

## Health Information and Quality Authority Regulation Directorate

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



<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DML CRC
<b>Centre ID:</b>	OSV-0004163
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0024367
<b>Lead inspector:</b>	Una Coloe
<b>Support inspector (s):</b>	Catherine Vickers

## **Children's Residential Centre**

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:
03 July 2018 09:00	03 July 2018 17:00
04 July 2018 09:00	04 July 2018 17:00

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.

<b>Standard</b>	<b>Judgment</b>
<b>Theme 1: Child - centred Services</b>	
<b>Standard 4: Children's Rights</b>	Substantially Compliant
<b>Theme 2: Safe &amp; Effective Care</b>	
<b>Standard 5: Planning for Children and Young People</b>	Non-Compliant - Moderate
<b>Standard 6: Care of Young People</b>	Non-Compliant - Moderate
<b>Standard 7: Safeguarding and Child Protection</b>	Substantially Compliant
<b>Standard 10: Premises and Safety</b>	Substantially Compliant
<b>Theme 3: Health &amp; Development</b>	
<b>Standard 8: Education</b>	Non-Compliant - Moderate
<b>Standard 9: Health</b>	Non-Compliant - Moderate
<b>Theme 4: Leadership, Governance &amp; Management</b>	
<b>Standard 1: Purpose and Function</b>	Substantially Compliant
<b>Standard 2: Management and Staffing</b>	Non-Compliant - Moderate
<b>Standard 3: Monitoring</b>	Compliant

## Summary of Inspection findings

The centre was based in a two storey detached house in a Dublin suburb with good amenities and transport links. However, the children were living in another residential centre on a temporary basis while construction and maintenance works were being carried out. The centre provided medium to long term care for four children between the ages of 13 and 17 years. The centre was operating at a reduced capacity to support the temporary relocation. At the time of the inspection, there were 2 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 2 parents, 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 a social worker, a social work team leader, an aftercare worker and the monitoring officer as part of the inspection.

Overall, the staff team provided the children with good quality care. Children said they knew their rights, had a good relationship with staff and liked living in the centre. Children said they knew how to make complaints and had been supported by staff to do so. Children were supported to develop their independent living skills and supported in relation to their emotional and psychological needs. However, some children were uncertain about their long term plan as their aftercare plans were not finalised. In addition, when children were not in formal full-time education, there was no set plan to guide the team in this regard.

All of the children had been visited by a social worker, as required, but one child did not have an allocated social worker. The needs of the children were identified and well recorded but there were occasions when actions were not identified or timely to ensure appropriate assessments were carried out with the children. Behaviours were well managed but despite efforts by staff to ensure children's safety, there were times when the children were at risk in the community while they were absent from the centre. Complaints were addressed and followed but not always concluded in a timely manner. Safeguarding systems were in place but admissions to the centre were not in line with the statement of purpose and function and inappropriate placements had impacted on the welfare of children living in the centre.

The service was managed by an experienced management team and the staff team were well supported and guided in their roles, despite the absence of up-to-date policies and procedures. Some management systems required improvement to ensure there was effective oversight and action taken to resolve issues identified.

There was sufficient staff to provide the level of care required for the children and communication and morale was good on the team. Not all of the training requirements of the team had been met.

These and other findings are outlined further in the report.

## Inspection findings and judgments

### **Theme 1: Child - centred Services**

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

### **Standard 4: Children's Rights**

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

### **Inspection Findings**

Children's rights were respected and promoted by staff in the centre and staff provided children with adequate information in this regard. Children told inspectors that they were aware of their rights and the centre provided each child with information about their rights on their admission. Staff were aware that the children could access their information and although one child had read their care plan, they had chosen not to read their files. Children had their own bedrooms and their right to privacy was respected by staff. Efforts were made to link children with independent advocacy services and they had the choice to avail of these services or not. Inspectors spoke with children's family members who said that staff respected and promoted the rights of children and provided a child centred service.

Children were actively encouraged to participate in decisions and planning about their lives and their care. Children's opinions were sought and valued and these were incorporated into the daily running of the centre. Staff encouraged and supported children to exercise their rights through opportunity led discussions, one-to-one sessions and at children's meetings. Children's meetings occurred regularly within the centre and the children generally attended. The meetings provided children with the opportunity to express their views about various aspects of their care including meal planning, activities and general requests. Inspectors found that follow up on requests were appropriately communicated to the children and were well recorded. Inspectors found that there were some delays with the follow up on one individual request about a summer activity by a child which lead to a level of uncertainty for this child. Inspectors spoke to the acting centre manager who provided a rationale for this delay but found that this issue could have been resolved earlier in order to provide clarity for the child.

Children were invited and supported to attend their child-in-care reviews and were encouraged to have their voice heard at these meetings. Children were supported by their social workers and the staff team to prepare for reviews. Where a child chose not to attend their review, their views were sought beforehand and their voice was

reflected in the minutes of the meeting and the care plan. Inspectors saw evidence of children being given the opportunity to read their care plan and offer input in relation to the contents.

There was a system in place to manage complaints but this needed to improve. Children told inspectors that they knew how to make complaints and had exercised this right. Staff were aware of the complaints procedure and the relevant information was available in centre records. Parents said they would feel comfortable to raise a complaint if they needed to. Inspectors saw examples of staff speaking to children about the complaints process and supporting children to make complaints. This was evident in records of young people's meeting minutes and one-to-one sessions. There were 11 complaints made by children since the last inspection. However, the centre complaints log only showed a record of 10 being made. Inspectors found one complaint made by a child contained in their individual file which had not been included on the centre complaints log. Two complaints had no resolution recorded as they required follow up from the social work department. Inspectors saw evidence that centre staff made several attempts to resolve these issues with the social work department and had escalated the matter, as appropriate, but it remained unclear if the complaint had been resolved. It was not always recorded if a complaint was resolved to the satisfaction of the complainant.

**Judgment:** Substantially Compliant

### **Theme 2: Safe & Effective Care**

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**

Admissions to the centre were not managed in line with policy and procedure to ensure placements were safe and suitable. Inspectors found that there had been one child placed at the centre in the last 12 months. This admission was managed through the central referrals committee but the local process was not adhered to. The child continued to reside at the centre after it was deemed to be an unsuitable placement and impacting negatively on the other children living in the centre. Inspectors were provided with a review of the process surrounding this placement and it was found that

the decision not to admit the child was legitimate. The decision to extend the child's placement was not appropriate but deemed necessary as there was no other placement for the child at that time. The acting regional manager outlined that there were delays in managing this as the social work department had appealed the decision of the management team. Not all of the required documentation was in place for this child during the placement at the centre such as a up-to-date care plan or placement plan. This was not in line with best practice or in accordance with the care and placement planning processes of the centre.

There were two discharges from the centre in the last 12 months, one planned and one unplanned. These were documented on the centre's register and the files had been archived, as appropriate. One child was discharged to an aftercare service, as planned and the other was discharged home. The acting centre manager was clear about the reasons surrounding the discharge and the actions taken to support the transition for the child. Exit interviews were completed with children who had left the service and there was good communication following discharges but there had been no review of the unplanned discharge with the social work department.

One of the children living in the centre had an allocated social worker and a social work team leader was holding the case for the other child, in the interim of a social worker being allocated. The child had been without a social worker for approximately one month prior to the inspection and despite the acting centre manager advocating for this, a social worker had not been identified. The team leader holding the case spoke with inspectors but the plan for the child was not clear.

Despite this, each child had been visited more frequently than required by regulations. Both of the children living in the centre had an up-to-date care plan but the quality of one plan needed to improve. Key information outlined in the care plan did not have an identified action attached to address a significant concern for the child and the social work department did not provide sufficient clarity to inspectors on how this would be addressed.

Records of child in care reviews were on file and there was evidence that children's views were reflected in their care plan. The statutory requirements including birth certificates, immunisation records and care orders were on file for both children. Placement plans were developed for each child. The placement plans were of good quality and outlined all of the children's needs. Actions were identified with key people identified to address the actions within a specific timeframe. However, one plan required updating since the child finished their educational placement.

Children were supported to maintain positive relationships with their parents, siblings and significant people in their lives. The staff team facilitated visits and there was sufficient space in the centre to facilitate both visits with family and friends. Children were encouraged to have their friends visit the centre and the staff team had regular contact with the children's family members. A family member that spoke with inspectors said they were very happy with the care provided, were kept informed about their child's care and were happy with family visits.

Children's received the emotional and psychological care they required and staff were proactive in providing the appropriate support to the children. The staff team engaged

the children in individual work and encouraged the children to attend professional services to support them in relation to their psychological needs. The team received specific training when required in relation to individual needs of children. The staff had made significant commendable efforts to engage a child in a specific therapeutic service that the child required, as outlined on the care plan. Inspectors were advised that the child refused to engage with the required service and therefore an alternative service was sourced, which the child attended.

Staff interacted respectfully and positively with the children and the children told inspectors that they had staff to talk too with whom they trusted.

There were two children who were 17 years old and required the services of the after care team. Both children had an allocated aftercare worker but the engagement of this service was not satisfactory. There was an aftercare plan drawn up for both children but these were not adequate. The acting centre manager had returned one plan to the aftercare worker as it did not contain sufficient information to guide this aspect of the care. The other plan, which was drawn up by the centre staff was helpful while a more detailed up-to-date aftercare plan was being drafted. The child's placement plan outlined that the exit plan from the centre was due to commence in August 2018 to allow the child to complete state examinations. However, there was no exit plan in place at the time of the inspection.

The staff team were proactive in supporting the children to develop skills for independent living. There were very clear incentivised plans which the children engaged in. Children told inspectors that they cooked meals, went grocery shopping, had paid bills and completed their own laundry.

The children's files were factual, well organised and legible. Filing systems were appropriately maintained and there was action taken where there were gaps in the files. There was an appropriate system to archive children's files that had left the service.

**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**

Children in the centre were well cared for. Staff members were supportive of children and spoke positively about children's talents. Children were encouraged and supported to develop their talents and pursue their interests. The children had access to a range of leisure and recreational activities. There was evidence of numerous conversations with the children about ideas for the summer. A decision was made not to formulate a specific summer plan due to the children's age. Children were encouraged to engage with their peers and to link with staff about their preferences for activities on week to

week basis. However, there was some delay in finalising holidays and breaks away. This was discussed during a team meeting that inspectors observed and was due to be finalised the week of the inspection.

Children received a basic rate of pocket money and were provided an opportunity to earn more by completing extra independent living tasks. Children received an allowance for clothing and were facilitated to buy clothes in line with their tastes and preferences.

Children participated in meal planning and had a nutritious and varied diet. Children had input in relation to choosing the weekly menu and were encouraged by staff to participate in the preparation and cooking of meals. Records showed that staff consistently encouraged children to engage in mealtimes together.

Special occasions and achievements of the children were celebrated at the centre. A recent celebration was held for a child's educational achievements. Staff maintained contact with previous residents of the centre.

Children spoke positively about staff and said they liked the staff and living in the centre. Inspectors observed staff and children interacting and found that staff treated children in a respectful and caring manner. Records showed that regular one-to-one sessions were carried out with the children and that they were emotionally supported by staff on an ongoing basis. Inspectors spoke with family members who said they felt their children were well cared for by staff and that they felt welcome when they visited their children at the centre. Records showed that children's friends visited the centre as appropriate.

Behaviours that challenged were managed well but did not always result in the improvements needed. The centre had a model of behaviour management in which staff were trained. Children presented with a range of behaviours that challenged including absences from the centre, substance misuse, smoking in the centre and non-attendance at school. There had been a period in the centre where there were significant difficulties in peer relationships and aggressive behaviour. These incidents were managed and reported appropriately and these incidents reduced when the mix of young people in the centre changed.

Staff were proactive in their management of behaviours that challenged. Practices in place included staff considering the underlying causes to specific behaviours and supporting children to manage their emotions. Inspectors found that staff responded to individual incidences appropriately and supported children to reflect on their behaviour. There were plans in place for each child to guide staff on how to respond to any event or crisis that may occur. Inspectors found that these plans were reviewed regularly. However, up-to-date guidance was required for staff in the management of a particular behavioural concern. Non-school attendance by children had not improved, despite efforts by the team to manage this behaviour.

Absences from the centre had reduced over the year prior to the inspection, but there was a pattern of non-returns which required reduction and a risk management approach between the centre staff team and social work department. Each child had an absence management plan which was implemented by the staff team and all absences were notified in line with centre policy. Ongoing efforts were made by staff to locate

and maintain contact with children who were absent from the centre. The staff team identified risks children were exposed to whilst unsupervised in the community, and worked with parents and other professionals to promote their safety. However, when children were absent from the centre their whereabouts were often unknown, and there were occasions when some children came to physical harm. Staff and the acting centre manager reported their concerns for children while they were absent from the centre to inspectors and these risks were also described by children who talked with inspectors. The centre implemented the National Joint Protocol for children missing from care but some strategy meetings were cancelled at short notice or poorly attended by other professionals. In some instances, there was limited evidence to demonstrate what measures were taken to manage absences and associated risks.

Records of significant events were well recorded, up-to-date, notified to appropriate parties and routinely reviewed by the centre manager. Social workers said that they received significant event notifications (SEN's) and that they were kept up-to-date about the progress of children.

Consequences, both positive and negative were utilised in the centre and these were well recorded in a consequences log. Children were aware of the behaviours expected of them and they were clear on the consequences for inappropriate behaviours. Inspectors found that children were financially rewarded for completing chores and if there were issues with negative behaviour they would not have the opportunity to carry out a paid chore or engage in paid activities. The consequences log also recorded various treats and activities provided for the children which could be viewed as day-to-day life activities rather than consequences for behaviour.

Restrictive practices were used minimally in the centre, specifically the use of room searches. There was a written policy in relation to room searches which guided staff. Room searches were appropriately used and were in response to identified risks, for example, if a child was smoking in their bedroom or if it was suspected that a child was misusing substances. Room searches were individually risk assessed and were well monitored by the centre manager. Children were informed when a search took place and were often present during searches of their rooms. Physical restraints were not used by staff in the previous 12 months.

**Judgment:** Non Compliant - Moderate

#### **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**

Staff implemented safe care practices. Children told inspectors that they felt safe living in the centre. There was a protected disclosures policy and staff interviewed were aware of this. Staff told inspectors that there was a culture of openness and reported that a member of the management team were always accessible to discuss any concerns.

The acting centre manager was the designated liaison person for the centre and staff members were aware of this role. There was a system to identify a designated liaison person when the acting centre manager was not on duty. The team followed guidance outlined on the interim child protection practice note, as a policy for this, had not been developed by the national office. The majority of the staff team had completed training on Children First - National Guidance for the Protection and Welfare of Children(2017) but there was a gap on the training record for one newly recruited staff member. Staff understood their responsibilities and were aware of how to respond to incidents of abuse or allegations.

There were 19 child protection notifications in the last 12 months which were reported in line with policy. There was one open concern which was recently reported. The remainder of the concerns had been managed and closed but not all of these were reflected on the child protection log. The acting centre manager provided clarity in relation to all concerns but the filing of these needed to improve. There were some delays processing concerns by the social work department but it was evident that the acting centre manager had escalated this with the interim service manager and the concerns were later closed.

The centre staff were proactive in managing concerns relating to the children. Incidents of peer to peer abuse had been well managed and the children were supported adequately. There were occasions when children were at potential risk in the community when staff did not know where they were. The staff team attempted to keep children safe when they were absent from the centre and it was evident that they adhered to the absent management plans, maintained phone contact and offered lifts where necessary for the children.

An Garda Síochána (police) vetting was in place for all staff. The acting centre manager confirmed that one staff member was in the process of updating their current vetting.

**Judgment:** Substantially Compliant

#### **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**

This centre had moved location for an estimated period of 10 to 12 weeks due to refurbishments taking place in the original house. The building that the centre moved to, was previously a statutory mainstream residential children's centre in the Dublin Mid-Leinster region. The premises were suitable for the residential care of children and was in keeping with their stated purpose.

On a walk around the centre, inspectors found it was well maintained and in good condition. The centre was appropriately lit, heated and ventilated with adequate

furnishings. Children had their own bedroom and there was sufficient communal space in the house. However, the building was not very homely and was in need of redecoration and refurbishment.

Inspectors reviewed the health and safety statement and found that it was up-to-date and centre specific.

There were effective fire safety systems in place in the centre. The centre had a fire safety register which contained all required information and a member of staff was the allocated fire safety officer. On a walk around the centre, inspectors found that fire safety equipment was in place and appropriately maintained. Daily fire safety checks were consistently carried out by staff and records were up-to-date. Emergency lighting and fire alarms were tested on a quarterly basis by a qualified fire safety contractor. An issue with some fire doors was identified at the new premises and the centre manager was very proactive in ensuring these issues were promptly addressed. Fire and evacuation training had been carried out by staff and children since the recent move to the new residence. Staff and children participated in several fire drills since the move.

Maintenance issues were effectively dealt with at the centre. There was a maintenance log held at the centre which clearly recorded the date maintenance issues occurred, when they were notified, a description of the issue and the actions taken. The centre manager was responsible for notifying issues and for maintaining oversight of actions. Maintenance issues in the centre were dealt with in a timely way.

While children had personal emergency evacuation plans on file, there was no formal emergency plan available in the centre.

The centre vehicle was appropriated taxed and insured.

**Judgment:** Substantially Compliant

**Theme 3: Health & Development**

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

**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**

Education was valued and children were encouraged to pursue their interests and consider their career potential. Inspectors found that there was good communication with educational placements and staff were supportive of children’s attendance at

school. Staff provided transport and financial resources to children in order to encourage attendance. There was evidence of collaborative working with schools to address issues as they arose. One child had been supported by staff to complete their educational placement and sit their final exams. This achievement was acknowledged and celebrated by staff.

However, one child was not attending school. While various plans had been put in place to source an alternative educational placement, efforts to address the issue of non-attendance at school had not been effective in the months prior to inspection. Staff, the child's social worker and aftercare worker said that a training course in an area of the child's interest had been identified and applied for and this was due to commence in the new academic year. The current educational goal was for the child to engage with this course. When this child was not attending education, there was a lack of plans in place to provide structure and routine in their day. Staff had a good understanding of the educational needs of children but identified non-school attendance as a concern.

Children approaching school leaving age were encouraged to prepare and strive towards further education as appropriate to their abilities, interests and aspirations.

**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**

Children's basic health needs were met and the children had timely access to general practitioners, opticians and dentists. The children had medical examinations when they were admitted to the centre. Most of the children's health needs had been assessed and met which was documented clearly within their files. However, there were long delays in accessing some specialised services. One child required a follow-up specialised assessment since 2015. Although efforts had been made to address this, the service best placed to assess the child had not been confirmed. Progress was not sufficient or timely.

Children were supported to develop their knowledge and understanding of healthy living and lifestyles. The staff team encouraged the children to eat a nutritious diet and to engaged them in individual work relating to substance misuse, sexuality and smoking cessation.

There was a medication management policy which documented guidance in relation to the prescribing, administration and storing of medication. Although, the children were not on routine medication, the practices relating to medication management were not adequate. Inspectors viewed records of the administration of non-routine and PRN (as required) medication. The administration of one medication did not match the times outlined on the prescription sheet and this discrepancy had not been identified or addressed.

The filing of medication records was poor and there were gaps in key information on centre records. The storage of medication was adequate but staff did not demonstrate competence in relation to the medication system in use. The acting centre manager advised that although all members of the team had been trained, the medication system was not used on a regular basis and safe practices needed to be revisited. There were no assessments of children’s capacity to self-medicate even though the children were preparing for leaving care in the near future.

There were three medication audits completed in 2018 and the actions arising from these all related to training for staff, which had since been completed. The gaps noted by inspectors were not identified and there was no evidence of managerial oversight on medication records since April 2018. The policy was accessible but it was not signed, as read and understood by all staff members.

**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**

There was an up-to-date statement of purpose and function for the centre. This reflected the recent change of address and outlined that the centre was currently operating at a reduced capacity due to the temporary relocation. The statement of purpose and function outlined that care can be provided to males between 13 and 17 on admission on a medium to long-term basis. The criteria for admission and the centre’s purpose and practices were documented, as well as the key policies in use by the centre. The statement of purpose and function was signed by the acting centre manager, interim regional manager and the interim service manager.

The centre was being used by additional Tusla staff as an administrative base for operations not related to the centre but this was not reflected on the statement of purpose.

**Judgment:** Substantially 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 governance structure in place with lines of responsibility and accountability. The centre was managed by an experienced manager and the staff team were committed to providing a quality service to the children. The acting centre manager reported to the interim regional manager, who had recently taken over line management responsibilities for the centre. Although the team were committed, the long-term stability of the management team was impacted by interim positions.

The acting centre manager was supported in her role by three social care leaders. The deputy manager position was vacant at the time of the inspection. The social care leaders had recently taken on additional responsibilities including the provision of supervision, oversight of fire, health and safety and petty cash. The social care leaders acted as the shift leader when they were on duty but there was no system to ensure there was a shift leader on duty for every shift. The acting centre manager said that this was not possible due to the current roster. There was no formal on-call system to provide support to staff outside of normal working hours.

Although there were policies, procedures and guidance policies in place, the Child and Family Agency, Tusla, had not reviewed a large number of these policies for a considerable amount of time to ensure they were in line with good practice.

There were some effective communication systems in place. There were daily handover meetings, a shift planner, a daily diary and regular team meetings. Staff reported that the acting centre manager was accessible on a daily basis and there was regular informal communication. Staff also advised that they had met with the new interim service manager. Inspectors observed a handover meeting where key decisions for that day were discussed. The acting centre manager advised that she regularly attended these meetings to ensure she was kept informed and to delegate key tasks when necessary. Team meetings were held consistently with good attendance. The children's needs were discussed during these meetings but there was no set agenda to ensure an adequate learning and reflective space was provided.

The centre manager had some management oversight systems in place but these needed to improve. These included reviewing records and identifying where improvements were needed. Inspectors reviewed files and found that the centre manager had signed some records including children's plans, significant event notifications and health and safety records. The acting centre manager said she used the centre governance report as her auditing tool as well as reviewing children's files during supervision with staff. There was a system to escalate issues of concerns both within the residential services and with the social work department. Inspectors found that the acting centre manager had used this system and escalated issues as appropriate including the concerns in relation to a placement at the centre and the lack of a social worker for a child. A number of systems checks were completed by the interim services manager and the acting centre manager was held to account during

this process and through her supervision.

However, the auditing systems did not identify the gaps and risks that inspectors found during the inspection. For example, the medication audits were not adequate and did not identify deficits and risks in relation to the practices. There were a number of errors or omissions on logs in the centre including the complaints and child protection concerns logs which were not identified in recent checks. In addition, there were data protection breaches noted on some documents which had not been addressed. There was a system in place to ensure accountability in relation to expenditure. Inspectors reviewed the records of expenditure and found that receipts were kept and expenditure accounted for.

The centre maintained a register of children which contained some of the information required by the Child Care (Placement of Children in Residential Care) Regulations, 1995. However, the placement of one child was not reflected on the register. The interim service manager who had over seen this placement acknowledged that the child should have been admitted on a temporary basis and reflected on the register.

There was a prompt system for notifying significant events and it was evident that the appropriate professionals were informed of the events. There was a significant event group for the area and some of the centre's significant events had been reviewed during this process.

There were some systems in place to control risk but not all risks had been adequately assessed. There was a risk management system which the centre manager had received training on. Risk assessments were carried out in relation to risks associated with individual children as well as environmental risks. Control measures were put in place to manage these risks and the assessments were reviewed regularly. The acting centre manager advised that the centre governance report contained the risk register and this was updated regularly to reflect the current risks in the centre. It was evident that risk associated with the recent change of location had been assessed. There was no risk assessment of the fact that there were additional Tusla staff working in the centre where the children were living and it was not evident that the risk of other children gaining unauthorised access to the centre had been assessed.

Staffing levels were sufficient in the centre and staff were adequately supported and supervised. The provision of supervision had improved since the last inspection. The acting centre manager and a social care leader provided supervision to the team and this was in line with the guidelines set out in the policy. There was a visual plan to track the provision of supervision and a template allowed for some consistency in the approach. However, staff members were supervised by both an acting centre manager and a social care leader but there was no plan to allocate a specific supervisor and therefore difficult to ensure a consistent approach for the staff members.

Not all staff had completed the mandatory training required by Tusla. The centre manager maintained a training register which documented when staff had completed various pieces of training. All staff had completed training on medication management but there was one staff member who had not completed training on Children First - National Guidance for the Protection and Welfare of Children (2017) Some staff required refresher training in occupational first aid, manual handling, fire and in the

behaviour management model in place in the centre. The acting centre manager had completed a training needs analysis which identified key pieces of training required on the team. These included training on drugs, report writing and internet safety.

Staff files were not available for review at the centre as they were stored in a central office. The interim service manager provided oversight of the files by completing a self assessment provided by inspectors. The majority of the required information was recorded as being present but some gaps were evident in relation to staff identification, job descriptions, employment history and induction records.

**Judgment:** Non Compliant - Moderate

### **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**

There were monitoring systems in place to ensure compliance with regulations, standards and best practice. The centre had a Tusla monitoring officer assigned and a monitoring visit had been carried out in January 2018. Inspectors spoke with the monitor and from review of the monitoring report, it was evident that key deficits were identified and addressed through the action plan. The monitoring officer had escalated one issue of concern which has since been resolved.

**Judgment:** Compliant

### **Acknowledgements**

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

# Action Plan

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

<b>Action Plan ID:</b>	MON-0024367-AP
<b>Provider's response to Inspection Report No:</b>	MON-0024367
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DML CRC
<b>Date of inspection:</b>	03 July 2018
<b>Date of response:</b>	

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

**Theme 1: Child - centred Services**  
**Standard 4: Children's Rights**  
**Judgment: Substantially Compliant**

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

Not all complaints made by children were recorded on the log.

The resolution of complaints was not always clear.

The satisfaction of the complainant was not always well recorded.

**Action Required:**

Under Standard 4: Children's Rights you are required to ensure that:  
The rights of young people are reflected in all centre policies and care practices.  
Young people and their parents are informed of their rights by supervising social workers and centre staff.

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

The complaints log has been updated and all complaints are accurately recorded in the appropriate manner. When a complaint presents the staff member will

immediately update the Complaints log upon completion of the significant event notification system. The Centre Manager will ensure that the log is updated on a regular basis.

When completing placement progress reports Key Workers will also check that all complaints are logged and are being addressed appropriately. Complaints will be recorded accurately and the Centre Manager will ensure that the monthly audit includes cross referencing with the Centre Significant Event Log to ensure they collate. All complaints will be discussed at team meetings to ensure there is learning for the team and decisions reached are followed through on.

The Centre Log has been amended to ensure that follow up and resolution is recorded clearly and the outcome of the complainants view is also clearly documented.

**Proposed timescale:**  
15/08/2018

**Person responsible:**  
Centre Manager

**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:**

Admissions to the centre were not managed in line with the policy.

A review of an unplanned ending had not taken place.

Not all of the children had an allocated social worker.

The quality of actions outlined on the care plan, to address a child's needs was not adequate.

A placement plan was not up-to-date.

Aftercare plans had not been formalised for the children

An exit plan had not been devised for a child due to leave the service.

**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 future admissions to the Centre will be in line with policy as required. The Service Manager will address any issues in the identified pre-admission programme as per policy with the local Social Work area. Should issues present that cannot be resolved, the Service Manager will escalate to the Regional Manager, who will address directly with the appropriate Area Manager and Director of Service to ensure that all future admissions are in line with the Centre's Purpose and function.

A review of discharge took place in November 2017. Following the discharge of a young person, the Centre Manager will conduct a review of the placement with the Key Worker and staff team, through the Centre Team meeting forum. This review will focus on all aspects of the placement and any learning that can be taken from the placement.

A social worker was allocated to the young person on the 15/08/2018. The Centre Manager will ensure to escalate any issues in relation to the allocation of Social Workers within a two week timeframe, to the Social Work team leader. The Service Manager will address any outstanding issues with the relevant Principle Social Worker immediately should issues not be resolved.

The Centre Manager has addressed the issues in relation to the quality of Care Plans. Child in care reviews are scheduled for August 2018. The Centre Manager will address any issues in relation to the quality of care plans and social work allocation at the review. The Centre Manager will review the quality of care plans on receipt from social work departments, on an on-going basis, and will return any care plans to the social worker, which are not accurately reflecting the discussion, decisions reached and actions to be taken.

All Placement plans are currently up to date. Placement plans will be updated following the issuing of a new care plan. The Centre Manager will ensure that Placement plans are also updated more regularly, if required, due to a significant change in the circumstances or needs of the young person.

One aftercare plan has been received and the second formalised aftercare plan is expected, in line with aftercare policy, by week ending 16/12/18. If there is a delay in aftercare plans being furnished, the Centre Manager will escalate this issue to the Service Manager, who in turn will address the issue with the relevant Principle Social Worker. In all instances going forward, the young person's Key worker will request this on a weekly basis for two weeks, if there is no response the centre manager will address the issue with the After co-ordinator, on a weekly basis over two weeks. If no progress has been made, this issue will be escalated to the service manager, who will address with the appropriate principal social worker.

All young people's placement plans will be updated to reflect relevant exit plans in line with their Care and After Care plan.

**Person responsible:  
Regional Manager**

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

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

Children were at risk of harm when they were absent from the centre.

Individual behaviour management plans did not contain up-to-date guidance for certain behaviours.

The Joint Protocol for children missing from care was not always appropriately implemented.

The consequences log recorded various treats received by the children which could be viewed as part of daily life rather than a consequence of behaviour.

**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:**

Placement support plans outline the appropriate response required and The Centre Manager will ensure that staff continue to respond accordingly. Relevant professionals meetings will be convened where appropriate to ensure all relevant professionals work together with the young person to support reduction and or mitigate against any risk presenting while they are absent from the Centre. Individual placement plans are devised to support the development of each young person's independent skill and life skills.

All placement support plans will be updated to reflect the relevant information required and the Centre Manager will ensure that they are sufficiently detailed outlining all relevant information in respect of concerns and behaviours. All placement support plans will continue to be reviewed on a regular basis, at team meetings, or more often if required.

The Centre Manager will ensure that monthly audits are completed to identify all meetings that are required and follow up actions that are to be completed. If a protocol meeting is cancelled it will be noted in the diary and shift planner for a new meeting to be organised within two weeks.

The Service Manager will conduct a full review of the consequences delivered in the Centre to explore the implementation and usage of consequences. The learning of which, will be reflected in the Centre Team Meeting.

<b>Person responsible:</b> Interim Service Manager	<b>Proposed timescale:</b> 31/08/2018
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<b>Theme 2: Safe &amp; Effective Care</b> <b>Standard 7: Safeguarding and Child Protection</b> <b>Judgment: Substantially Compliant</b>	
<p><b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> The child protection log did not reflect all child welfare and protection referrals.</p> <p>One staff member had not been trained on Children First - National Guidance for the Protection and Welfare of Children (2017).</p> <p><b>Action Required:</b> 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.</p> <p><b>Please state the actions you have taken or are planning to take:</b> The Child Protection / Disclosure log has been updated to reflect all required information. Keyworkers, when completing their placement progress reports, will also check that all child protection notifications are logged and are being followed up on and closed off, appropriately. Child Protections Notifications will be logged accurately and the Centre Manager will ensure that the monthly audit, includes cross referencing with SEN log, to ensure they are comparable.</p> <p>The new staff member is now trained in Children First. New employees will complete training in children first during their induction, within three weeks of starting employment with Tusla.</p>	
<b>Proposed timescale:</b> 16/12/2018	

<b>Theme 2: Safe &amp; Effective Care</b> <b>Standard 10: Premises and Safety</b> <b>Judgment: Substantially Compliant</b>	
<p><b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> There was no formal emergency plan in the centre.</p> <p><b>Action Required:</b> 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</p>	

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:**

An emergency plan was completed and implemented in the centre. This will be updated on an annual basis or sooner, if so required.

**Person responsible:**  
Provider

**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:**

Where children did not have an identified educational placement, there was a lack of plans in place to provide structure and routine in their day.

**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:**

Educational and vocational plans are currently being devised by the Centre Manager and will be implemented by the 21st September 2018. These will allow for supporting young people, both in and out of education. This will draw together, all the supports required/provided, routine managements, professional responses and educational reports. It will detail the actions required, to support young people in their education and will be a working document that is reviewed regularly.

**Person responsible:**  
Centre Manager

**Proposed timescale:**  
26/09/2018

**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:**

The management of medication was not safe and not in line with policy.

Specialised assessments were not always carried out in a timely manner.

Assessments of the children's capacity to self-medicate were not carried out.

It was not evident that all staff had read the medication policy.

**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:**

Centre manager and the Centre Health and Safety officer attended additional training in relation to Medication Management, on the 27th July 2018. The Centre Manager will review the policy and procedure with the team at the next scheduled team meeting. Management of medication and record keeping will remain a standing agenda item for Centre team meetings, going forward. In addition the management of medication policy has been reviewed by all Centre Managers in the recent Regional Centre Manager meeting. The Centre Manager will complete a monthly audit of all records relating to medication management and will address any issues identified, immediately. In addition the Service Manager will ensure to complete a full medication audit twice annually or more often if required.

The Centre manager will ensure to advocate for specialist services as required for all young people in the Centre. If it is the case that progress is not made the Centre Manager will escalate these issues to the Service Manager, who in turn will address with the Principle Social Worker. Support work will be completed with young people to encourage engagement in specialised services, while also respecting their rights to chose whether or not to engage.

Placement plans will address the need to assess and review young people's capacity to self-medicate. A risk assessment will be completed with each young person, as required, and young people will be supported in learning to self-medicate, in line with the policy.

All staff have read and signed the medication management policy. A signing sheet is attached to the policy, as evidence of staff review of the policy.

**Proposed timescale:**  
01/08/2018

**Theme 4: Leadership, Governance & Management****Standard 1: Purpose and Function****Judgment: Substantially Compliant****The Provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose and function does not reflect that there are additional Tusla staff working at the centre in an administrative capacity.

**Action Required:**

Under Standard 1: Purpose and Function you are required to ensure that:

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.

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

The Centres purpose and function has been updated to reflect that there are on some occasion's additional Tusla Social Care workers in the Centre in an administrative role.

**Person responsible:**  
Centre Manager

**Theme 4: Leadership, Governance & Management**

**Standard 2: Management and Staffing**

**Judgment: Non-Compliant - Moderate**

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

The long-term stability of the management team was impacted by interim positions.

There was no formal on-call arrangements in place.

Policies and procedures had not been updated by Tusla, to ensure they were in line with best practice.

There was no system to identify a shift leader for times when the social care leaders were not on duty.

There was no set agenda for the team meeting.

Management systems to ensure oversight and accountability for the service needed to improve.

Some centre logs were not accurate and not up-to-date.

The centre's register did not contain information regarding all placements in the centre.

The management of risk was not satisfactory.

The staff team did not have a consistent supervisor.

There were some gaps in the mandatory training provided to the team.

Staff files did not contain all of the information required.

**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:**

The National Structures for Residential Care have been approved. Permanent posts are currently being established and it is anticipated that a secure structure will be in place by June 2019. In the interim the Regional Manager will ensure that stability is maintained for the Centre.

Formal on call arrangements are being developed at a national level and will be rolled out in 2019. In the interim the Centre Manager, Service Manager and Regional Manager remain available to the Centre, outside of working office hours.

Policies and procedures are being developed at a national level and will be rolled out by the end of 2018. In the interim all updated policies will be implemented in the Centre and reviewed with the staff team, by the Centre Manager, on an on-going basis.

The Centre Manager will ensure to identify a designated person as a lead on shift.

A set agenda has been implemented by the regional office and commenced in the centre on the 8th August 2018.

The Centre Manager will and service manager will review the current audit systems in place during the next scheduled supervision meeting. This review will focus on the necessary steps required to develop a robust system for the Centre manager to ensure that effective oversight and accountability is evidenced.

All Centre Logs have been updated and are currently accurate and reflect all relevant information. Centre logs will be cross referenced by the Centre Manager to ensure accuracy, on an on-going basis.

The Centre Register has been updated, to reflect a temporary admission to the Centre.

The Centre Risk Register has been updated to reflect all relevant and required changes. The Service Manager will conduct a review of the risk management systems in place with the Centre Manager during the next scheduled supervision meeting.

Vacant Social Care Leader positions are being filled in 2018. Supervision training for these staff will be prioritised. Following this process, staff will be delegated an individual supervisor in the centre. In the interim the Centre Manager and Social Care Leader in place will continue to provide supervision to all Centre staff.

Mandatory training is being addressed on an on-going basis. Full TCI training is due in October 2018 for the staff team and all staff are up to date with Children First. All mandatory training is prioritised for completion. The Centre Manager will utilise training needs analysis and professional development plans to ensure all staff members receive mandatory training when and as required.

The Centre Manager is currently addressing deficits on staff's files and will have

gathered and added all the relevant information by 31st December 2018.	
<b>Person responsible:</b> <b>Provider</b>	<b>Proposed timescale:</b> <b>09/08/2018</b>