviour escalated after moving into the centre and they became involved in the already difficult group dynamic that staff had already reported in the centre.

One young person who had turned eighteen while residing in the centre had been discharged since the previous inspection. Inspectors found that this discharge was not planned in line with the young person's statutory care plan. Management informed inspectors that as a result of challenging behaviour this young person required an immediate discharge and there was no planned transition in place.

The quality of some centre records still required improvement. The interim service manager acknowledged that this was an area they were still working on and provided the inspectors with a daily management plan that had been put in place to address this. During handover the centre manager assigned staff to take responsibility for a certain task such as designated liaison person (in the absence of the manager), petty cash, fire checks, medication and any other administration duties required. The centre was in the process of reviewing its filing system at the time of this inspection and had assigned a member of the management team to review this. During this inspection, inspectors spoke with staff and reviewed records and found that documents and records were

reviewed on a daily basis by the centre manager and any deficits were addressed at handover.

Inspectors found that there were gaps in recording on the young person's files.

Judgment: Non Compliant - Moderate

Standard 6: Care of Young People

Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

Inspection Findings

At the time of the last inspection significant risks were found in relation to the management of behaviours that challenge. Improvements were also required in relation to children's routines and monitoring of food intake. Inspectors found on this inspection that the actions identified to address these deficits had not been effective and significant risks were again found in relation to managing challenging behaviours. Staff had lost control of the centre and continued to struggle with managing behaviours that challenged. There had been a period of constant changes in management over the previous six months and as a result there were no effective measures in place to bring about any change.

There was a significant risk found in relation to children leaving the centre without permission. Since the last inspection, there had been 302 missing from care incidents in relation to the young people residing in the centre. Inspectors reviewed significant event notification's (SENs) for one young person for the period of two weeks prior to this inspection and found that this young person had been absent from the centre for 13 out of 14 nights. During the two day inspection, two of the young people in the centre were absent from the centre without permission for a period of time. Staff informed inspectors that they were aware of where the young people were and had been in contact with them by phone.

The staff were following the protocol in place to manage absences and some improvements had been made in relation to locating young people before reporting them as missing to an garda síochána. The absence management plan, which was located in each of the young person's placement support plan, had been updated to include a clear direction for staff on the appropriate action to take when a young person is deemed missing from care. This new process included identifying relevant people, that his/her social worker considered to be a safe person, that the young people can be with or go to without permission, and staff were to physically go out looking for the young person missing from the centre. Staff were aware of this protocol, however from speaking with staff they told inspectors that they could not always go looking for the

young people, due to the high number of missing from care episodes and staff having to remain in the centre with the other young people. Inspectors were informed that on a number of occasions staff did not know where the young people were.

When a young person was deemed missing from care staff followed the joint protocol in place with an garda síochána. Inspectors were informed that strategy meetings were convened for children who were repeatedly missing from the centre in order to coordinate with an garda síochána to manage absences and try to prevent them re-occurring. However this was not effective in reducing the number of absences.

Staff were trying to encourage young people to stop smoking through one-to-one work however no improvement had been made since the previous inspection. During this inspection, inspectors were informed that the use of illicit substances was an issue in the centre and staff were actively trying to manage this. Staff informed inspectors that a Juvenile Liaison Officer would be visiting the centre to provide the young people with information around the dangers of illegal substances and the consequences in place for using same. Inspectors found that there was a lack of control around smoking and substance abuse in the centre and staff were ineffective at managing the behaviour.

Inspectors reviewed the consequence log during the inspection and although the sanctions were proportionate to the action, there was no oversight to establish if these consequences were followed through. One young person expressed dissatisfaction that consequences were not followed through for another young persons actions in the centre.

Due to significant risk identified during this inspection, inspectors requested an urgent meeting with the regional manager. Although all SEN's had been sent to the regional manager, and they had been notified of the issues in the centre, they had not visited the centre since taking up the role of regional manager six months previously. The post holder informed inspectors that visiting the centre was not part of their remit but rather it was the role of the service manager. Written assurances were requested and received regarding the immediate action the regional manager was going to take to ensure the safety of the young people, in particular over the holiday period. The governance arrangements for the centre are covered further under standard 2 of this report.

Some efforts had been made since the previous inspection to engage the young people in extracurricular activities. Inspectors were presented with a list of local activities and clubs that were compiled to inform the young people of activities in the local area. This included youth projects, theatre group, variety group and various other classes in the local sports centre. From review of records and speaking with staff three of the young people had joined a local gym and one had engaged with a dog grooming service.

At the previous inspection, improvements were required for the monitoring of young people's food intake in order to encourage healthy eating habits. Records of children's nutritional intake were not adequate. Staff informed inspectors that a record of the young person's daily diet would be maintained in their daily journals. Inspectors saw evidence of this referenced in team meeting minutes however, there was little if any evidence of this recorded in the young person's daily logs.

Judgment: Non Compliant - Major

Standard 7: Safeguarding and Child Protection

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

Inspection Findings

At the time of the last inspection, the staff team required clarity around the Designated Liaison Person (DLP) in the absence of the centre manager. Their action plan response indicated that the centre manager would assign a staff member on every shift to assume responsibility to oversee the reporting and safeguarding process. Any issues identified in the absence of the centre manager were to be immediately escalated to the interim service manager. This action had been completed.

On this inspection, inspectors found that the centre manager had put in place a system that a designated liaison person was appointed on each shift. Inspectors observed a handover meeting during which one of the staff took on this role.

Child protection concerns were managed appropriately. Inspectors found that staff notified child protection concerns using both significant event notifications and standard report forms to social workers. Inspectors reviewed the child protection log and found that there were 16 child protection concerns entered on the log. However it was not clear how many concerns were currently being investigated and how many were closed. Staff informed inspectors that this was a result of a delay in receiving written confirmation from the social work department that the child protection concerns were closed.

Data provided by the management of the centre following the inspection indicated that there were 19 child protection and welfare concerns in the past 12 months. This data also confirmed that 18 of these child protection concerns were investigated and closed and one was still under investigation at the time of this inspection.

Information provided by the centre indicated that 75% of staff had up-to-date training in Children First. A new online E-Learning training had been launched and all staff were being supported to register and complete this training.

Inspectors had concerns for the safety and protection of the young people in the centre. As previously mentioned under standard 6, there had been 302 incidents of young people missing from care without authority. Staff were not always aware of where the young people were and inspectors were not assured the management plan in place to mitigate these absences was effective. Also discussed under standard 6, inspectors had serious concerns for the safety and welfare of the young people due to the extensive use of illegal substances in the centre. Due to these significant risks identified during this inspection, inspectors highlighted their concerns to the regional manager.

Judgment: Non Compliant - Major

Standard 10: Premises and Safety

The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Inspection Findings

At the time of the last inspection, the centre was locking external doors at night, which had the potential to delay evacuation of young people. From reviewing information provided and speaking to staff, inspectors were informed that this practice had now ceased.

Since the previous inspection, the centre had taken some steps to mitigate the risk of fire, a member of staff was assigned daily to carry out fire checks and record this in the centres fire log. Management informed inspectors that a new fire system was installed by an external company to increase the sensitivity of smoke alarms in the young people's bedrooms. However staff informed inspectors that smoking was still an issue in the centre and young people were still smoking in their bedrooms. Staff informed inspectors that they were carrying out daily room checks to ensure that young people were not smoking in their bedrooms but on a number of occasions had found evidence of smoking. This was also recorded in team meeting minutes. Despite fire checks, risk assessments and additional room checks which were put in place, health and safety risks remained in the centre due to young people smoking in their bedrooms. In addition, there was no waking night staff in the centre as an additional safeguard in the event that young people were smoking in their rooms at night.

Following the last inspection, inspectors were informed that a plan was in place to contact the smoking cessation officer to provide training, however this had not been completed at the time of this inspection.

Staff informed inspectors that risk assessments needed to be updated to reflect the current risks in the centre.

Judgment: Non Compliant - Moderate

Theme 3:

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

Standard 8: Education

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

Inspection Findings

At the time of the last inspection not all young people had an identified educational placement and when the young people were not in school there was a lack of structure and routine in their day. At the time of this inspection, one young person was not in any educational or training placement.

Two out of the four young people in the centre were attending an educational placement in the local area on a daily basis. Staff informed inspectors that they rang the placement on a daily basis to ensure attendance of both young people. However, inspectors did not see evidence of a record of this and were not assured that the young people attended on a daily basis. The acting centre manager informed inspectors that one of the young people went on a foreign trip with their educational placement in the week prior to this inspection.

One young person in the centre attended a vocational training placement on a daily basis which was appropriate to their interests and aspirations. Inspectors met with this young person who stated that they enjoyed the placement.

The fourth young person did not have an educational or training placement and inspectors found that there was a lack of structure and routine in their day, which was also identified as an issue on the previous inspection.

The action plan response received from the centre following the last inspection stated that the Education and Welfare Officer would be contacted however the acting centre manager confirmed that this had not yet happened.

Staff had an awareness of the educational needs of the young people and three out of the four placement support plans were updated to emphasise the importance of the young people attending their current educational placement.

Judgment: Non Compliant - Moderate

Standard 9: Health

The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

Inspection Findings

During the last inspection smoking in the centre was a rising concern, inspectors found that one-to-one work had been carried out with the young people regarding quitting smoking and smoking in the centre. Staff had not received training in smoking cessation, which was an action that they undertook to do, from the previous inspection.

There was a new national medication management policy for children's residential services which had been approved in October 2017. The policy included guidance for staff on the ordering, prescribing, storage, administration and disposal of medication. Staff told inspectors that they had not been trained in the new policy or in the safe administration of medication but managers told inspectors that an external consultant, who had been recently engaged by the national director for children's residential services, will provide training to all staff in the national residential care services by March 2018.

Staff told inspectors that, pending full training in medication management, a number of changes had been introduced since the previous inspection and they have implemented some elements of the new policy.

During staff handovers, one of the incoming staff members was designated to review the children's medication logs and to administer medication if this was required. Inspectors observed the staff handover, after which the designated staff member checked the stocks of each medication to ensure that the records were correct, and signed and dated the records. Stocks of medication were observed to be correct. The centre manager checked and counter-signed the records each week. Records showed that, when staff administered medication, the record was signed by two staff.

Since the previous inspection, any medication that was not being used or was out of date was returned to the pharmacy. Inspectors observed that the pharmacist signed and dated the record when the medication was returned. Inspectors also observed that prescription sheets were now being attached to the administration sheets in order that staff could check the original prescription when administering medication.

Medication continued to be stored in a small locked cabinet in the staff office and each child's medication was labelled with their name. The acting centre manager told inspectors that he had requested a larger cabinet in order that each child's medication could be stored in a separate section of the cabinet. A locked area within the cabinet was also a requirement of the new policy.

At the time of inspection, the prescription and administration sheets in use in the centre did not record all the information required under the new policy. New templates were provided in conjunction with the new policy but these had not yet been implemented in the centre.

Judgment: Non Compliant - Moderate

Theme 4: 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.

Standard 1: Purpose and Function

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

Inspection Findings

The centre's statement of purpose had been reviewed and updated by the centre manager, interim service manager and the interim regional manager in June 2017. At the time of the last inspection the centre was locking external doors at night time which prevented young people leaving the centre, which was not in line with its statement of purpose. During this inspection, inspectors found that this practice has ceased and as a result the centre was now operating in line with the statement of purpose and function.

Judgment: Compliant

Standard 2: Management and Staffing

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

Inspection Findings

There was a lack of consistency in the management of the centre since the previous inspection and this impacted negatively on the governance of the centre. Centre governance reports had not been submitted for several months, there was minimal learning from significant events in the centre, staffing arrangements were inadequate to meet the needs of the children and staff were not supervised in accordance with policies. These and other issues related to the management of the centre were escalated to the regional manager following the inspection.

Since the previous inspection there had been a number of changes in the management of the centre. The centre manager went on long-term leave during the summer of 2017. The deputy manager, who took her place as acting centre manager was intermittently out on leave in the interim. In response to this situation, a deputy manager from a nearby centre was appointed as acting centre manager in late September 2017. In addition, a new deputy manager was employed for a period of three months. A new regional manager and a new interim service manager were also appointed since the previous inspection. The acting centre manager told inspectors that

the interim service manager managed the centre for a number of weeks over a period of two months. The interim service manager told inspectors that there was a short period of time during which there was no full time centre manager in the centre and that he visited the centre three days a week during this period.

At the time of this inspection there was an acting centre manager and two deputies in the centre but the acting centre manager was due to return to his substantive post in another centre and it was unclear what arrangements were in place to replace him. The interim regional manager advised that they had requested a centre manager from the Tusla panel which was established in 2017. However was unable to provide a timeframe for this at the time of inspection.

Inspectors also found that the governance of the centre was inadequate. While the interim service manager provided informal supervision to the acting centre manager on a regular basis, there were no records of formal supervision meetings. The interim service manager told inspectors that he attended team meetings on a monthly basis, discussed any issues arising at these meetings with staff, and then reported any relevant issues to the regional manager.

The interim service manager told inspectors that a management plan was agreed with the centre manager following the last inspection. This included daily and monthly tasks to be completed by staff and management in the areas of supervision, leadership and training. Due to changes in management and lack of audit and review, it was not clear that this plan was in operation and driving quality improvement in the centre.

The acting centre manager was experienced and he told inspectors that he had completed a diploma in management and that he had also undertaken supervision training. Staff told inspectors that he had provided leadership to the staff team since his arrival and that he had restored stability to the management of the centre.

The centre did not have a formal on-call system to ensure that staff had access to a manager at a time of crisis outside of normal office hours. Staff interviewed told inspectors that managers were available outside of normal office hours but that this was an informal arrangement. This matter had been raised with management during the previous inspection but no action had been taken in the meantime.

The acting centre manager told inspectors that, due to the changes in management since the last inspection, no governance reports had been submitted by the centre manager to the interim service manager for the last five months. As the governance report is the mechanism by which cumulative data on activities in the centre, such as child protection concerns, missing from care episodes, team meetings, supervision and training for staff are communicated to senior managers, the absence of these reports for a prolonged period meant that senior managers were not receiving full information on the activities of the centre during that time and this resulted in a lack of oversight. Inspectors escalated this issue to the regional manager.

There was no evidence of learning from the review of significant events in the centre. External professionals told inspectors that significant events notifications (SENs) were sent promptly and the acting centre manager told inspectors that all SENs were sent to a regional significant event notification review group (SENREG) for an external review.

During the previous inspection, inspectors found that there was evidence of learning from these reviews. However that was not the case on this inspection. There were no records in the centre of minutes of SENRG meetings held since the previous inspection. The acting centre manager told inspectors that he did not receive copies of these meetings and both he and the interim service manager were unsure as to where these minutes were sent. This meant that there was no evidence that SENs from the centre were reviewed by external managers. No feedback was provided to the acting centre manager and staff on the SENs that were sent and there was no learning for managers and the staff team from this process. The interim service manager acknowledged that the quality of SENs was an area that required improvement.

Risks were not well managed in the centre. The acting centre manager and staff told inspectors that three of the four children in the centre were using illicit substances on a frequent basis, including in their bedrooms and on the centre property. This activity and the inability of managers and staff to address it effectively was not included in a series of risk assessments carried out. The frequent absences, suspected risk-taking behaviour, and lack of engagement of one child was not risk-assessed and was not adequately addressed by managers and staff. The acting centre manager told inspectors that the admission and subsequent behaviour of one child in recent months had an unsettling and de-stabilising effect on a number of the other children. He told inspectors that, with hindsight, the admission should not have happened yet the issue of inappropriate admissions to the centre was not highlighted as a risk to the functioning of the centre. Following the previous inspection, the interim service manager was due to present the national Tusla risk management policy to the staff team on the 2nd August 2017 and complete a briefing session to ensure staff were familiar with all aspects of the policy on the 16th August 2017. The centre manager and interim service manager were due to complete a review of risk assessments and develop and implement a plan to minimise the risks presenting within the centre. The acting centre manager told inspectors that, while he had read the national risk management policy, staff had not and neither had they received any training on the policy.

At the time of the last inspection, inspectors found that the petty cash system was not consistently implemented. Inspectors found that the centre had taken some action in relation to this. The acting centre manager assigned an individual staff member daily to take responsibility for the petty cash system. The staff member then reviewed the petty cash at the end of each shift. Staff informed inspectors that receipts got mislaid on occasion and, therefore, it was not possible to maintain a copy of all receipts.

There was sufficient staff in place throughout the two days of inspection. The staff team was made up of a combination of Tusla and agency staff. Inspectors were informed that the centre was actively trying to use the same agency staff as to provide consistent staffing to the four young people in the centre. However records showed that there was a constant change in staffing in the centre as a result of leave and, on one occasion, the centre was staffed with all agency staff. From information provided it was evident that this change of staffing was impacting on the young people as one young person expressed frustration by the amount of agency staff being used.

Data provided by the interim service manager indicated that up-to-date garda vetting was not on file for all members of staff.

There was no waking night staff in the centre. The acting centre manager informed inspectors that staff carried out a 25 hour shift which included a seven hour sleeping night. From speaking with staff and reviewing records it was evident that staff were not getting seven hours sleep on this shift as a result of challenging behaviour in the centre at night time. On one occasion staff agreed to do a waking night shift during their allocated sleeping hours due to challenging behaviours of one of the young people in the centre.

At the time of the previous inspection, an external facilitator was engaging with the staff team with a focus on improving how team decisions were implemented. The facilitation report was finalised in June 2017 and included five recommendations for the whole staff and management team. One recommendation from the report was that the immediate manager from the regional office should visit the centre on a regular basis and inspectors were advised that the interim service manager carried out these visits. Staff informed inspectors that they were not satisfied that all of these recommendations were being followed through.

The acting centre manager told inspectors that he had completed one supervision session with each of 10 staff members since he was appointed in September 2017 and records verified this. However, inspectors viewed the supervision records of four staff members and found that they had not been supervised in line with the policy on supervision. While two of these staff had been supervised on three occasions each in 2017, there was only one record of supervision for each of two other staff in 2017. The acting centre manager acknowledged that staff were not getting their formal supervision as required by the policy. He told inspectors that informal supervision was provided to staff but this was not recorded. At the time of this inspection, the acting centre manager was in the process of implementing a new supervision plan which involved the acting centre manager and the two deputies providing supervision to the staff team. However, as two out of these managers were in post for the short-term, inspectors were not assured that supervision of staff would be carried out in line with the policy.

At the time of the last inspection, there was gaps in the provision of key training for staff. Data provided to inspectors showed that there were still outstanding training requirements. A new medication management policy had been implemented in October 2017 but staff had not received medication management training.

Staff had not received Risk Management training, management informed inspectors that this training is currently being sourced and will be rolled out early next year. Inspectors found that risk was not managed effectively in the centre .

Following this inspection, inspectors met with the regional manager to escalate the concerns in relation to governance and management of the centre. The regional manager subsequently provided written assurances that were to take immediate effect. The acting centre manager who was due to return to his substantive post was to remain in place and waking night staff were put in place.

Judgment: Non Compliant - Major

Standard 3: Monitoring

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

Inspection Findings

Since the previous inspection there had been a change of monitoring officer in the centre. On the first day of this inspection the new monitoring officer was visiting the centre and informed inspectors that she took up the monitoring role for this centre on 4th December, just eight days prior to this inspection. Inspectors spoke with the monitoring officer who informed inspectors that this was an introductory visit with the centre to introduce herself.

The acting centre manager informed inspectors that the previous monitoring officer had visited the centre on a number of occasions since November 2016 but due to the challenging behaviours presented by the young people in the centre and recent change of management, the monitoring officer did not carry out a full monitoring inspection. From review of centre records, inspectors found evidence that the monitoring officer attended team meetings. Staff raised concerns with the behaviours of the young people in the house to the monitoring officer and an action was agreed by the monitoring officer to escalate the issues.

Following this inspection, inspectors highlighted the concerns to the national manager of quality assurance and monitoring. In response to this, inspectors were informed that a monitoring visit had been completed in the centre in August 2017 and provided inspectors with the report. The national manager also stated that he was made aware of the issues in the centre by the monitor at the time, and had sought assurances that a process of re-development of the centre and work with the staff was taking place to address the difficulties highlighted in the report. The view of the monitoring service was that the centre needed time for the facilitation process and work with staff to take place. He also informed inspectors that following the monitoring visit in August 2017, the monitoring officer agreed to write to the director of children's residential services noting that the monitoring officer remained concerned. Subsequently, the monitor reported receiving good engagement from CRS management and reported that progress was being made despite the difficulties present. However there was a lack of formal escalation of the identified concerns from the monitoring service to ensure that the centre was in compliance with standards and regulations.

The national manager of quality assurance and monitoring informed inspectors that the health and safety concerns in the centre were escalated to the national health and safety manager, who in turn made contact with the national director of children's residential services who requested and received a response.

Judgment: Non Compliant - Moderate

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-0020533-AP
Provider's response to Inspection Report No:	MON-0020533
Centre Type:	Children's Residential Centre
Service Area:	CFA DML CRC
Date of inspection:	13 December 2017
Date of response:	22 February 2018

These requirements set out the actions that should be taken to meet the National Standards for Children's Residential Services.

Theme 2: Safe & Effective Care

Standard 5: Planning for Children and Young People

Judgment: Non Compliant - Moderate

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

Care plans on young people files were not signed by all relevant personnel.

Aftercare planning for all the young people was poor and was not in line with national policy. One young person was not allocated an aftercare worker.

One young person turning 18 did not have an identified onward placement.

Aftercare plans were not on file for all young people.

The local process for the most recent admission was not carried out in line with policy.

There was poor decision making in admitting a young person to the centre when the centre was already experiencing difficulties.

The one discharge since the previous inspection was not managed in line with the young persons statutory care plan.

The quality of centre records still required improvement.

Action Required:

Under Standard 5: Planning for Children and Young People you are required to ensure that:

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

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

All Care Plans have been signed by the Social Work Department and were in the Centre on the 16th February 2018.

An Aftercare Worker has been assigned to each young person in line with policy. The Centre Manager has requested an Aftercare planning meeting to occur as a matter of priority for one young person who has recently come of age as per policy. The Centre Manager will review all the young people's Aftercare Plans to ensure they are of good quality, where deficits exist they will address these with the young person's Social Worker. Where it is the case deficits are not addressed within a three week time frame the Centre Manager will escalate these issues to the I/Service Manager who in turn will address the issues with the relevant Principal Social Worker immediately.

A placement for one young person turning 18 years has been identified and a transition plan has been initiated. This move is due to take place on the 12th March 2018.

All Aftercare Plans, where relevant, are in place. The outstanding Aftercare Plan was received on the 6th February 2018 and has subsequently been reviewed by the Centre Manager and I/Service Manager. An Aftercare Plan for the other young person, who has just come of age, has been requested by the Centre Manager on the 15th January 2018. In the event this plan has not been furnished by the 5th March 2018 the Centre Manager will escalate to the I/Service Manager who in turn will address with the Principal Social Worker.

The Interim Regional Manager and the Interim Service Manager will ensure that all future admissions to the Centre will be in line with policy. At present no admissions will take place until further review. The I/Regional Manager and I/Service Manager will conduct a review on the last admission to the Centre on the 20th February 2018. The outcome of which will guide all future admission processes to the Centre.

The Centre Manager will ensure that the Care Plans for all young people reflects the appropriate information relating to discharge. If it is the case that changes to the discharge plan are required the Centre Manager will escalate to the I/Service Manager who will call an immediate Review. The I/Service Manager will ensure that a review is conducted following any discharge where it is the case the plan may have altered from what was originally outlined in the young person's child in care review.

The I/Service Manager will conduct a full review of the Centre records from 12th to 15th February and will devise an action plan for implementation by Centre

Management. The I/Service Manager will address the deficits relating to the Centre records in the Centre team meeting on the 14th February 2018. The I/Service Manager will review a selection of the Centre records as part of their Supervision with the Centre Manager, any deficits identified will be addressed immediately. The I/Service Manager has assigned individual tasks to the Centre Management team on the 8th January 2018. The Deputy Centre Manager has been assigned to oversee record keeping on a daily basis and address any deficiencies immediately. The Centre Manager will ensure to review all documentation no less than on a weekly basis when on site in the Centre.

Proposed timescale:
12/03/2018

Person responsible:
Interim Service Manager

Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Non Compliant - Major

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

Efforts made to stop young people from leaving the centre without permission were not effective.

Efforts made to stop young people smoking in the centre were not effective.

The management of young people smoking illicit substances on the property was not effective.

There was no oversight of consequences following young people's actions to ensure they were followed through.

There was no clear record of staff monitoring young people's food intake in order to support and encourage healthy eating habits.

Action Required:

Under Standard 6: Care of Young People you are required to ensure that: Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

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

There is an ongoing plan in place to support the reduction and or prevention of further absences within the Centre. A Safety Plan was introduced to direct the staff in how to manage absences within the Centre on the 21st December 2017. The Safety Plans were reviewed by Centre Management on the 19th January 2018. All Safety Plans will be reviewed at each team meeting and amended where required. The Centre Manager will ensure a clear plan is identified for each young person as part of the shift planner to engage the young people in the activities within the Centre. The Centre Manager will review significant events daily or when on site in the Centre to ensure an appropriate response, any deficits will be addressed immediately. The Centre Manager will conduct

a review of all significant events fortnightly as part of the team meeting to ensure learning occurs. The I/Service Manager reviews all significant events no less than weekly and will address any concerns they have with the Centre Management. Continual absences will be escalated by the Centre Manager to the Interim Service Manager and strategy meetings will be held to address the level of absence.

A clear procedure was implemented for staff to follow to address young people smoking in the Centre on the 21st December 2017. This was reviewed on the 19th January 2018. The young person's Placement Support Plans have been updated to include direction around same. The I/Service Manager will review the Safety Plan and Placement Support Plan with the staff team on the 14th February and amend where needed. The Centre Manager will review all records of smoking in the Centre daily or when next on site and will address any issues presenting immediately. The Centre Manager will ensure the Safety Plan and Placement Support Plans are reviewed fortnightly or sooner if required.

The I/Regional Manager and I/Service Manager reviewed and updated each of the young person's Placement Support Plans and implemented a safety plan on the 21st December 2017, this is to direct staff on the procedure to follow to address young people consuming illicit substances on the property. The I/Service Manager and Centre Manager will review with the staff team on the 14th February and amend if needed. The Centre Manager will review all incidents of consuming illicit substances on the Centre property and address with staff if any deficits are identified. The I/Service Manager reviews all significant events no less than weekly and will address any concerns they have with the Centre Management. Continued use of illicit substances on the Centre property will be escalated by the Centre Manager to the I/Service Manager and strategy meetings will be held with the Social Work department to address.

The Consequences Log for the Centre was reviewed by the Centre Manager at the team meeting on 7th February 2018. The Centre Management will review consequences as part of the handover daily or when on site in the Centre, to ensure that consequences are fair and followed through by staff, any deficits will be addressed immediately. The Consequence Log will be reviewed at the team meeting fortnightly to ascertain effectiveness and any learning from same.

The Centre Manager will ensure there is a daily record of young people's food intake contained within the Centre Daily Journal. The Centre Manager will review the shopping list with the Staff team in a team meeting on the 21st February to ensure there is a balance of healthy nutritious food being supplied within the Centre. The Centre staff will devise with the young people a meal plan for the week which will be discussed at the team meetings fortnightly. One to one's will be completed with the young people to discuss healthy balanced lifestyle. In the event the Centre staff or Social Work identify issues with food consumption for any of the young people a more structured monitoring can occur.

Proposed timescale:
21/02/2018

Person responsible:
Interim Service Manager

Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Non Compliant - Major

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

The safeguarding arrangements in the centre were inadequate to keep the young people safe, and insufficient action had been taken by management to address the safeguarding concerns.

Child Protection concerns that were closed remained opened on the log.

All staff did not have up to date training in Children's First.

Action Required:

Under Standard 7: Safeguarding and Child Protection you are required to ensure that: Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

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

The I/Regional Manager and I/Service Manager implemented Safety Plans which included additional staffing and reduced capacity within the Centre. All young people's Placement Support Plan's were reviewed and updated on the 21st December 2017. These provided Staff with clear direction on the procedure to follow when certain safeguarding issues presented. The Safety Plan and Placement Support Plans will be reviewed and amended where needed, at the meetings fortnightly or sooner if required. The Centre Manager will review all significant events to ensure Safety Plans are being followed, in the event deficits are identified the Centre Manager will address immediately with staff. In the event that behaviours of concern continue the I/Service Manager will call a strategy meeting to address concerns with the Social Work department. Where it is the case that issues cannot be resolved concerns will be escalated to the I/Regional Manager. The I/Regional Manager will conduct a review of all relevant information, implement an immediate Safety Plan where required and address any outstanding issues with the Social Work Area Manager as required to ensure that all safeguarding issues are responded to and or addressed in a timely manner.

The Centre Manager has updated the Child Protection Log to include the outcome of the concerns indicating when they have been closed. The Centre Manager will ensure the Child Protection Log is updated weekly.

Children First E Learning has been completed by all staff with one exception due to long term sick leave and will be completed within their first week back at work.

Proposed timescale:
30/04/2018

Person responsible:
Interim Service Manager

Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Non Compliant - Moderate

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

Health and safety risk assessments did not adequately mitigate against the risk of fire.
 Efforts made to stop young people smoking in the centre had not been completed

Action Required:

Under Standard 10: Premises and Safety you are required to ensure that:
 The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

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

The Centre Risk Assessments were updated on the 21st December 2017. The Deputy Centre Manager will review risk assessments weekly or sooner if required and make any amendments necessary. A Safety Plan was implemented on the 21st December 2017 to ensure there is a plan in place to mitigate against the risk of fire. The Centre Manager will review any incidents of concern and address any deficit immediately. Live night Staff has been in place since 22nd December 2017.

The I/Regional Manager implemented a Safety Plan to ensure Staff had clear guidance to follow if young people smoked on the property. The Centre Manager will review all incidents of smoking on the property and will address any deficits in the management of same immediately. Incidents of smoking on the premises will be notified and reviewed in the team meetings fortnightly. The Centre Manager will review the Safety Plan in the team meetings fortnightly and will make any amendments necessary. In the event behaviour continues, the I/Service Manager will call a strategy meeting with the Social Work department to review and the I/Service Manager will escalate to the I/Regional Manager.

Proposed timescale: 05/03/2018	Person responsible: Centre Manager
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Theme 3: Health & Development
Standard 8: Education
Judgment: Non Compliant - Moderate

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

Not all young people had an identified educational placement.

There was a lack of structure and routine in place when children did not attend an educational placement.

One placement support plan had not been updated to reflect the young person's

current vocational programme.

Action Required:

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

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

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

The young person's Placement Support Plan has been updated on the 12th February 2018 to support the young person to obtain an educational placement. In addition a specific education plan has been developed. Significant efforts are being made to support and encourage young people to obtain a day placement. A staff member will be assigned to each young person during the shift planning each day, in order to support the young person to secure a day placement. The educational plan will be reviewed for effectiveness at the fortnightly team meetings and amended where necessary.

The young person Placement Support Plan was updated on the 21st December 2017 and again on the 1st February 2018 to give a clear plan for when young people are not in their day placement. The Centre Manager will promote a culture of education and routine within the Centre. They ensure a staff member is assigned to each young person as part of the shift planning who will be responsible to ensure that they implement the young person's individual plan. The Shift Planner and Daily Journal are to give a clear outline of the plan for the young person each day. The Centre Manager will review the Daily Journal and Shift Planner no later than weekly or when on site in the Centre. The Placement Support Plan and the individual educational plan will be reviewed in the team meeting fortnightly and amended where necessary.

The Centre Manager and I/Service Manager have reviewed the Placement Plan and Placement Support Plan on the 12th February 2018, for each of the young people currently resident in the Centre, to ensure they reflect each young person current vocational program. Only one young person currently does not have a vocational placement and their Placement Plan and Placement Support Plan will be amended within three days of securing a placement. This will then be sent to the relevant social worker.

Proposed timescale:
30/04/2018

Person responsible:
Interim Service Manager

Theme 3: Health & Development

Standard 9: Health

Judgment: Non Compliant - Moderate

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

Staff had not received training in smoking cessation.

Staff were not trained in the new national medication management policy and the policy had not been implemented in full.

The prescription and administration sheets in use in the centre did not include all the required information.

Staff were not trained in the safe administration of medication.

Action Required:

Under Standard 9: Health you are required to ensure that:

The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

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

The Centre Manager contacted the Smoking Cessation Officer on the 5th January 2018 and again on the 12th February 2018. There is currently no Smoking Cessation course available until the online E Learning course is launched in the 2nd quarter of 2018, at this point the Centre Manager will ensure this training is prioritised. In the interim the new Centre Manager has undergone the training and will be implementing a program within the Centre to provide staff with the guidance necessary until the training is available. This will be implemented in the team meeting on the 28th February 2018.

The Medication Policy was published on the 20th November 2017. Training on the new policy and safe administration of Medication is scheduled for the first quarter of 2018. The training is booked in for the 14th March 2018.

The Administration and Prescription sheets will be replaced when training has been completed on the 14th March 2018.

Medication Management training is scheduled for the 14th March 2018 all staff are booked in to attend this training.

Proposed timescale:
30/09/2018

Person responsible:
Centre Manager

Theme 4: Leadership, Governance & Management

Standard 2: Management and Staffing

Judgment: Non Compliant - Major

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

There was poor oversight and management of the centre.

Risk was not managed well in the centre.

The centre did not have a formal on- call system.

Centre governance reports had not been submitted for several months

There was minimal learning from significant events in the centre.

Staffing arrangements were inadequate to meet the needs of the children.

Up-to-date garda vetting was not on file for all members of staff

There were no waking night staff in the centre. As a result staff were working long shifts and not getting their seven hours sleep as rostered.

Staff were not supervised in accordance with policies

There were gaps in the provision of key training for staff.

Action Required:

Under Standard 2: Management and Staffing you are required to ensure that:

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

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

An Interim Centre Manager was drawn down from the Tusla Centre Managers national panel and commenced duty on 12th February 2018. The Centre Manager met with the regional management team prior to commencing and is aware of all issues currently presenting. The Centre Manager will promote a culture of quality and accountability throughout all aspects of Centre operations. The I/Service Manager and Centre Manager will draw up a plan to address all deficits identified. Supervision will be used effectively to ensure accountability and review the quality of care being provided within the Centre. The Centre Manager is required to update the I/Service Manager at each supervision, of the progress made on all issues and any presenting risks. An action plan will be developed to support the Centre Manager to address any or all presenting issues in a timely manner. The Centre Manager will review all records produced in the Centre no less than weekly or when next on site in the Centre. The Centre Manager will attend shift planning meeting and care meeting to ensure quality care is being provided, any deficits will be addressed, if issues cannot be addressed locally they will be escalated to the I/Service Manager.

The I/Regional Manager reviewed all updated risk assessments in the Centre on the 21st December 2017. The I/Service Manager will develop and implement a risk guidance tool for the Centre Management and staff to assess, measure and manage risk within the Centre. This will be implemented in the Centre on the 7th March 2018 and will be reviewed on the 4th April 2018. In addition all Staff will review the Tusla Risk Management Policy and the I/Service Manager and Centre Manager will conduct a briefing, at the team meeting on the 7th March 2018. The Centre Manager will ensure risks are identified and measured sufficiently as part of the daily shift planning in order to promote Staff learning and to support Staff to respond appropriately to risk within the Centre. Risk assessments will be reviewed weekly. If the identified risks escalate, the Centre Manager will formally escalate to the I/Service Manager, who in turn will call a strategy meeting with the relevant Social Workers to address the same. The I/Service Manager and Centre Manager will use supervision to evaluate risk within the Centre and the strategies used to manage these risks. The I/Service Manager review the management of a significant events weekly and will address any deficits identified with

the Centre Manager immediately. In the event the I/Service Manager identifies an escalation in the level of risk to the young person they will formally escalate to the I/Regional Manager. The I/Regional Manager will conduct an immediate review of the presenting risks and implement a revised Safety Plan where required to address any immediate safety concerns. Outstanding issues will be escalated to the Area Manager to ensure they are addressed immediately. If issues cannot not be resolved by the I/Regional Manager a formal escalation will be initiated to the Service Director.

On call arrangements are being reviewed at National level by the National Management Team, with the view to having a structured on call system implemented by 2019. In the interim the I/Service Manager and I/Regional Manager are available to offer support outside of normal working hours. The lack of a formal on call system has been included on the Regional Risk Register.

The Centre Governance Reports have been brought up to date and submitted to the I/Service Manager on the 4th January 2018. The I/Service Manager has assigned the Deputy Centre Manager responsibility to ensure these are completed and sent to the I/Service Manager monthly. The I/Service Manager will review these within one week of these being submitted and will address any deficit with the Centre Manager. Centre Governance Reports will be submitted by the I/Service Manager to the Regional Manager monthly.

The I/Service Manager is implementing a set agenda for team meetings within the Centre. The Significant Event Notification Log, SEN Review Group minutes will be reviewed at each team meeting for learning. The I/Service Manager will review SEN's and will address any concerns or issues with the Centre Management, this will also be included in the review at the team meetings.

The I/Service Manager has applied for permanent vacancies to be filled through Tusla Recruitment, this is currently underway. The Centre Manager is continuing to fill any vacant shifts with regular agency staff that are familiar with the Centre.

The Centre Manager has requested all staff complete the application for Garda Vetting by the 28th February 2018, currently nine staff have submitted their application.

Live night staff are currently in situ since the 22nd December 2017. They will remain in place until further review on 9th March 2018.

The I/Service Manager met with the Centre Management team and assigned Staff for Supervision between the Centre Manger and Deputy Manager. A supervision schedule has been drawn up and was forwarded to the I/Service Manager on the 11th January 2018. The I/Service Manager will review that the schedule is being followed as part of their Supervision with the Centre Manager and will address any deficit identified immediately. The I/Service Manager completed formal Supervision with the Centre Manager on the 12th February 2018 and will continue to provide Supervision at a minimum of every six weeks.

The Centre Manager has secured some mandatory training and is continuing to work on a schedule to address the rest of the training needs. Children First Training has been

completed with the exception of one staff member who is on long term sick leave. Medication management is scheduled for 14th March 2018. Training in behaviour Management is planned for March and April 2018 with dates to be confirmed. There is currently no training from Tusla on risk management, the I/Service Manager is currently assessing if this can be procured, however, in the interim the I/Service Manager will complete a briefing with staff in the team meeting on the 7th March 2018. The Centre Manager has requested additional training in Occupational First Aid, it is anticipated dates will be provided for this training by the 31st March 2018.

Proposed timescale:
Immediate Actions 7th March 2018 and 30 September 2018

Person responsible:
Interim Service Manager

Theme 4: Leadership, Governance & Management
Standard 3: Monitoring
Judgment: Non Compliant - Moderate

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

There was a lack of formal escalation of the identified concerns from the monitoring service to ensure the service was compliant with regulations and standards.

Action Required:

Under Standard 3: Monitoring you are required to ensure that:
 The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

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

A new Centre Manager has been appointed to the Centre. A strategic plan has been developed with the I/Service Manager to address any immediate concerns regarding Centre non-compliance. Additional support have been and will continue to be maintained in the Centre until such time as sufficient progress has been made in respect to ensuring the Centre compliance throughout. Progress will be reviewed by the I/Service Manager on a weekly basis initially for an 8 week period. Progress will be reported to the I/ Regional Manager on a monthly basis. The I/Regional Manager will ensure that appropriate progress is being made in a timely manner and that the practices requiring improvement or immediate action have been identified and are being sufficiently addressed.

In addition, the external managers' process of governing Centres and method of addressing issues in respect of non compliance and risk management are currently under review. This process will also include review of monitoring and over sight systems and will support the development of skill regarding risk identification, recording, management and reviews. The revised system will be introduced by the end of March 2018, in the interim the I/Service Manager will continue to carry out regular checks in the Centre and will address any deficits as they arise. The Monitoring Officer is conducting a Monitoring visit on the 8th March 2018 and will be reviewing the Centre's progress and effectiveness of governance and management of risk. The Monitoring

Officer and I/Service Manager will review these findings and the I/Service Manager will ensure this informs governance of the Centre.

Proposed timescale:
15/04/2018

Person responsible:
Interim Service Manager