

## 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 DNE CRC
<b>Centre ID:</b>	OSV-0004174
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0024637
<b>Lead inspector:</b>	Niamh Greevy
<b>Support inspector (s):</b>	Jane McCarroll

## **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:
21 August 2018 09:00	21 August 2018 17:00
22 August 2018 09:00	22 August 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>	Compliant
<b>Theme 2: Safe &amp; Effective Care</b>	
<b>Standard 5: Planning for Children and Young People</b>	Substantially Compliant
<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>	Substantially Compliant
<b>Standard 9: Health</b>	Compliant
<b>Theme 4: Leadership, Governance &amp; Management</b>	
<b>Standard 1: Purpose and Function</b>	Compliant
<b>Standard 2: Management and Staffing</b>	Non-Compliant - Moderate
<b>Standard 3: Monitoring</b>	Compliant

## Summary of Inspection findings

The centre was a detached two story house located in a residential area of North Dublin. The service provided medium- to long-term care for up to four young people from the ages of 12 to 18 years. The area was well served by facilities like schools, shops and public transport. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 2 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 spoke with one social worker and the Acting Deputy Regional Manager. The families of young people living in the centre did not wish to talk with inspectors.

The young people in this centre received good quality care provided by an experienced

and committed staff team. Staff were warm and caring towards young people in their care. Staff and managers worked with young people, their families, social workers and other services to identify and meet the needs of young people. Relationships between young people and the staff team were prioritised, and staff were eager to provide a stable and caring environment.

The service was led by two managers who shared the role of centre manager. Inspectors found there was a clear operational plan for the service that was being progressed by managers and staff. Effective systems of communication were in place. Staff were trained and supported to develop the knowledge and skills needed to meet the needs of the young people in their care.

Inspectors found that the systems in place in relation to the use of restrictive practices needed improvement. In one case, there was no rationale for the use of restrictive practices, which meant that restrictive practices were not reviewed to ensure they were the least restrictive measure in place for the shortest period of time.

Children's rights were promoted by staff. The service had received compliments in relation how well they had advocated for the best interests of young people in their care. Young people had access to information relating to their rights and advocacy services.

Not all statutory requirements in relation to young people in care were met. One young person did not have an up to date care plan. Inspectors found good quality placement plans in place for young people. Despite the high frequency of engagement in risk-taking behavior by young people, the staff team were managing behavior that challenged well.

Child protection concerns were managed appropriately, but some systems for safeguarding needed improvement as the service did not fully comply with Children First, 2017.

## 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**

Young people's rights were respected and promoted by staff in the centre. Information relating to rights was discussed with young people on their admission to the centre. Staff supported young people to maintain relationships with their family and consulted with young people about their wishes and feelings. Managers and staff were motivated to provide a safe and caring home for young people.

As part of their induction to the centre, young people were made aware of the advocacy service Empowering People in Care (EPIC) and were given information about their rights. One young person had been in contact with EPIC. Information about complaints and rights were visible in the centre.

Complaints made by young people were taken seriously and responded to in a timely way. Records showed that young people were satisfied with the outcome of complaints. The centre had a complaints register to track complaints which showed that all complaints had been resolved at the time of this inspection. In addition, the service had received two compliments from social workers praising the centre for promoting the best interests of young people and making efforts to support their educational development.

Inspectors reviewed young people's meeting minutes and found that their views were reflected but there were significant periods where no meetings had taken place. Records showed that sometimes young people did not want to attend meetings and staff spoke to young people individually in these circumstances.

Young people did not wish to talk with inspectors during their visit to the centre.

**Judgment:** 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 and discharges were well managed in line with policy and procedure to ensure placements were safe and suitable. There had been one discharge and two admissions in the 12 months prior to inspection. Admissions were managed through the Tusla central referrals committee. The centre staff conducted a collective risk assessment with allocated social workers to determine the suitability of each placement.

Young people moved into the centre in a planned way and received information about the centre in their first weeks of living there.

All young people had an allocated social worker who had visited them in the two months prior to inspection. Social workers visited the centre often and were in frequent contact with staff.

Care plans were up to date for two out of three young people living in the centre. Where care plans were up to date, they clearly outlined the needs of the young people and the supports identified to meet these needs, including contact with family members. Three months before the inspection, a review had taken place for the young person whose care plan was out of date. The centre manager told inspectors that they were unable to get the minutes of this meeting and inspectors saw records that showed that they had reported to the social worker that they did not have a care plan on file. The centre manager told inspectors that two out of three young people attended their last child in care review.

Placement plans reviewed by inspectors were comprehensive. Inspectors found that for one child in the centre, the placement plan was not supported by an up to date written care plan. Despite this, placement plans reviewed by inspectors addressed the identified needs of the young people and showed that the centre were holistic in their approach to caring for young people. Actions were delegated to key staff to be completed within a specific timeframe.

Staff and managers placed a strong emphasis on supporting contact between young people and their families. Inspectors found that staff had made considerable efforts to

re-establish and sustain family relationships, in line with the young person's care plan. Family members were encouraged to visit the centre and there was adequate space for them to meet in private. The centre manager had requested funding to change the function of one room into a recreational living space and were awaiting approval of this request. Family members did not wish to talk with inspectors.

Staff were proactive in supporting the emotional and psychological needs of young people. Staff carried out regular individual work with young people and encouraged them to engage with identified support services. The staff team received workshops and training by relevant external professionals to support them in meeting the emotional needs of young people. The staff team were in regular communication with external professionals to ensure that they were coordinated in their approach to supporting the young people in their care.

At the time of inspection, none of the young people in the centre were eligible for aftercare services. Inspectors reviewed records relating to a recent discharge and found that the service had supported the young person to prepare for leaving care and discharged them from the service in a planned way. Staff had memory boxes for all young people in the service and continued to link in with the young person who recently moved on from the centre.

Centre records were stored securely.

**Judgment:** Substantially Compliant

#### **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**

Young people in the centre were well cared for. Inspectors observed the staff team interact with young people in a warm and caring manner. The centre was transitioning to provide care based on an identified model. In line with this, it was evident that developing a relationship with young people was a key priority.

Staff provided care based on the individual needs of young people. Records showed that young people were supported to engage with activities in line with their interests. Achievements and milestones were celebrated by the staff and young people.

A variety of nutritious food was available to young people. Staff were concerned about the eating patterns of some young people in the centre. To manage this staff encouraged healthy eating and did individual work to educate young people about a balanced diet.

The centre's approach to managing behavior was based on trying to identify and

respond to the need that resulted in behaviour that challenged. Staff were proactive in trying to foster a safe, stable and caring environment for young people. Staff maintained boundaries with young people, for example, by conducting room searches, as needed, to ensure that young people were not putting themselves at risk while in the centre. Staff spoke to young people about their behaviour and were clear about how to engage with young people in a meaningful way.

There were high levels of behaviour that challenged in the centre but this was well-managed by staff. Inspectors found that staff interviewed were consistent in how to manage incidents of behaviour that challenged and it was evident that the team were using staff meetings to discuss and update young people's plans. Staff had developed safety plans that guided the team on how to manage specific concerns or behaviours that challenged and placed young people at potential risk.

There were a high number of incidents of young people going missing from care, but these were managed in line with Tusla policy. Absence management plans reviewed by inspectors were up-to-date. Staff notified the appropriate people when young people were missing or absent from the centre and attended strategy meetings with the Social Work Department and An Garda Síochána.

Records relating to the management of behaviour required improvement. For example, one individual crisis management plan omitted an important instruction for staff in managing the outburst behaviour of a young person, and reports relating to individual work with young people were not up-to-date. Managers had identified that there was a lack of individual work records attached to significant events and were planning to address this at the next team meeting.

The centre had implemented consequences in relation to one issue but they were not effective in dealing with the behaviour. The centre manager acknowledged this and told inspectors that they had made different arrangements which had resolved the issue. Managers and staff told inspectors that their emphasis was to provide a stable and welcoming environment for young people, and they did not find negative consequences to be effective. As a result staff were using an alternative approach in line with their model of care.

Some restrictive practices were in place in the centre and there had been no physical restraints in the 12 months prior to inspection. Alarms were installed on bedroom doors to alert staff if a young person's door was opened at night. The centre manager told inspectors that this was for the purpose of keeping young people safe and outlined specific reasons for their use in relation to identified young people. Risk assessments were completed in relation to this practice but they did not identify the specific risk that warranted their use. In addition, inspectors identified that the centre did not provide a rationale for using a door alarm for one young person's bedroom, but this had not been identified by the centre. Room searches were also carried out on a regular basis. Inspectors found that the decision to carry out room searches were based on an identified risk but this was not clearly recorded. The centre manager told inspectors that they intended to review the use of room searches at the next team meeting. Records relating to room searches did not facilitate managerial oversight of these restrictive practices to ensure that they were needed to mitigate an identified risk and ensure they were the least restrictive option for the shortest amount of time.

**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**

Appropriate safeguarding arrangements were in place to keep young people safe. This was challenged by the frequent risk-taking behavior of some young people. Staff were vigilant in their identification, notification and response to risks. Staff completed risk assessments alongside the notification of significant events but the centre manager had identified that staff needed to make better use of this tool to support them to better assess the particular risks of each circumstance. This was consistent with the findings of this inspection. However, it was also evident that the management of behaviour was reviewed in team meetings, and safety plans were developed to support staff to manage presenting risks. In addition, the team received training that supported them to better assess the level of risk young people faced and in the approach to take with young people to effectively engage with them in the interest of reducing risk-taking behaviours. Increased risk-taking behaviour was escalated to the Deputy Regional Manager.

Safeguarding practices in the centre included appropriate supervision of young people, ongoing staff training and supervision and proactive management of behaviour. It was evident from team meeting minutes that staff were aware of the protected disclosure policy.

Child protection concerns reviewed by inspectors were managed appropriately. The centre managers were the designated liaison people for the centre and this role was assigned to the deputy centre manager in the absence of a centre manager. All but two staff had updated training in Children First: National Guidance for the Protection and Welfare of Children (2017). There were seven child protection concerns in the 12 months prior to this inspection which were referred to the social work department as appropriate. Inspectors found that where there were delays in reaching a conclusion in relation to some concerns, this was outside the control of the centre. The centre used a register to track child protection concerns and escalated issues where there was a delay in the management of child protection concerns.

Some safeguarding systems needed improvement. All staff in the centre had up to date An Garda Síochána vetting. The centre had a safeguarding statement but did not maintain a list of mandated persons, in line with Children First, 2017.

The centre had a visitors log that was well-maintained and recorded visits from professionals and family. Time of visits and the name of family or friends were not consistently recorded.

**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**

The centre was generally in good repair but some improvements were needed. Staff told inspectors that the system in place to repair and maintain the centre was usually timely but there was an issue relating to one fire extinguisher that was outstanding for three months. In addition, inspectors observed that the kitchen had experienced wear and tear, and was in need some repair.

Young people had their own ensuite bedrooms that were decorated in line with their own preferences. Records showed that staff were conscious of providing a homely and relaxing environment to young people, as part of encouraging them to spend more time in the centre. The living spaces were appropriately furnished.

Fire safety equipment was checked, and apart from the issue noted above, had been maintained. Two young people had been involved in fire drills and records showed that they took place at different times of the day. However, one young person had not been involved in a fire drill. Participation in fire drills helps young people to understand what they need to do in the event of a fire and gives staff an understanding of whether or not young people need any additional support in the event of an emergency. The centre manager told inspectors that staff did individual work with young people relating to fire safety. Personal emergency evacuation plans were not in place for young people. The centre did have an emergency plan that would guide staff in the event of an unforeseen event.

Systems to manage health and safety risks were in place but some improvements were needed. Regular health and safety audits were undertaken by a dedicated staff member. There was a health and safety statement in the centre but the review of this was overdue. Health and safety hazards were appropriately risk assessed. The centre manager told inspectors that they used the National Incident Management System in relation to accidents and incidents in the centre but there had been nothing to report in the 12 months prior to inspection. The centre was insured.

The centre had a vehicle which inspectors found was appropriately 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**

While the centre placed a high value on education and all young people had identified educational placements in the 12 months prior to inspection, attendance was poor for two young people. Staff had made efforts to identify onward educational placements for young people, where this was needed, but were unable to finalise plans for one young person until educational institutions had reopened after the summer.

Based on the files reviewed, inspectors found that young people's educational needs were assessed and appropriate plans were put in place to meet these needs. Young people were supported to attend school through the provision of transport and, where deemed appropriate, reduced timetables. One young person had partially engaged in state examinations, which was a significant achievement.

Non-engagement in educational placements was a significant issue that faced managers and staff. Records showed good liaison between staff and schools to support young people's engagement in education. The centre had developed educational support plans for young people who did not regularly attend school. Placement plans reviewed showed that staff were trying to support young people to learn and develop by encouraging them to attend school and engaging them in a broad range of learning experiences.

**Judgment:** Substantially Compliant

**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**

Young people's healthcare needs were assessed and met. Young people were encouraged to attend medical appointments and had access to specialist appointments as needed. Inspectors found that young people had a medical on admission to the centre and received medical care in line with both their care plan and emerging needs. For example, young people attended general health, mental health, addiction and dental services. Staff promoted young people's health and used individual work to educate young people about the importance of a healthy lifestyle.

There was a medication management policy and procedure in use in the centre that guided staff in the management, recording and administration of medication. Staff were trained in the medication management and inspectors found that medication management practices occurred in line with policy. All medication given to young

people was prescribed by their general practitioner and there were arrangements in place for reconciliation of medication and to return unused medication to the pharmacy. An identified staff member was responsible for checking medication stock on a weekly basis and the centre manager conducted monthly audits. The centre manager told inspectors that no trends had been identified in relation to errors identified in audits, so these issues were followed up with individual staff.

Young people smoking in rooms was an issue in the 12 months prior to inspection but this was resolved by the time of inspection. Young people in the centre continued to smoke at the time of inspection and the centre manager told inspectors that the approach of staff engagement with young people on the issue was informed by training in relation to smoking cessation.

**Judgment:** 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 an up to date written statement of purpose and function which adequately described the service being provided. The statement of purpose stated that the centre provided residential care for up to four children aged between 12 and 17 years of age, but that the service would consider a short-term admission of children under 12 in exceptional circumstances. The service were compliant with national policy in relation to the admission of children who are 12 years of age and under, but needed to update their statement of purpose to reflect admissions from 13 years of age. The statement of purpose reflected the model of care in place in the centre, outlined the values and objectives of the service and set out the criteria for admission.

**Judgment:** Compliant

#### **Standard 2: Management and Staffing**

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

## **Inspection Findings**

The management of the centre had changed since the last inspection. In December 2017 two managers took over the role of centre manager, and they were supported by a deputy manager. The centre managers supervise identified staff members, some of whom also have supervisory responsibilities. The centre managers report to the Deputy Regional Manager. With the changeover of managers and the introduction of a new roster, inspectors found the service went through a period of change in the early part of 2018 but this had stabilized by the time of inspection.

Communication systems in the centre were effective. The centre managers had divided areas of responsibility and met weekly to handover relevant information. Inspectors reviewed handover meeting minutes and the communications book and found that staff were communicating relevant information to ensure consistent care of young people. Team meetings were usually held on a weekly basis but due to the significant level of pressure on the staff team, this had been temporarily reduced to fortnightly meetings. Minutes of these meetings showed that staff used these meetings well to review the needs of young people and plan around how to meet these needs. Decisions and actions for follow up were clearly recorded.

There were systems in place for the management of risk in the centre but gaps were identified. The centre had a risk register which formed part of a governance reporting system that is in place in children's residential centres throughout Tusla. This register was reviewed, accurately reflected the risks in the centre and included the use of restrictive practices for individual young people. Significant risks identified by the centre had been escalated to the Deputy Regional Manager. Inspectors identified that restrictive practices in place in the centre were not reflected in risk assessments as a control measure. As a result, it was not clear why restrictive practices were being used. For example, the centre manager told inspectors that alarms on some bedroom doors alerted staff when young people left their room and were planning to leave the centre during the night. While the centre had assessed the risk of unauthorised absences for the centre as a whole, records did not show how the use of alarms on doors was a proportionate and necessary control to manage this for individual young people. In addition, alarms were in use on bedroom doors of young people who were not at risk of absconding from the centre, so while risks had been reviewed, it was not apparent that they were needed or reviewed to ensure that they were the least restrictive measure in place for the shortest duration.

Managers had developed a strategic and operational plan for 2018. The primary objective of this plan was to implement an identified model of care in the centre. The staff team met in March 2018 to make a plan for the service and the centre manager told inspectors that they intend to meet again in September 2018. Inspectors found evidence of the service making progress against this operational plan. The centre managers told inspectors they met on a monthly basis to review progress against this plan but some records of these meetings were not available at the time of inspection. In February 2018 the staff team were trained in the identified model of care and an external consultant was due to attend the next team meeting, and periodically thereafter, to support the team to embed the model of care into practice.

Centre managers had systems in place to ensure the quality and effectiveness of the

service. Regular audits were in place, for example of medication management, health and safety and young people's files. Inspectors reviewed audits and found that they led to improvements in the service. Managers signed records as part of having oversight of the practice in the centre. Inspectors found that managers returned records to social care staff where they had identified improvements in the quality of recording was needed.

Supervision of staff took place regularly and was of good quality. Records showed that supervision dealt with the needs of young people, learning and development of staff and was used to feedback the findings of audits.

Inspectors found that the Deputy Regional Manager visited the service and reviewed records. The Deputy Regional Manager was unavailable at the time of inspection. Inspectors spoke with the Acting Deputy Regional Manager and found that appropriate arrangements were in place in their absence.

Inspectors reviewed the register of children and found it was up-to-date and well-maintained.

An experienced and stable staff team were in place but the centre relied on agency staff to run the service. Appropriate systems were in place in relation to managing the performance of the staff team. The centre manager told inspectors that the vacant positions had been advertised and in the meantime, they used regular agency staff to ensure consistency for young people.

The majority of staff were training in mandatory areas but not all staff were qualified. The centre had carried out a gap analysis of mandatory training that was needed by members of staff that included all mandatory training, except medication management and dignity at work training. Staff had up-to-date training in areas including manual handling and medication management, but between one and two staff members needed updated training in relation to the Children First, fire safety and first aid. Staff had also received additional training to support them in meeting the specific needs young people living in the centre. This included training in the identified model of care and support from a psychologist. All staff had up to date Garda vetting. The Acting Deputy Regional Manager told inspectors that where staff were unqualified, they were encouraged to obtain a social care qualification. In the absence of this, all other training was offered to support these staff to build on their knowledge and skill base relevant to the role.

In the absence of national provisions for out of hours support for children's residential centres, the centre had on-call arrangements in place to support staff outside of office hours. The centre managers shared on-call responsibilities during evenings and weekends and these arrangements were clearly communicated to the staff team. However, the level of demand this placed on centre managers was not sustainable long term.

The centre had well-organized recording systems in place but due to the volume of behavior that challenged, staff were struggling to maintain up to date records in relation to individual work undertaken with young people. This was identified by the centre manager who had brought the issue to the attention of the team. Effective

financial management systems were in place.

**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**

The centre was monitored by a Tusla monitoring officer who carried out a visit in April 2018. The centre provided a quality improvement plan to address the issues identified during this monitoring visit. The monitoring officer advised that their team recognized that there was no system in place to follow up on the actions outlined in the centre's quality improvement plan. As a result, they have now decided to seek an update on the plan six months after their monitoring visit.

**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-0024637-AP
<b>Provider's response to Inspection Report No:</b>	MON-0024637
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Date of inspection:</b>	21 August 2018
<b>Date of response:</b>	25 September 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> Up-to-date care plans were not on file for all young people.
<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> • The outstanding care plan has been requested from the assigned social worker. If the updated care plan is not furnished to the centre by 21st September 2018 the

centre manager will escalate the matter to the social work team leader, if the care plan is not received within two weeks then the centre manager will be escalated the matter to the alternative care manager who in turn will raise the matter with the principal social worker. Going forward, whereby a care plan is not provided to the centre, the young person's keyworker will write to the assigned social worker to request a signed copy of the care plan 10 working days after the date of the Child in Care Review. If not received within 5 working days, the social care manager will raise the matter with the social work team leader. If the care plan remains outstanding after a further 5 working days, the social care manager will notify the alternative care manager who will in turn raise the issue with the principal social worker. If the care plan remains outstanding after a further 10 working days, the alternative care manager will escalate the matter to the regional manager who will in turn raise the matter with the area manager.

**Proposed timescale:**  
30/09/2018

**Person responsible:**  
Centre 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:**

The rationale for restrictive practice was not clearly recorded.

Some restrictive practices were not reviewed to ensure they were the least restrictive option for the shortest duration.

Records did not guide staff in relation to all aspects of managing behaviour that challenged.

Records relating to individual work with young people were not up to date.

**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:**

- An individual risk assessment has been completed for each young person regarding the use of any restrictive measures in the centre. These risk assessments contain the rationale for the use of the restrictive practice and the assessments will be updated at a minimum of once a month and each time a young person is admitted to the centre. The risk assessments will be conducted in a manner to ensure that any restrictive practice is utilised in the least restrictive manner possible and for the shortest duration necessary

- All Individual Crisis Management Plans and Safety Plans are now up to date. All Individual Crisis Management Plans and Safety Plans will be reviewed and updated at a minimum of fortnightly at team meetings. Keyworkers will update these records with any changes identified. The centre manager will conduct monthly audits to ensure that records are maintained to a high standard.
- The centre manager will address the matter of completing all records pertaining to individual work with young people in a timely manner at the team meeting on 2nd October 2018 and individually with staff in supervision. All records of individual work conducted with young people will be up to date by end October 2018.

**Proposed timescale:**  
30/10/2018

**Person responsible:**  
Centre 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:**

The centre did not maintain a list of mandated persons.

**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 now contains a list of mandated persons which is displayed alongside the Safeguarding Statement in a prominent location within the centre.

**Proposed timescale:**  
24/09/2018

**Person responsible:**  
Centre Manager

**Theme 2: Safe & Effective Care**  
**Standard 10: Premises and Safety**  
**Judgment: Substantially Compliant**

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

The maintenance system in place did not support the centre to resolve all maintenance issues in a timely way.

One young person had not participated in a fire drill.

**Action Required:**

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

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

- The outstanding maintenance issue was resolved on the 5th September 2018. In future if there is a delay in getting the requests responded to by the maintenance department, the centre manager will raise the issue with the maintenance department. If the issue is not resolved with 14 days the matter will be escalated by the Centre Manager to the Alternative Care Manager, who in turn will raise the issue with the Maintenance Manager.
- The young person participated cooperatively in a fire drill on the 5th September 2018. The health and safety audits will now include a check to ensure that all young people have participated in a fire drill as per policy. Where a young person refuses to participate in a fire drill; individual work will be conducted with the young person regarding the importance of fire safety. An individual safety plan will be developed if required.

<b>Proposed timescale:</b> 05/09/2018	<b>Person responsible:</b> Centre Manager
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**Theme 3: Health & Development**  
**Standard 8: Education**  
**Judgment: Substantially Compliant**

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

One young person did not have an identified educational placement for September 2018.

**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:**

- An educational placement was identified for the young person when education services reopened at the beginning of September and the young person commenced the placement on the 10th September 2018.

<b>Proposed timescale:</b> 10/09/2018	<b>Person responsible:</b> Centre Manager
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**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:**

Risk assessments did not show the rationale for the use of restrictive practices, and that they were reviewed to ensure they were the least restrictive option for the shortest duration.

**Action Required:**

Under Standard 2: Management and Staffing you are required to ensure that: The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

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

- An individual risk assessment has been completed for each young person regarding the use of any restrictive measures in the centre. These risk assessments contain the rationale for the use of the restrictive practice and the assessments will be updated at a minimum of once a month and each time a young person is admitted to the centre. The risk assessments will be conducted in a manner to ensure that any restrictive practice is utilised in the least restrictive manner possible and for the shortest duration necessary

**Proposed timescale:**  
**24/09/2018**

**Person responsible:**  
**Centre Manager**