

## 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-0004165
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0025456
<b>Lead inspector:</b>	Jane McCarroll
<b>Support inspector (s):</b>	Sabine Buschmann

## **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: 24 October 2018 09:00 To: 24 October 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 2: Safe &amp; Effective Care</b>	
<b>Standard 5: Planning for Children and Young People</b>	Substantially Compliant
<b>Standard 7: Safeguarding and Child Protection</b>	Substantially Compliant
<b>Theme 4: Leadership, Governance &amp; Management</b>	
<b>Standard 1: Purpose and Function</b>	Non-Compliant - Moderate
<b>Standard 2: Management and Staffing</b>	Substantially Compliant
<b>Standard 3: Monitoring</b>	Compliant

### Summary of Inspection findings

The centre was a detached two storey house located in the Midlands. The centre provided medium to long term care for up to four children aged between 12-17 years old on admission. The area was well serviced by facilities such as schools, shops and public transport. 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.

In addition, inspectors interviewed one child, spoke with one social worker, one guardian ad litem and the interim deputy regional manager.

This was a themed inspection to monitor compliance with five national standards which underpin and describe safe and effective care for children and good leadership, governance and management.

Statutory requirements in relation to children in care were in place in the centre. All children had an allocated social worker and aftercare services were being provided to children where appropriate. Admissions and discharges to the centre were well managed and in line with policy and procedure. However, inspectors found at the time of inspection, that the referral system which determined the allocation of placements to children in the area was resource led. This narrowed the scope of the assessment and

planning required to determine the suitability of placement for one child in the centre.

One child who spoke to inspectors spoke positively of the centre and told inspectors that she could speak to the staff team if she had any concerns. The child said that she enjoyed the fun activities afforded to her by the staff team and that the centre was a place where she had freedom.

Most safeguarding measures in the centre were effective. Children were safe in the centre. However, the systems to support staff in the notification of child protection and welfare concerns were not strong enough. Not all staff had access to Tulsa's National web portal where they were required to submit child protection and welfare report forms. Furthermore, not all staff were aware of the protected disclosure policy.

The governance and management systems in place were good. The management team was experienced and competent. The systems of communication in the centre were effective and inspectors found that the staff team were sufficiently aware of the children's day-to-day needs. There was good oversight and monitoring of the centre which ensured that good quality care was provided to the children. There was a commitment to the development of quality improvement. The centralised recording of risk required updating.

The statement of purpose and function did not fully reflect the day-to-day operation of the centre.

## Inspection findings and judgments

### **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 and discharges were well managed by the centre and in line with policy and procedure. There were two planned discharges and two admissions to the centre in the 12 months prior to inspection. Admissions were managed through the Tusla central referrals committee. Inspectors reviewed the admissions procedures and found that they were followed.

Inspectors reviewed records related to a recent admission and found that the admission was planned and thorough. Risks were appropriately identified and discussed by the Tusla central referrals committee. There were particular potential risks associated with the location of this placement, and inspectors found that these risks were given due consideration. The centre manager and supervising social worker said they were satisfied that these risks were being managed, and at the time of the inspection, the child in question was found to be safe and doing well in the centre.

While the centre was substantially compliant with this standard, inspectors found that the regional admissions process was undermined by a lack of residential placements. Inspectors were informed by a social worker that there was a waiting list for a residential placement in the region. This potentially undermined the regional referral and admissions processes which were designed to ensure children were placed in the most appropriate placement, as opposed to the only available placement.

The statutory requirements in relation to children in care were all in place in the centre. Inspectors reviewed care files for three out of the four children living in the centre and found that their care plans were up to date and comprehensive. One child's care plan was misfiled. This was brought to the attention of the centre manager and was rectified.

Child in care reviews were occurring in line with the requirements of the Child Care (Placement of Children in Residential Care) Regulations 1995. The centre manager and deputy manager were proactive in engaging and collaborating with supervising social workers in relation to the review process. Reviews were well recorded and documented and minutes were held in childrens' files, but the minutes of one review was not signed by relevant parties. All of the children had an allocated social worker and inspectors found that they visited children in the centre regularly and were in frequent contact with centre staff.

Placement plans and placement support plans were developed for children in the centre and these were good quality. Plans were found to be comprehensive and updated accordingly to incorporate changes in children's circumstances. Actions were identified and delegated to key staff to be completed within a specific time frame. There was evidence of oversight of placement support plans and placement plan progress reports which were completed bi-monthly and sent to the Interim Deputy Regional Manager.

The centre prioritised and invested in the relationships that children had outside of the centre with their family and friends. The centre managers liaised with the relevant social work departments in order to facilitate contact and access for children with their family and friends as appropriate. There was sufficient space in the centre for children to spend time with their families. In situations where children did not have contact with their family, the staff, in conjunction with the supervising social worker, explained the reasons for this to the child. Staff were also supportive in the way in which they advocated on behalf of children who were seeking more contact with their families.

Staff were aware of the emotional and psychological needs of the children. One to one sessions between children and staff took place which covered topics such as healthy routines and physical wellbeing. When further specialist support was required for children, this was provided.

Aftercare services were being provided to children in the centre. One child had an allocated aftercare worker and a second child had recently been referred to this service in a timely manner. Inspectors reviewed one completed aftercare plan and found that it was of good quality as it reflected the needs of the child and decisions about their care to date. This plan was updated appropriately to reflect changes in the child's circumstances and the impact of those changes on aftercare planning.

**Judgment:** Substantially Compliant

#### **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**

Children in the centre were safe. There were a number of safeguarding practices implemented within the centre including appropriate supervision of the children and An

Garda Síochána vetting of all staff. There was a protected disclosures policy but not all staff interviewed by inspectors were aware of this policy.

The centre manager was the designated liaison person for the centre and staff members who met with inspectors were aware of their role. Staff interviewed by inspectors were familiar with child protection procedures and the steps to be taken in the event of an allegation of abuse or neglect. Staff in the centre had been trained in Children First: National Guidance for the Protection and Welfare of Children (2017).

There were seven child protection notifications in the 12 months prior to inspection which were found to have been reported in line with national policy. The centre held a central log which recorded and tracked all child protection notifications as they were processed and investigated by the relevant social work departments. Six of these reported concerns were managed and closed and one remained under investigation. Inspectors found that there was a clear rationale for this.

The systems to support staff to make child protection notifications were not adequate. In order to submit a notification of alleged abuse or neglect to Tusla's social work services, centre staff required access to Tusla's national web portal. Not all staff had this access. This issue was escalated by the centre manager to the interim deputy regional manager. Interim measures were put in place to ensure that at a minimum, one staff member per shift had the required access to create and submit a child protection notification. This potentially impacted on individual staff member's ability to report concerns as they are obliged to do as mandated persons, and required resolution.

**Judgment:** Substantially Compliant

**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 had a written statement of purpose and function which required review and amendment. The statement set out the purpose of the service, the centre's admission criteria and a list of key policies that were in place. It did not fully describe the level of need of children the centre had the capacity to meet, the resources in place to meet

these needs nor a description of the model of care in use. Furthermore, the centre's criteria for admission included children aged 12 years and this was not in line with national policy. These deficits did not ensure that only children whose needs could be met by the centre would be placed there.

Although children were provided with an information booklet about the centre on their admission, there was no child friendly version of the statement of purpose and function. Inspectors reviewed the information booklet and found that it did not fully describe what the centre sets out to achieve for children, in line with the National Standards.

**Judgment:** Non Compliant - Moderate

### **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 were management structures in place which provided clear lines of responsibility and accountability. The management structure for the centre had changed since the last inspection as a deputy manager post was put in place since May 2018 to support the centre manager. The centre and deputy managers were experienced and qualified. They both worked office hours. The centre manager and deputy manager allocated particular tasks between them. The centre manager reported to the interim deputy regional manager, who had been appointed to her position in June 2018.

Communication systems in the centre were effective. Inspectors reviewed the communication book for the centre and found that this was utilised to inform staff of a broad range of key issues arising in the centre on a daily basis. Inspectors observed a team meeting and found that staff had good knowledge of the needs of the children. The meeting was utilised to review and amend placement plans, placement support plans and risk assessments as required and inspectors found that staff made child-centred decisions and were sensitive to children's needs.

Inspectors reviewed a sample of team meeting minutes from 2018 and found that they had improved in quality and the level of recorded detail over the year. These improvements were directly related to audits carried out by the Interim Deputy Regional Manager. This was a good example of monitoring and oversight of centre practice.

There were systems in place for the management of risk in the centre. The centre had a risk register which was integrated into a monthly report from the centre manager to the interim deputy regional manager. This register categorised and rated risks and detailed the controls in place to address these risks. Inspectors found that the risk recorded on this register did not reflect all current risks in the centre. The centre had rated and assessed risks to ensure a proportionate response. However, the centre risk register required updating to ensure that this information was incorporated and shared with the interim deputy regional manager through the monthly reporting system. There

was a clear process for the escalation of risk within the centre and also for the escalation of risk from the centre to regional management when appropriate. There were two risks escalated to the interim deputy regional manager since June 2018. One escalation was in relation to fire safety and this was resolved immediately. The second was in relation to not all staff having access to Tusla's national web portal to enable them to submit child protection notifications. Interim measures were put in place, however, as already described, these were not strong enough.

There were some restrictive practices in the centre, such as room searches. Inspectors found that there was good oversight in the review and continual assessment of restrictive practices to ensure they were proportionate to level of risk involved and were in place for the least amount of time possible.

In light of recent changes to the managerial structure of the centre both internally and externally within the region, systems in place to ensure the quality and effectiveness of the service were new and evolving at the time of the inspection. The centre and deputy managers had a system of auditing various elements of practice related for example, to the maintenance of, children's files, medication management and placement support plans. These were effective as there was evidence of improvement in these areas. The interim deputy regional manager visited the centre regularly and had their own system of auditing in place to ensure they had oversight of the centre in areas such as fire safety, children's files, education plans and staff supervision. Inspectors reviewed centre records which showed that findings of all audits were shared with staff and improvements were achieved. The centre had completed two self-audits in line with Tusla's Quality Improvement Framework, in 2017 and 2018. Centre managers were awaiting guidance and clarity on how this tool and framework would be utilised on a rolling basis within the centre to ensure a continued and standardised approach to quality improvement.

The centre was adequately resourced in terms of staff and this was evident on the day of inspection. The centre had 19 whole time equivalent (WTE) posts which were filled. The staff team were experienced and provided a stable environment to the children living there.

There was an informal on-call arrangement in place for staff. Staff confirmed that centre managers were available to them by telephone if they needed support outside of office hours. This system required formalisation.

The majority of staff supervision occurred in timeframes set out in contracts of supervision. Inspectors reviewed a sample of supervision records and found well recorded and comprehensive records. They demonstrated how staff were held to account for their practice and decision-making was made transparent through this process. Records showed that supervision included discussions about the needs of children, learning and development of staff and feedback from the findings of audits.

The majority of staff had received all mandatory training. A training needs analysis was initiated in August 2018. This identified other training that the staff team would benefit from, such as attachment training, report writing and self-care and stress management. At the time of the inspection, the identified training required for staff through this analysis had not yet been scheduled.

Inspectors reviewed the register of children and found it was up-to-date and well-maintained. The centre had well-organised recording systems in place. Effective financial management systems were also in place in the centre.

**Judgment:** Substantially Compliant

**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**

The centre was monitored by a Child and Family Agency (Tusla) monitoring officer. The monitoring officer had visited the centre in September 2018 in line with the national standards and their report was awaited at the time of the inspection.

**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-0025456-AP
<b>Provider's response to Inspection Report No:</b>	MON-0025456
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DML CRC
<b>Date of inspection:</b>	24 October 2018
<b>Date of response:</b>	24 December 2018

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

<b>Theme 2: Safe &amp; Effective Care</b> <b>Standard 5: Planning for Children and Young People</b> <b>Judgment: Substantially Compliant</b>
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> The referral and admissions processes, which were designed to ensure children were placed in the most appropriate placement, could potentially be undermined by the operation of a waiting list for residential care placements in the region.
<b>Action Required:</b> 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.
<b>Please state the actions you have taken or are planning to take:</b>

As per policy 'young people's referrals are only forwarded to the next suitable vacancy, the referral placed first on the C.A.P. (child awaiting placement) list through prioritised for placement, may not be offered a placement at a Committee meeting if the only vacancy available is not considered suitable.' The committee reviews referrals and centres for suitability for consideration of placement, to a centre, in the first instance. Once a young person has been referred, both the centre and the social worker will review the referral and suggested centre for suitability to be considered for admission.

If deemed not suitable the young person's referral will be returned to the committee and the young person's referral will be sent again to the most suitable centre. Young people are referred in accordance with their needs, the milieu of young people in each centre, and the presenting risks. The area manager and regional manager also agree on prioritising young people on the CAP list depending on need.

**Proposed timescale:**  
21/12/2018

**Person responsible:**  
Regional Manager

**Theme 2: Safe & Effective Care**  
**Standard 7: Safeguarding and Child Protection**  
**Judgment: Substantially Compliant**

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

Not all staff were aware of the protected disclosures policy.

Not all staff had access to Tusla's National web portal in order to submit child protection and welfare reports.

**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 centre manager will review the Protected Disclosures Policy with staff at the team meetings on the 19th December 2018 and the 9th of January 2019. This Policy will also be reviewed with staff individually in their next scheduled supervision. This will be completed by the 28th of February 2019.

The Centre Manager will liaise with all staff to ensure each staff member has their own individual log-ins for the Tusla National web portal. This will be completed by 28th February 2019.

**Proposed timescale:**  
28/02/2019

**Person responsible:**  
Centre Manager

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

**Standard 1: Purpose and Function**

**Judgment: Non-Compliant - Moderate**

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

The statement of purpose and function did not outline the model of care being utilised in the centre.

The type of children whom were suited for placement in this service was not adequately described.

The range and scope of the resources, and the capacity of the service to meet children's needs, was not reflected.

The criteria for admission which included children aged 12 years was not in line with national policy.

**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 Purpose and function will be updated to reflect the model of care being used in the centre by the 31st of January 2019.

An updated version of the Purpose and function will be developed to reflect the type of children whom are suited for placement. This will be implemented by the 31st of January 2019.

The range and scope of the resources and the capacity of the service to meet children's needs will be outlined within the Purpose and function, which will be implemented by the 31st of January 2019.

The criteria for admission will be updated to reflect the correct age (13 – 17 years) of young people being placed within the centre which is in line with Policy by the 31st of January 2019.

**Proposed timescale:**  
31/01/2019

**Person responsible:**  
Regional Manager

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

**Standard 2: Management and Staffing**

**Judgment: Substantially Compliant**

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

The risk register required updating.

Not all staff supervision occurred in time frames set out in contracts of supervision.

There was no formal on-call system in place to provide support to the staff outside of office hours.

**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 risk register was updated on the centre's return to their permanent location, to ensure all risks presenting in the centre were assessed. The centre manager will review all risks monthly or more regularly if required, to reflect the current risks presenting in the centre. The centre manager will ensure that all risks identified within the centre are contained within the appropriate risk registers. The centre manager will ensure that any risks are escalated promptly to the deputy regional manager. The deputy regional manager will ensure that these risks are appropriately addressed in a timely manner. The interim deputy regional manager will address any deficits and escalate to the regional manager, if deemed necessary.

A supervision schedule will be completed for the next 12 months for all staff supervisions. The centre manager and deputy centre manager will complete an audit of all supervision records and address deficits with relevant supervisors. The Interim Deputy Regional Manager will complete six monthly audits to ensure that all supervisions are completed in the time frames set within Policy. Any gaps/deficits highlighted with in this audit will be addressed with the Centre Manager whom in turn will address with the appropriate supervisor.

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

**Proposed timescale:**  
**01/09/2019**

**Person responsible:**  
**Regional Manager**