

## 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 South CRC
<b>Centre ID:</b>	OSV-0004181
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0024587
<b>Lead inspector:</b>	Ruadhan Hogan
<b>Support inspector (s):</b>	None

## **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:
09 July 2018 09:30	09 July 2018 17:30
10 July 2018 08:00	10 July 2018 16:30

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 - Major
<b>Standard 7: Safeguarding and Child Protection</b>	Non-Compliant - Moderate
<b>Standard 10: Premises and Safety</b>	Non-Compliant - Major
<b>Theme 3: Health &amp; Development</b>	
<b>Standard 8: Education</b>	Non-Compliant - Moderate
<b>Standard 9: Health</b>	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>	Non-Compliant - Moderate
<b>Standard 3: Monitoring</b>	Non-Compliant - Moderate

## Summary of Inspection findings

The centre was based in a multi-purpose three storey building on the grounds of a psychiatric hospital. It had a spacious outside area with parking facilities to the front of the building.

The written purpose and function provided to the Health Information and Quality Authority (HIQA) described the centre as providing mainstream care for up to four male children. The Child and Family Agency (Tusla) residential services had come under a new national management structure since May 2015. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 3 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.

The inspector also spoke with a social worker and a social work team leader.

There were systems in place to ensure children were aware of their rights, had access to independent advocates and could participate in decision making in the centre. Children's health care needs were met by centre staff.

There were mixed outcomes for children. Some children were engaged in school and were getting the most from their placement in the centre while for other children, the centre was not sufficiently engaging them in school and helping them to learn to manage their own behaviours. The inspector observed respectful interactions between staff and children.

The centre had transitioned from being a high support unit to a mainstream residential centre in 2011 which required a change in approach to practice. Work undertaken to shift care practices from those associated with providing a high support service to providing mainstream residential care was not fully effective and inconsistent practice remained across the staff team. Some practices, such as the locking of doors and enforcing 10pm bed times for all children regardless of their age, were institutional in nature and were not rights based. Furthermore, risk assessments were not carried out to provide a rationale for their use. While the centre manager tried to bring about changes to the team's approach to practice, it was not effective.

The premises were institutional in nature, unkempt in places and in urgent need of refurbishment at the time of the inspection. HIQA escalated concerns about the premises to the director of Tusla children residential services for assurances that work would be undertaken as a matter of priority. A satisfactory response was subsequently received.

Routine management plans for some children in the centre were ineffective and had resulted in poor and unhealthy sleeping routines which impacted on childrens' engagement with staff, attendance at education or vocational training and potential positive prospects as they approached 18 years of age and left the centre.

Behaviours that challenge were not effectively managed in the centre. Recommendations from a Tusla psychologist were not comprehensively incorporated into childrens' placement documentation or integrated into daily care practices. While children were not placed at risk during their time in the centre, they described an environment that was sometimes tense, and they told the inspector that they found it hard to sleep when voices were raised during incidents involving other children.

Governance in the centre required improvement. Some management systems were working well while others, such as risk management and monitoring and oversight, were not. In addition, the centre manager's role was to work with centre staff to bring

about a change in attitude and practice, so that the centre operated in accordance with its current purpose and function as a child centred and therapeutic led service. Progress was slow in this area. Routine monitoring of the centre by a Tusla monitoring officer relating to the premises had not been effective.

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

## 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**

There were systems in place to ensure children were aware of their rights and were encouraged to exercise them. Prior to children's admission to the centre, they were provided with a booklet with information on what to expect while living in the centre, their rights, how to contact various advocacy groups and information on how to make a complaint. Information on rights such as the UN convention on the rights of the child was displayed throughout the centre. Children who spoke with the inspector said that staff discussed and explained their rights. They gave meaningful examples of what their rights were and how they were expressed.

Children had access to advocacy while living in the centre. A staff member from EPIC (Empowering People in Care), who advocated on behalf of children, visited the centre and met with the children. One of the children had a guardian a litem appointed by the Court who advocated for the children in care proceedings. Social workers and social care staff also advocated on behalf of children. For example, the centre manager advocated for children to have an aftercare worker when there was none assigned.

Children had opportunities to participate in decision making. Children were encouraged to attend child in care review meetings and some strategy meetings, where appropriate. If they could not or chose not to attend, their views were sought and recorded on feedback forms. This ensured their views were taken into account when decisions on their long term care were being made. Children's meetings were held regularly with 41 meetings having taken place in the year prior to the inspection.

The centre adopted the Tusla national policy on complaints 'Tell us'. Children told the inspector that they had been given information on how to make a complaint and would do so if they wished to. The centre manager was the complaints officer who maintained a central log of complaints. The inspector reviewed the log and found one entry for 2018. When reviewing the complaints section of children's files, the inspector found another complaint made in 2018 which had not entered into the complaints log.

While complaints were well managed, records did not reflect that children were given feedback on the outcome of the investigation of a complaint. According to data returned to HIQA, there were four complaints made by children in the 12 months prior to the inspection. Two complaints from 2018 were reviewed and they were found to be investigated. One of the complaints related to one child being locked out of his room during an incident involving a different child. The outcome of the complaint was recorded in team meeting minutes and showed that the complaint was upheld. However, the child's care record, team meetings or complaints log did not indicate if the child was informed of the outcome and if they were satisfied or not.

**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**

There was a policy and procedure in place for admissions to the centre. A local admissions committee was established which considered new referrals to the centre. As the centre was operating at full capacity for the previous 18 months, no new referrals had been made to the centre. No children had been discharged from the centre in the 12 months prior to the inspection.

Not all statutory requirements had been fulfilled at the time of the inspection. All children living in the centre had an allocated social worker at the time of the inspection, but records showed that one child had been without an allocated social worker for approximately four months. There was written evidence to show that the centre manager escalated the lack of an allocated social worker to the relevant principal social worker and this was successful. Two of the four children living in the centre were visited by their social worker within the frequency required by the regulations.

All children had an up-to-date child in care plan and child in care reviews were carried out in line with the timescales outlined in the regulations. Two children's care plans were reviewed by the inspector and were found to contain sufficient information on the child's needs. These plans also listed specific actions to meet these needs. Children and

their families contributed to the care planning process where appropriate. When the centre experienced delays in the return of the completed care plans from respective social work departments, the centre manager escalated these delays to the relevant social work team leader and subsequently, if required, to the principal social worker.

Placement planning documents had been completed for each child, were based on care plans received from the social work department and were held on children's individual files. However, they were not regularly reviewed and revised to reflect recent recommendations made by a Tusla psychologist, and up-to-date interventions. Supporting documentation and plans that guided staff on routine management and behaviour management also required updating. Centre staff told the inspector that these documents were long and cumbersome. A national review process was ongoing at the time of the inspection to address the format of the documentation and reduce the level of paperwork involved. In the interim, the most up-to-date interventions with children were recorded in various documents such as team meeting minutes, but were not included in placement planning documentation. As a result, critical information was disjointed and did not adequately guide staff practice, or promote the changes to care practices required in the centre. Weekly reports were completed on how children were progressing in the centre and these were accessible to social workers if required.

Two children's care records reviewed by the inspector did not contain all the required regulatory information. While there were copies of birth certificates, care orders (where appropriate) and child in care plans, neither contained a history of immunisations. Children had contact with their parents and families in line with their care plans. Centre staff followed the instruction from the social work department and where required, they supervised contact between family members and children. The centre supported family contact by transporting children to and from family visits. A room in the centre was assigned as a family room, but it was not clean, was run down and was not an inviting place for children to meet their families.

Interactions between staff and children were respectful and it was clear to the inspector that staff knew the children individually and treated them uniquely. Children told inspectors that there were staff members they liked and could go to if they were feeling down or had something on their mind. Some of the children who spoke with the inspector said that they had a good relationship with their social worker. Two children had been engaged with external specialist supports and others were offered a service with the Tusla psychologist attached to the centre.

Aftercare planning required improvement. Two children in the centre were 17 years old and approaching the end of their placement in the centre and their time in care. The other children were just 16 and had recently become eligible for an aftercare service. All children in the centre had been referred to the Tusla aftercare service. A review of one child's file showed that the child had not been allocated an aftercare worker until February 2018, when they were 17 and a half years of age. The centre manager had escalated the lack of an aftercare worker to the relevant principal social worker for urgent allocation and one was allocated. Aftercare planning, including a written aftercare plan, was in place for two children. The inspector reviewed the planning in place for one of these children and found it to be of poor quality. The leaving care plan for another child which was completed by the social work department did not adequately address where the child would live or the programmes they would be

engaged in to ensure a positive outcome during this transition into young adulthood.

Preparation for leaving care was undertaken in the centre. Child care records showed that the centre manager had made a lot of efforts to source an appropriate placement for one child who was due to be discharged when they were over the age of 18. Staff completed independent living skills assessments with children which would benefit them into the future.

**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 could participate in activities that they were interested in. Records showed for example, that children went to the gym for personal training sessions or played pitch and putt on the course outside the centre.

When it was appropriate, children had the same opportunities as their peers. They were supported to practice their chosen religion. Staff had sufficient skills to meet the needs of children with communication challenges or mild learning difficulties. The inspector could see through children's appearance and nice clothing that they were cared for.

Children were provided with a nutritious diet while living in the centre. There were adequate amounts of fruit and healthy foods available and the meals provided were varied and nutritious. Children could choose the meals for particular days and some children, but not all, ate together with staff. This related to children's routines in the centre which were not consistent and therefore, did not always facilitate mealtimes being a positive social event.

The centre operated from a defined model of care. The statement of purpose outlined that the centre provided a therapeutic environment of which five components - emotional containment, structure, support, involvement and validation - were central. Crisis management systems were described as the bedrock to this environment with a number of different approaches used to supplement these systems.

There were policies in place on the management of behaviour, the use of physical restraint and the use of sanctions. Data provided by the centre showed that 12 out of 20 or 60% of staff were up-to-date in their training to respond to behaviours that challenge, using a Tusla-approved approach. Staff were not trained in additional therapeutic care practices and were reliant on the use of consequences and sanctions to promote positive behaviour.

In the absence of alternative approaches to the care of children in the centre,

institutional and unnecessarily restrictive practices remained. Despite the transitioning of the centre seven years ago from a high support unit to a mainstream residential centre, and ongoing challenges to staff practices by the centre manager - the staff team continued to engage in outdated practices. These care practices included overly controlling the environment through locking internal doors, and enforcing 10pm bed times for all children in the centre regardless of their age or maturity. Children told inspectors that they did not like these early bed times. When the inspector was being shown around the centre on the morning of the first day of the inspection, the internal doors had been locked by staff the night before to prevent children moving around the centre. Children told the inspector that the kitchen door was sometimes locked at night time to prevent them from going in. During interviews with the inspector some social care staff said they believed that these bedtimes were necessary to ensure there were boundaries and consistent routines in the centre. The centre manager told inspectors that routine locking of doors and in particular, the kitchen door should not be happening. There were no risk assessments undertaken to provide a rationale for these restrictive measures, and given that some of the children were approaching 18 years of age, this was not a realistic way of living to prepare them for life as a young adult.

Routine management plans for some children in the centre were ineffective at engaging children in healthy routines. Some children had a healthy routine which included attending school and they engaged with their care planning to get the most out of their time in the centre. However, daily logs showed that routines for other children were not well established and this resulted in poor sleeping habits which impaired their ability to get up in the morning. These unhealthy routines impacted on their engagement with staff, attendance at education or vocational training and children's potential prospects as they approached 18 years of age and they left the centre.

Behaviours that challenge were not effectively managed in the centre. As stated previously, placement planning documentation was not reviewed and revised to reflect up-to-date interventions. A Tusla psychologist had made recommendations, such as using an alternative framework for engaging with children, changing evening routines so they were more enjoyable and fun, and avoiding the use of consequences and rewarding good behaviour. Despite these useful recommendations, there were no significant changes to evening routines, some centre staff continued to overly rely on consequences, and some children's behaviour continued to escalate during interactions with staff. According to data returned by the centre, An Garda Síochána were called 10 times in the 12 months prior to the inspection to assist with the management of behaviours. The psychologist had specifically advised staff on how to engage with children and records showed that this change in practice was a challenge to consistently implement. While children were not placed at risk while in the centre, they described an environment that was sometimes tense, and they told the inspector that they found it hard to sleep when voices were raised during incidents involving other children. Records showed that the centre manager requested urgent meetings with the social work team to address the behavioural issues, and they resulted in a set of agreed actions. At the time of the inspection, these actions were not fully implemented or having the required impact.

Significant event notifications (SENs) were well recorded with good oversight by the centre manager and service manager. There were approximately 220 significant event notifications over the 12 months prior to the inspection. A sample of SENs reviewed by

the inspector showed that events involving children such as accidents, incidents, and family issues which impacted on the children were well recorded. Records showed the centre manager commented on all SENs, giving guidance to staff on improvements. The SENs identified if interventions with children were attempted by staff and if they were successful. The Tusla monitoring officer and other professionals told inspectors they were satisfied that they were notified following significant events. SENs were also reviewed by a regional group which comprised regional and service managers, an area principal social worker and a psychologist from Tusla residential services. A sample of SENs were selected for review by this group and further information was sought or actions were required by the centre manager or service manager arising from this discussion.

A large proportion of the SENs related to children being absent from the centre without authority. Data provided by the centre showed that of the 220 recorded SEN's since the last inspection, 103 related to unauthorised absences. A significant proportion of these missing from care episodes related to children whose care plans changed unexpectedly, causing an escalation in these episodes. Absent management plans were on file which guided staff on procedures to be followed in the event a child was missing from the centre. A review of a sample of SENs showed that centre staff followed the correct missing from care procedures. However, there was a lack of evidence that they were effectively addressing this behaviour, despite having opportunities to do so during individual key working sessions with children.

**Judgment:** Non Compliant - Major

#### **Standard 7: Safeguarding and Child Protection**

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

#### **Inspection Findings**

There was a national child protection policy in place that was in line with Children First 2011: National Guidance for the Protection and Welfare of Children. The child protection policy had not been updated to reflect Children First 2017. As stipulated in the Children First 2015 Act, a designated liaison person (DLP) for child protection was in place. The centre manager was the DLP and in discussion with the inspector he demonstrated appropriate safeguarding knowledge, including what was required to be reported to Tusla's social work department.

Not all staff had been trained on the role of a 'mandated person' in line with Children First 2015 Act. According to data returned to HIQA, 90% of staff had up-to-date training in child protection. This included the introductory Tusla e-learning module and a secondary module on Children First in Action. The deputy manager told the inspector that a plan was in place for the remaining staff to receive appropriate training. Staff who spoke to the inspector demonstrated an appropriate knowledge of how to make a child protection report and who to make it to.

Allegations of a child protection and welfare nature were appropriately notified to the

relevant social work department. According to data returned to HIQA, there was one child protection concern in the 12 months prior to the inspection. The inspector reviewed records related to the concern and found it had been appropriately discussed with the child who made it and notified to the social work department. The allegation was investigated by a social worker in line with Children First. The allegation related to a Tusla staff member, and the regional manager told inspectors that they were satisfied this concern was well managed within Tusla children's residential services. The unfounded outcome of the allegation was recorded and notified to the person involved.

The centre had measures in place to ensure children were safeguarded. Garda Síochána (Irish police) vetting was in place for all staff. Children told the inspector that they could speak with their social worker, centre staff or family members if they had a concern. When an allegation was made against a staff member by a child, it was taken seriously and addressed.

Not all safeguarding measures in place were effective at ensuring children's safety. Family contact plans were devised by the social work department in conjunction with the centre, with final decisions on the type of contact with families made by the social work department. Centre staff were made aware of safeguarding measures on foot of these plans. The inspector could see from records and from discussions with staff that the circumstances of some children's care planning and contact with their families were complex. Despite comprehensive contact planning, children were not always safe when they left the centre. Some children went for family contact and used the opportunity to abscond and place themselves at risk by misusing substances. As stated, missing from care procedures were correctly followed by centre staff. Additionally, the centre manager organised strategy meetings between the social work department, the child and centre staff to try encourage children to take more responsibility. However, it was accepted by the centre manager that planning in this regard was not always effective at ensuring children's safety. On the other hand, there was evidence that repeated high levels of risk taking behaviour by one child had prompted a response which resulted in an intensive residential program which was due to begin. It was expected that this would provide a place of safety in the short term and address concerns on a longer term basis.

**Judgment:** Non Compliant - Moderate

#### **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 building and location of the centre was not in line with the centre's statement of purpose to provide mainstream residential care within a therapeutic environment. The location, design and setting of the building was institutional. The centre was located on the grounds of a large psychiatric hospital campus. It was on the bottom floor of a three story building which also housed a school and Tusla administrative offices. The

building had an L-shaped design with bedrooms at the far side of building away from the living area along a separate corridor which had no natural light, and was not visible to staff. All of these elements did not contribute to the provision of a modern residential service that promoted the best outcomes for children within a family type environment.

Previous HIQA inspections in 2014 and 2016 made recommendations for the service to be re-located in premises that were appropriate for looking after children in a mainstream residential care setting. However, no actions were taken to source alternative accommodation. The inspector spoke with the regional manager at the time of this inspection who confirmed that the service will relocate to different premises. She outlined the strategic plan for the Tusla residential services in the south region. At the time of the inspection, she said that planning was at a developmental stage and updates, as to the progress of plans, were provided to the chief operations officer in Tusla. She did not specify a timeframe for completion of the strategic plan.

The premises were not homely and while parts of the centre were clean and tidy, others were not. There was suitable lighting, ventilation and heating. On arrival, the inspector walked around the centre. The kitchen and living areas were clean. In the hallway outside one of the children's rooms, a stack of used and dirty plates with leftover food was on the floor. A window in the hallway was very dirty. The family room, which was used in the event of family members visiting, was also dirty. A contract cleaner was working on the day of the inspection and the plates were later cleared. However, no efforts were made to clean the window and family room.

The premises were very run-down in places and in urgent need of refurbishment. The carpets were threadbare with large holes in sections. The interior of the premises was in need of painting. The plaster around door frames had chipped off in sections. There were holes in the walls in the pool room. An old alarm was hanging off its fitting leaving electrical wires exposed and the sofas throughout the centre were torn and stained. Previous assurances were given by Tusla to HIQA that these works would be completed by the end of March 2017. Records in the centre showed that four separate requests for minor capital funding were made by the centre manager to the service manager from September 2017 until June 2018. Despite these assurances, and requests by the centre manager, no work has taken place. This lack of action and adherence to assurances provided by Tusla was not acceptable nor was it acceptable that children were living in a centre which was not of such a low standard. HIQA escalated issues with the premises to the director of Tusla children residential services for assurances that work would be undertaken as a matter of priority. A satisfactory response was subsequently received and progress will be monitored by HIQA.

Precautions against the risk of fire in place in the centre were not adequate. There was a fire safety policy in place. A letter from an authorised person confirming the buildings were fire compliant was held on centre records and was dated November 2008. Fire exits were unobstructed and exit procedures had been clearly displayed. A fire and emergency plan was on file. The emergency lighting was adequate and along with the fire alarms, had been serviced regularly. There were sufficient numbers of fire extinguishers throughout the centre. A fire safety folder contained records of inspections of upholstered seating, break glass equipment and emergency lighting. These inspections were undertaken by staff, but not at regular intervals. Some of these inspections indicated there were no issues to be followed up on such as upholstered

seating not being torn, yet the inspector found that sofas were torn and hence were a fire risk.

There were records of regular fire drills which included both staff and children. However, there were only two fire drills in the 12 months prior to the inspection. Ten out of the 20 or 50% of staff in the centre did not have up-to-date training in fire awareness. The centre manager told the inspector that there was a plan for all remaining staff to have the required training shortly after the inspection.

The centre had a health and safety policy and a safety statement completed in February 2018.

Two centre cars that were in use at the time of the inspection were insured and in good general condition. However, one of the tyres on one car needed to be replaced as thread depths were worn and not safe. Assurances were given by the deputy manager that the tyre was replaced that day. Cars were equipped with first aid and safety equipment. The centre was insured by the State Claims Agency.

**Judgment:** Non Compliant - Major

### **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**

Children were supported to attend school or participate in vocational training. Educational needs were clearly outlined in children's care plans and placement plans. There was good communication between the centre, social workers and the respective educational placements as evidenced in care files. School reports were maintained on file. During interviews with staff and the centre manager, staff demonstrated being committed and focused on helping the children to achieve their potential, in terms of educational and training outcomes.

Not all children's educational needs were being met while living in the centre. Two of the four children attended a full time educational or vocational training course. The inspector reviewed two children's care records and found that one of these children was unable to sit state examinations based on their poor attendance. Given the complicated care planning arrangements for this child, it was hoped that discharge from the centre and an intensive program would help stabilise and enable the child to engage in school

in the long term. Another child had disengaged from their school placement and staff struggled to engage them in full time education. Centre records showed that staff had sought alternative educational and training placements for this child. However, centre staff were not successful at supporting the child to attend. There was also a lack of urgency by the centre and the social work department to ensure educational activities were incorporated into the daily routine. As a result, there was no routine and structure to their day which impacted on their quality of life in the centre and potentially, their future prospects, as they were approaching the age of discharge from care. As the level of supports the child would receive upon reaching adulthood was dependent on their current engagement in education, lack of engagement had potentially significant consequences for their long term outcomes as a young adult.

**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 health care needs were appropriately assessed and met. All four children living in the centre had been there for between one and a half and three years and records showed that children had medical examinations upon admission to the centre by a local general practitioner. The centre held the children's medical cards on file. Their files contained comprehensive medical records including reports from other health professionals where appropriate and other medical details. However, records reviewed by the inspector did not contain immunisation histories.

Children had access to medical intervention when required. Records showed that children attended various medical appointments where appropriate including accident and emergency, general practitioner appointments, dental appointments, optician appointments and other specialist appointments. Centre staff liaised with outside medical professionals when necessary. Staff encouraged children to engage in exercise and to become involved in community activities that promoted a healthy lifestyle. For example, one child was brought to a gym personal training session.

**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 a statement of purpose that had been reviewed and changed since the last inspection. It accurately defined the service being provided, and to whom. The statement adequately outlined statutory and legislative functions and listed the key policies and their availability to staff, children, families and other persons. The staff and managers at the centre were clear about the purpose and function of the centre. The statement of purpose and function was broad and as such, did not fully consider the level of need which could not be met by the centre.

**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 was an appropriate governance structure in place with clearly defined lines of authority and accountability. A competent and experienced manager was in place that provided clear leadership and governance. He was supported by a deputy manager. The centre manager was line managed by the service manager. The centre manager had been in the position in this centre for 12 years. He was not qualified in management but had received some training in principals of management. Staff were aware of their roles and responsibilities and were supportive of each other. Staff told inspectors that the management structure was stable, consistent and provided leadership. However, further work from the centre managers was essential to bring about the required changes in approaches to practice, that would ensure the staff team mind-set had moved from that of providing a high support service to a therapeutic led residential service.

A centre governance reporting system was in use in the centre and was maintained by the centre manager. This was a comprehensive overview of aspects of the service and was completed by the centre manager on a monthly basis. It was then submitted to the service manager and quarterly returns were submitted to Tusla's national office. The governance report included, data on the children regarding care and placement planning, risk management planning, education, adverse events, staffing, training and supervision among other relevant areas. The service manager confirmed that he received regular updates and reports from the centre manager. The service manager was located in the same building as the centre and this facilitated both formal and informal daily contact with the centre manager.

Escalation procedures had not been used effectively in the service. Deficiencies in relation to the premises, including significant delays in resolving minor capital works

had not been escalated by the service manager to the relevant Tusla manager for urgent action. As a result, there was drift and further deterioration of the premises. After the inspection, the service manager told the inspector that he took full responsibility for this lack of timely action and that actions would now be taken as a matter of urgency.

The centre manager maintained a register of children placed in the centre in accordance with the relevant regulation. Inspectors reviewed the register and found that appropriate details for each child were recorded.

Some systems were in place to ensure that the service provided was safe and appropriate to children's needs. National policies, procedures and guidance had yet to be updated. There were systems in place to manage finances in the centre. Other management systems such as risk management, monitoring and oversight were not well developed and implemented.

Communication systems were of good quality. The inspector reviewed a sample of team meetings and found they were held regularly, well recorded and provided the most up-to-date status on children and approaches to take when managing children's behaviours. A social work team leader told the inspector that the centre manager kept her well informed of the circumstances of a child in the centre. Children's records also showed that the centre communicated well with the relevant social work departments.

Notification systems within the centre were well operated. Serious and adverse events were appropriately managed and notifications of these events were sent to the appropriate persons in a timely manner. Records of significant event notifications had comment and sign off by the centre manager prior to reporting.

Centre records were easy to access and had been well organised to support the delivery of care. However, monitoring and oversight of the children's care records was not developed to ensure a high quality service was being delivered. As stated, placement planning documentation was not reviewed and revised and there was inadequate recording of complaints in the centre's complaints log. There was no trending of SENs over a specific period of time to identify patterns in children behaviours in order to change staff interventions. Additionally, daily logs were not adequately reviewed to identify institutional practices and to drive change and improvement across the staff team.

Finances were overseen in the centre. The centre manager told the inspector that a procurement card system was in place with eight procurement cards assigned to staff and that this was enough to ensure the day- to- day running of the centre.

Risk management in the centre was poor. A national risk management policy was in place. The centre manager had not been trained in risk management. Some individual risk assessments were on children's child care records where appropriate. However, other risks were not assessed such as the locking of doors throughout the centre. The centre held a risk register with eight separate risks entered between 2016 and 2017. These risks had been reviewed in February 2018, were risk rated and had measures identified to mitigate against the risks. However, the risk register had not been updated with all relevant risks in the centre, for example, the drift in minor capital works.

There was a suitable number of experienced staff employed in the centre. According to data returned to HIQA the centre was staffed by 15 whole time equivalents comprising of 20 individual staff members. Three staff were on extended leave at the time of the inspection and a further two staff had left the centre in the last 12 months. There were three vacancies in the centre. The staff absenteeism rate was 4% which was lower than the national average of 8%. A number of staff had been reassigned from another Tusla residential centre in the south region which had been temporarily closed. Additionally, four whole time equivalent agency staff were used to cover the gaps in staffing. All Tusla staff files were held centrally outside of the centre. The centre manager provided the inspector with a declaration that staff files were up-to-date with the required documents.

Supervision of social care workers and was of mixed quality. The inspector reviewed a sample of staff supervision records and found that it was held regularly and in line with the policy. Those who provided supervision were trained to do so. Records of supervision meetings were of good quality with discussions on children and training included among other areas.

Staff were not sufficiently trained to deliver a therapeutic service in line with the purpose and function of the centre. According to training figures given to HIQA as part of the inspection, there were deficiencies in staff training in the following areas: children first 2017, fire safety, manual handling, first aid and in dealing with behaviours that challenge. Additionally, supplementary training in alternative models of engaging with children had not been provided as recommended by a Tusla psychologist. Staff also told the inspector that they did not have adequate training to meet the needs of children in the centre.

**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**

At the time of the inspection the Child and Family Agency monitoring officer had visited the centre in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995 – Regulation 17. As part of this inspection, the inspector spoke to the monitoring officer who said that one monitoring visit to the centre takes place per year. The purpose of the monitoring visits was to measure the centres compliance with the standards and to assess the centres response to recommendations following the last HIQA inspection. In addition, he told the inspector that he received a 20 word synopsis of each significant event notification (SEN) that was forwarded in a report on a weekly basis. He could then request to read the full SEN if necessary. The monitor said he also spoke with the centre manager as required.

Monitoring visits and activity was not effective at ensuring issues in relation to the

premises were remedied. A monitoring report was written in October 2017 relating to a monitoring visit to the centre in September 2017. During this visit, the monitor spoke with staff, children and reviewed records in the centre. The monitoring officer did escalate concerns relating to alleged inappropriate sharing of confidential information to the centre manager and the principal social worker. However, issues relating to maintenance of premises that were identified on previous HIQA inspections, were not adequately monitored. The monitoring report from October 2017 found that minor capital works such as painting, new carpets, new doors and other fixtures were due to be actioned shortly and the only outstanding action from the last HIQA inspection remained the centre location. As such, the minor capital works was regarded as being completed when no work had been done. The issue was not escalated within Tusla and subsequent monitoring by the monitoring officer did not follow up on the progress of the minor capital works. Monitoring of issues relating to the premises had not been effective.

**Judgment:** Non Compliant - Moderate

### **Acknowledgements**

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

# Action Plan

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

<b>Action Plan ID:</b>	MON-0024587-AP
<b>Provider's response to Inspection Report No:</b>	MON-0024587
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Date of inspection:</b>	09 July 2018
<b>Date of response:</b>	28 August 2018

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:**

Records of complaints did not record if children were informed of the outcome of a complaint or if they were satisfied or not.

Managerial oversight of complaints was not possible due to inaccurate recording of complaints in the central complaints log.

**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 Centre Complaints Policy, Procedure and Register have been reviewed by the Manager and Staff team at a team meeting on August 14, 2018. The recording

system has been updated to clearly record outcomes, feedback and the young person's level of satisfaction with the outcome as of the same date. A section has been included to evidence management oversight which will be evidenced by initial and date. The complaints register will be subject to monthly check by the Centre and Deputy Manager and random check by the Service Manager.

The introduction of monthly checks by the Centre and Deputy Manager will ensure accurate recording and timely resolution of all complaints which in turn will allow for full managerial oversight.

**Proposed timescale:**  
14/08/2018

**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:**

Two of the four children had not been visited by a social worker within the frequency required by the regulations.

Placement planning documents were not regularly reviewed and revised to reflect specialist recommendations or up-to-date interventions.

Aftercare planning for some children was poor quality.

**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:**

Social Workers are encouraged and welcomed to visit young persons in the Centre as per regulations 1995 Placement of Children in Care. This requirement will be stated at pre- placement meetings for all future admissions. Where the frequency of visits is not in line with regulations, Key Workers will contact the relevant Social Worker in the first instance, escalating if necessary to Social Care Leader, Deputy, Centre Manager and/or Service Manager.

A system is to be established that will see an identified Social Care Leader check placement plan documents to ensure current information and detail is recorded. This system will be agreed and established by September 30, 2018. A National review of documentation is currently also underway with a projected suite of documentation

being available to the service by year end.

A Centre Aftercare co-ordinator has been appointed as of May 25, 2018. This person has responsibility for checking the existence and quality of Aftercare Plans on a monthly basis. Any identified issues or deficits are brought to the attention of the Centre/Deputy Manager for action. Aftercare plans are drawn up in conjunction with aftercare workers and each young person.

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

**Person responsible:**  
Centre Manager

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

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

Not all staff had up to date training to respond to behaviours that challenge using a Tusla-approved approach.

Staff were not trained in complementary approaches and were overly reliant on the use of consequences and sanctions to promote positive behaviour.

Some of the care practices in the centre were institutional in nature, were not rights based and had not been risk assessed to provide a rationale for their use.

Behaviours that challenge was not effectively managed in the centre.

Routine management plans for some children in the centre were ineffective at engaging children in healthy routines

**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:**

All Staff currently working with the young people are up to date in the Tusla approved training to respond to behaviour that challenge. Staff due to return from extended leave are scheduled for training on September 19, 2018. The Regional Training and Development Officer who maintains the training data base for the centre will alert Centre Management to any refresher training requirements.

Additional training has been identified that will enhance care practice. The plan will see the training completed by November 23, 2018. This training will promote alternatives to an over reliance on consequences and sanctions. Training will be

completed by the Centre, Deputy and Service Manager and the staff team, delivered by the Regional Training and Development Officer.

A review of existing practices has commenced at a staff team meeting held on July 24, 2018. To date the following changes have been agreed -the routine locking of doors with the exception of the staff office or as indicated as necessary by risk assessment has ceased as of July 25, 2018. Bedtime expectations have been reviewed and now reflect age and individual plans as agreed at team meeting on July 31, 2018. This issue will remain a standing item on team meeting agendas to identify all existing practices and confirm that they are child centred and age appropriate in nature.

The provision of additional training in complimentary approaches coupled with a review of existing practices and systems will result in more effective management of behaviours that challenge. The training is scheduled for completion by November 23, 2018, the review of existing practices is on-going, will be further informed by the training and scheduled for completion by November 30, 2018. The Service Manager will be responsible for completion of this piece of work.

Routine plans for all young people in the centre will be recorded in the Placement Support Plan. These Support Plans will detail what is identified as appropriate for each young person. Where interventions prove ineffective a professionals meeting will be scheduled to include Social Work and any other relevant professional to review and amend existing plans. The person responsible for oversight of Support Plans in the first instance is the Centre and Deputy Manager and in the second instance the Service Manager.

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

**Person responsible:**  
Interim Service Manager

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

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

Not all staff had been trained on the role of a 'mandated person' in line with Children First 2015 Act.

Not all safeguarding measures in place were effective at ensuring children's safety while absent and unsupervised in the community.

**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:**

All staff currently working with the young people have been trained in Child Protection including the role of the mandated person. Staff members on leave will be prioritised to complete this training on return to work, resulting in full completion by October 30th, 2018.

Where safeguarding measures prove ineffective at ensuring children's safety while absent and/or unsupervised in the community, a professionals meeting will be convened to review existing measures and amend where necessary and/or appropriate. This will be the responsibility of Centre Management in the first instance.

**Proposed timescale:**  
30/11/2018

**Person responsible:**  
Centre Manager

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

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

The building, location and design was not suitable for the provision of care as outlined in the centre's statement of purpose and function.

The premises were not homely and while parts of the centre were clean and tidy, other parts were not.

The premises were run-down in places and in urgent need of refurbishment.

Precautions against the risk of fire in place in the centre were not adequate.

Not all staff had up-to-date training in fire awareness.

**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 decision has been made by CRS National and Regional Office that the service will relocate from its existing building within the context of National and Regional plans for the service. The anticipated timeframe for this relocation is two years. The next scheduled meeting, regarding regional plans, with Estates will take place on September 17, 2018. Work entailed will involve identification of an appropriate alternative site and building, consultation with staff and relevant Social Work Department.

Work has been identified and approved for completion to make the premises more homely - including fitting of a new kitchen, new furniture for the sitting room and family room, soft furnishings and art work. The work is scheduled for completion by September 21, 2018

A meeting took place on site on July 13th 2018 which included a tour of the centre, attended by the Regional, Service and Deputy Manager. A plan was developed to address issues identified regarding the required refurbishment. A subsequent meeting took place on July 18th 2018 with Estates where identified works were approved for action. The contract for works has been awarded as of August 14th 2018. Work is scheduled to commence on completion of the 14th day cooling off period. The Service Manager will provide weekly updates on progress to the Regional office. Centre management have also obtained approval for replacement furniture for bedrooms, games room, visitors' room and sitting room. This is scheduled to be in place by September 21, 2018.

A review of the existing daily fire check format and practice will be completed by the Centre/Deputy Manager and staff team. The format will include a section for risk identification/action required. This work has commenced during team meetings and will be completed by September 18th 2018.

All staff are now up to date in fire awareness as of July 17th 2018. Staff on extended leave will be trained on return to work as a priority. To ensure training is kept up to date it will be routinely scheduled on an annual basis by the centre – any staff not in attendance will be required to attend a regionally organised alternative date.

**Proposed timescale:**  
18/09/2018

**Person responsible:**  
Centre Manager

**Theme 3: Health & Development**  
**Standard 8: Education**  
**Judgment: Non-Compliant - Moderate**

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

Not all children's educational needs were being met while living in the centre.

**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:**

All young people in the centre are expected to have an identified educational placement on admission. Where difficulties arise with a young person's level of engagement with their educational programme, a meeting will be convened with the relevant social work department to review the supports that have been put in place

and their effectiveness. Alternative placements will be sought where appropriate and clear expectations will be agreed as to daily structure/routines during school hours.

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

**Person responsible:**  
Interim Service 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 was broad and as such, did not fully consider the level of need which could not be met by the centre.

**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 statement of Purpose and Function will be reviewed by the Service, Centre and Deputy Manager in the first instance on August 27th 2018, then with the team on August 28th 2018. The statement will be amended to reflect the level of need that cannot be met by the centre.

**Proposed timescale:**  
21/09/2018

**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:**

Further work from the centre managers was essential to bring about the required changes in approaches to practice of all staff from a high support mentality to a child centred and therapeutic led service in line with the statement of purpose.

Escalation procedures had not been used effectively in the service

Risk management in the centre was poor.

Monitoring and oversight of centre practice was not developed to ensure a high quality service was being delivered.

Staff were not sufficiently trained to deliver a therapeutic service in line with the purpose and function of the centre

**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:**

Work to bring changes in approaches to practice will commence with planned additional training. In a parallel process, staff team meetings will be used to address existing practice, culture and systems. An agenda and timeframe for identified work will be agreed by Centre/Deputy and Service Manager by September 13th 2018. A meeting is scheduled for the team on September 18th 2018 regarding the service decision to relocate. This discussion will focus on the impact of the environment on practice. The focus for this service for the coming 12 months will be to enhance existing practice and foster a child centred approach. The Service Manager will have overall responsibility for the completion of this piece of work.

The escalation process has been reviewed by all levels of management and a clear understanding is in place as of July 13th 2018 as to service expectation on escalation.

A review of existing risk management system will be completed by the Service and Centre management to ensure a robust system is in place. The Service and Centre managers are scheduled to attend risk management training on September 21, 2018. The review of existing risk management systems will take place after completion of the training with a plan for completion by October 31, 2018.

In order to support the development of centre practice, monthly oversight meetings will be scheduled, attended by Regional, Service, Centre and Deputy Managers. The focus of this forum will be to chart progress and maintain oversight of practice. These meetings will commence on September 18th 2018 scheduled for 6 months with a review at that point

A training needs analysis will be completed as part of the service practice development plan by the Deputy manager as part of the Agenda / Plan for the service. This will inform both group and individual training needs and schedule for the year.

**Proposed timescale:**  
18/09/2018

**Person responsible:**  
Centre Manager

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

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

Monitoring visits and activity was not effective at ensuring issues in relation to the

premises were remedied.

**Action Required:**

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

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

When visiting the centre and reviewing action plans the monitor will seek a completion date from the Service Manager for any outstanding actions. Where the action has not been completed by the specified date the Service Manager will notify both the Regional Manager and Monitor. The Monitor will then escalate the matter to Children's Residential Service Regional Manager for a response. The issue may be escalated to the National Director if appropriate.

**Proposed timescale:**  
**01/09/2018**

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