

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA South Services
Centre ID:	OSV-0004182
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0024119
Lead inspector:	Ruadhan Hogan
Support inspector (s):	None

Children's Residential Centre

About monitoring of children's residential services

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

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

The Authority monitors the performance of the Child and Family Agency against the National Standards for Children's Residential Services and advises the Minister for Children and Youth Affairs and the Child and Family Agency. In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- assess if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- seek assurances from service providers that they are safeguarding children by reducing serious risks
- provide service providers with the findings of inspections so that service providers develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of the Authority's findings.

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

From:	To:
07 June 2018 09:00	07 June 2018 17:00
08 June 2018 08:00	08 June 2018 15:00

During this inspection, inspectors made judgments against the *National Standards for Children's Residential Services*. They used three categories that describe how the Standards were met as follows:

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

Substantially compliant: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-compliant: means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

The table below sets out the Standards that were inspected against on this inspection.

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

Summary of Inspection findings

The centre was located on the outskirts of an urban area and was at this location for several years.

The centre, according to its statement of purpose and function, provided an assessment/consultation service, a respite service and a family support service to a mixed client group up to the age of 18 years within the Cork and Kerry area.

The Child and Family Agency's children's residential services were under a national management structure since May 2015. This centre remained under the regional management structure. The external management structure that oversaw the centre included an alternative care manager and an area manager from the Cork service area and regional service director for the south region.

The service was multi disciplinary and staff consisted of social care workers, social care leaders, two teachers, a principal social worker, a psychologist along with the deputy manager, centre manager and administration staff.

The centre was established over 15 years ago and took referrals from the child protection teams in the southern area. There were several aspects to the purpose and function of the centre. The centre's function was described in the statement of purpose as assessment, consultation, family support and outreach work. The aim was to formulate a plan of intervention to meet the needs of children and their families. These services were delivered through weekend/occasional weekday and school holiday respite along with resource work undertaken in the centre, family home or in the community. The assessment aspect was the primary function in the centre. At the time of the inspection, there was 1 child living in the centre.

During this inspection, inspectors met with or spoke to 1 child, 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.

The centre was children's secondary placement; the primary being their home where they lived with their primary care giver or a placement such as foster care or residential care. At the time of the inspection, there were 39 children who were availing of overnight stays as part of respite and/or assessment, of which 26 were children in care. The inspector looked at how the service was providing residential care to all children who stayed overnight.

Children were safe and protected from abuse while staying in the centre. The centre was proactive at promoting children's rights. Children's basic needs were met and the centre facilitated a range of activities for the wide age range of children who attended. There were appropriate systems in place to ensure children's healthcare and education needs were met. The child who met the inspector said that they enjoyed staying in the centre. Staff were well trained and complemented the service offered by the principal social worker and psychologist in the centre.

Governance arrangements in the centre required improvement. During the 12 months prior to the inspection, there had been significant changes to the residential management team. Both the centre manager and deputy manager were on extended leave and a child care leader took on the centre manager role in the interim. While the centre had well established systems that ensured the service was being delivered, the inspector found that the interim centre manager was not sufficiently supported to carry out the role. The interim centre manager was responsible for an large number of tasks and a deputy manager had not been resourced to assist her. Deficiencies were found in risk management and monitoring and oversight. This impacted on the quality of service; in particular, placement planning for children and the quality of crisis management

plans.

Managerial oversight by the alternative care manager and consequently methods of assurance that the service was being delivered as required was poor. There had been drift in service development as deficits associated with the premises on previous HIQA inspections in 2012 and again in 2016 had not been addressed at the time of this inspection. There was no formal governance reporting systems in place for the alternative care manager to assure himself that the centre was being run effectively. The alternative care manager was not in receipt of key information such as significant event notifications, risk reports and only supervised the interim centre manager three times since she took up the role. Additionally, positive developments throughout Tusla's children's residential services had not been implemented in the centre.

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 that ensured children knew about their rights. Children were also encouraged and facilitated to exercise those rights. The inspector saw posters on the walls throughout the centre which told children about rights and how to make a complaint. Additionally, children who stayed at the centre drew posters with information about what to expect when staying at the centre. This brought colour to the centre and also provided an opportunity for children to learn about their rights in a creative way. Records showed that children were told about their rights before attending for overnight stays. Children who spoke to the inspector said that staff reiterated information on rights in a child friendly manner during children's meetings.

Children could participate in decision-making in the centre. Children could choose their favourite meals, activities they liked and negotiated routines while staying in the centre. The meetings were held on the first day of overnight stays and records showed that staff recorded children's views and wishes. Recordings of these meetings showed that issues were addressed where appropriate and if they could not be resolved, then a rationale was recorded.

The practices within the centre facilitated and promoted children's rights. Inspectors overheard exchanges between children and staff and saw they were respectful and light hearted. Each child had their own room and bathroom. Staff respected children's privacy and right to bodily integrity by knocking on the door and waiting for permission to enter a bedroom. The practice of checking on children at regular intervals throughout the night was undertaken in the centre following a risk assessment which justified this intrusion. Children were not routinely checked throughout the night only some children for whom it was justified to do so. For example, if a child had a medical condition which required monitoring, then staff opened the child's door throughout the night to make sure the child was ok.

Complaints were well managed in the centre. The centre used the national Tusla policy

and procedure for the management of complaints which children and parents were made aware of. The centre manager was the complaints officer and had training in the Tusla complaints process. The inspector spoke with the child who said that while they knew how to complain, they didn't have a reason to make a complaint. The inspector reviewed the complaints log in the centre and found that one complaint had been made in the 12 months prior to the inspection. Records clearly showed who the complainant was, what the issue was and how it was investigated and concluded. In addition, records indicated if the complainant was satisfied with the outcome or not.

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

Children received a range of services in the centre which included an outreach service, multi-disciplinary assessment and respite.

Referrals were appropriately screened and decisions as to the service provided were made at regularly held meetings. Referrals for a service in the centre were received from social work teams in the southern region. One of the centre staff was the placement coordinator and their role was to screen the information provided by the referring social worker. The placement coordinator confirmed details on the referral form with the referring social worker and additional reports such as social work, psychology or any other professional report were requested as required. This ensured the quality of information, to determine if a referral was appropriate or not, was comprehensive. Admissions and discharge meetings were held regularly and attended by the centre psychologist, principal social worker, centre manager and placement coordinator. Following discussion, a decision was taken as to the type of service to be offered which included respite and/or a multi disciplinary assessment.

Waiting lists for a service in the centre had reduced since the implementation of a more dynamic service model. Prior to July 2015, the assessment process in the centre took place over a fixed eight week period with children attending for overnight stays as part

of the assessment. An updated assessment process was in place where referrals were taken on an on-going basis with assessments taking place as required outside of the eight week limit. This meant that constraints associated with the eight week timeframe with which to assess children was removed, allowing for a greater number of children to be engaged in the service at one time. The impact of this was that waiting times for a service reduced from two years to two - three months at the time of the inspection.

All children who were referred into the service had allocated social workers. According to data returned to HIQA as part of the inspection, there were 39 children who were availing of overnight stays as part of respite and/or assessment, of which 26 were children in care. The centre was children's secondary placement; the primary being their home where they lived with their primary care giver or a placement such as foster care or residential care. As such, statutory visits for children in care took place in the foster care or residential care placement. The centre therefore did not hold records of these visits. As children stayed overnight in the centre as part of respite or as part of a multi disciplinary assessment, the inspector was informed that social workers generally did not visit as overnight stays usually happened at weekends when social work offices were closed.

Care plans for children in care were not always held in the centre. The child in care review meetings were usually held in the primary placement and involved the significant people in care planning for a child such as their parents, social worker, guardian ad litem, and other professionals. Regular reports written in the centre were sent to the children's social workers who incorporated the information in these reports into the child's care plan as required. There were also records of some phone calls between social workers and centre staff which showed that staff contributed to care planning for children. Centre staff did not attend child in care reviews and subsequently sought care plans from the child's allocated social worker. According to data returned to HIQA, the centre did not have up-to-date care plans for 13 out of 26 or 50% of the children in care who attended for overnight stays. These related to two sibling groups of five and six children each. Records showed that several requests had been made to the relevant social worker and social work team leader for these plans. However, there was no process in place to escalate the delay in receiving care plans from social work departments. The inspector spoke with a social worker for a child whose care plan was not on file and was told that due to an oversight, it had not been sent to the centre and that the plan would be forwarded to the centre as a priority. In the absence of care plans, staff were informed of children's needs through comprehensive referral forms, professional assessments and their own assessment process.

Placement plans were in place in the centre for children who stayed overnight. These were based on good quality information in professional assessments and care plans where present. This would ensure that all staff working with children, including new staff who did not know the child attending, were informed on interventions and could provide safe and consistent care. The inspector reviewed a sample of children's placement plans and found essential information to inform staff of their care needs was not easy to read on some placement plans. Some children had been attending the service for respite for a number of years, yet the placement plans had not been updated to reflect the changing circumstances of children in the service. This was a risk to the particular child given the large number of children using the service and the requirement of staff to have up-to-date knowledge that was easily accessible.

Children attending for overnight stays had individualised care provided by the same social care professional who was their key worker. This facilitated the development of good quality relationships with children. Other staff, including the resident psychologist and social worker provided additional emotional support. Children told the inspector that they liked attending the centre and could confide in staff if something was on their mind.

Children were facilitated to develop and maintain relationships with their families, siblings and significant others. The centre facilitated sibling contact for children in care who were part of large sibling groups, for example, groups of five children who lived in different primary placements.

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

The children enjoyed leisure activities and were encouraged in their hobbies and interests while staying in the centre. The centre facilitated overnight stays for children from the ages of three up to late teenagers and as a result had a large range of equipment for children. This included play kitchens, board games, art materials, cooking and baking materials, a pool table, outdoor equipment such as football nets and basketball equipment and a range of age appropriate movies for children to watch. This provided children with stimulation while staying for respite and also assisted social care professionals to undertake direct work with children as part of resource work and assessment. The inspector saw that the dining room of the centre was decorated with art work that children had completed while staying in the centre. Records showed that children were encouraged to try new activities in the community.

The child told the inspector that they looked forward to activities and how they spent their time in the centre. Where appropriate significant events such as birthdays or completion of state exams were celebrated in the centre.

Children were provided with a nutritious diet while at the centre. There were adequate amounts of fruit and healthy foods available and the meals provided were healthy and nutritious. The child told inspectors they could choose their favourite meals for particular days and they ate their meals with staff.

Children from a culturally and ethnically diverse background had their specific needs met while staying in the centre. According to data returned to HIQA, of the 39 children using the service for overnight stays, 13 were from a diverse ethnic, cultural and/or religious background. Centre staff told inspectors that needs were met where required

and included, for example, facilitating attendance at religious service if the child wished to do so.

The centre had up-to-date policies in place for the management of behaviour, sanctions and the use of restraint. Restrictive practices were not used in the centre. The inspector found that the quality of plans in place to support children in the management of behaviour was not consistent. Children had individual crisis management plans (ICMP) on file which identified specific behaviours that required an individualised approach to de-escalate and manage potential incidents as they arose. The inspector spoke with social care professionals who outlined specific and appropriate interventions that could be undertaken in the event of particular behaviours escalating. However, the ICMP did not reflect the high quality of work described by staff who knew the children very well. There was a risk that children may not receive the right intervention during a crisis as staff, who may not have known the children as well, were reliant on good quality documentation to guide their practice.

There were no incidents of absence without authority from the centre or injuries to a child, including self harm, in the 12 months prior to the inspection. Centre records held up-to-date photos of the children and missing from care reports, in the event that a child went missing. Staff were aware of the procedures to be followed should such an event take place.

Judgment: Substantially Compliant

Standard 7: Safeguarding and Child Protection

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

Inspection Findings

The centre had a local safeguarding policies that were in line with Children First 2017: National Guidance for the Protection and Welfare of Children. The centre safeguarding statement was in line with Children First Act 2015. The centre manager was the designated liaison person for child protection. All staff working in the centre at the time of the inspection had received up-to-date child protection training, including training on the responsibility of being a mandated person. The inspector asked the centre staff about applying child protection practice and found they had suitable knowledge and gave appropriate answers. Staff were also aware of their role as a mandated person. There was also a policy on protected disclosure in place and staff demonstrated an insight into the principals of protected disclosures.

The centre had safeguarding measures in place to ensure children were protected from abuse. An Garda Síochána (police) vetting was in place for all staff. Staff were aware when safeguarding measures had been put in place by the social work department, for example, restrictions on children's contact with certain family members. Staff members regularly informed children that they could speak with their social worker, centre staff or family members if they had a concern.

Not all child protection reports had been made to the relevant social work department when required. According to data returned to HIQA, there were three child protection notifications made over the 12 months prior to the inspection. Two had been appropriately notified and followed up by the centre. The centre did not notify the incident at the time it occurred as it was notified approximately six months later when requested by the social worker. All notifications related to the children themselves, were not related to the centre and were notified to the relevant social work department. Centre staff informed the inspector that discussions were held with the social worker at the time of the incident as to whether a formal report was required or not. However, there were no recordings of these discussions on the centre records. While the child was not placed at risk as a result of the delay in sending a notification, the inspector found that the incident did meet the threshold for a child protection notification and should have been sent to the relevant social work department at that time.

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 centre was located on the outskirts of an urban area and was at this location for several years. The two story building was divided into a section for accommodation and an administration section. The administration aspect of the service was located separate to the accommodation and included offices and meetings rooms. The accommodation section of the building held the reception, kitchen, dining and living areas downstairs with bedrooms for children and staff upstairs. The upstairs was divided into two sections which meant the centre could appropriately accommodate a mix of boys and girls and large sibling groups. The accommodation section had adequate private and communal spaces.

The centre was clean and tidy. There was suitable lighting, ventilation and heating. While the centre was not suitable for children who used a wheelchair; this was not an issue as children staying for overnight stays were not wheelchair users. Communal areas were colourfully decorated with pictures that children drew themselves and as a result, these areas had a homely feel.

While the premises adequately facilitated the provision of the service as outlined in the statement of purpose, it was not well maintained. Additionally, deficiencies associated with the premises on previous HIQA inspections in 2012 and again in 2016 had not been addressed at the time of this inspection. A photocopier located in the administration section of the premises that blocked access to an accessible toilet and offices had not been moved nor had works to address this issue taken place as planned. In the interim while planning was on-going, parts of the premises had become worn and neglected. Large parts of the paint on the outside walls of the building were peeling off. While mattress, curtains and paint in the upstairs bedrooms were replaced,

the rooms looked dated and in need of modernisation. The centre manager had completed a business case prior to the inspection and told the inspector that it had been agreed by the alternative care manager. This drift was raised with the alternative care manager who said that a decision had not yet been reached in Tusla as the most cost effective plan for the centre development was being considered by the estates department.

There were precautions against the risk of fire in place in the centre. There was a fire safety policy in place. A letter from an authorised person confirming the buildings were fire compliant was on file. Fire exits were unobstructed and exit procedures had been clearly displayed. The emergency lighting was adequate and along with the fire alarms, had been serviced regularly. There were sufficient numbers of fire extinguishers throughout. Records showed that inspections of fire doors, break glass equipment, fire fighting equipment and emergency lighting were regularly undertaken by staff. There were also records of regular fire drills which included both staff and children. A health and safety audit that was completed monthly provided assurance on the participation of all staff in fire drills. Five out of the 24 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.

The centre had a health and safety policy and a safety statement completed in February 2018. A member of staff was the dedicated health and safety representative who completed a comprehensive health and safety audit on a monthly basis.

Judgment: Non Compliant - Moderate

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

The centre placed a high value on education and staff in the centre supported children to maximise their educational potential. The statement of purpose identified that one of the functions of the service was to undertake specific pieces of work with children and their families including assistance with their educational needs. The centre was resourced and set up to facilitate this function. Two teachers were employed in the centre and had a dedicated room in the accommodation section to support them to carry out this task. Children’s rooms had a desk, chair and lamp to encourage children to continue their study.

Children's educational history and copies of educational psychological assessments were sought upon admission. This informed the work carried out by the teachers. Staff liaised with school where appropriate. Records showed that the focus of some children's placement in the centre was to assist in gaining state examinations such as the junior certificate and the entire staff team, including social care professionals and teaching staff contributed to ensuring this happened. The child who spoke with the inspector said that staff in the centre helped her with her homework and this helped her with preparations for state exams.

Judgment: 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

Children who stayed on overnight visits had their health care needs met. Children had a medical appointment shortly after being admitted to the residential service in line with the centre policy in order to inform the service assessment process. The centre held comprehensive health records on children that informed interventions. Records showed that consent for medical and dental interventions, in the event of an emergency or scheduled medical appointments, was appropriately recorded. Children had access to a general practitioner and specialist health services where required. Additionally as part of the assessment process, additional health assessments such as occupational therapy, could also be recommended.

Medicines management practices in the centre were good. There was a comprehensive medicines management policy in place to guide staff on safe administration of medicines. Medicines were securely stored. Medicines management procedures were robust. Centre staff showed inspectors how medicines, including prescribed and over the counter medicines were appropriately and transparently transferred into the centre when a child stayed for overnight stays. Medication charts were held on children's files that documented the appropriate administration of all medication. Prescribed and over the counter medication was held in a locked medicines cabinet. Over the counter medication was administered to children and staff in the centre where appropriate. A log of this medication was held that recorded the exact number of tablets or doses that were taken and who took them. Spot checks of the medicines cabinet and log book were then completed by night staff.

There wasn't sufficient consideration given if staff members, who were knowledgeable on medical interventions for children with specific health care needs, went on unplanned leave. One child who stayed on average 15 nights per year for respite, had specific health needs, that required well informed monitoring and consistent care to manage appropriately. The inspector was informed that the previous centre manager was unable to find suitable training for all staff on the right medical interventions. In the absence of that specialist training, six staff attended the hospital for workshops with a specialist health professional. The centre manager outlined other measures to

mitigate against the lack of training for all staff. These included a specialist health professional attending a team meeting to give an overview of the specific health needs to all staff and ensuring that one of the six trained staff were rostered with the respective children when they attended for overnight stays.

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 updated since the last inspection. It accurately defined what service was carried out in the centre including the assessment, consultation, outreach and respite. A strategic review of the service had been completed since the last inspection. Following this review a dynamic process was put in place where the frequency and regularity of overnight stays children had was regularly reviewed in line with the changing needs of children who used the service. The statement reflected this new process and also referenced the key policies and their availability to staff, children, families and other persons. However, the statement did not describe the specific needs of children using the service. The statement also did not state whether a service, including overnight stays, could be offered to wheelchair users. The purpose and function set out in the statement reflected the day-to-day operation of the centre. The staff and managers at the centre were clear about the purpose and function of the centre. The statement was displayed in the centre and was available to children and their parents or guardians if required.

Judgment: Substantially Compliant

Standard 2: Management and Staffing

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

Inspection Findings

The centre offered a range of services including an assessment/consultation service, a

respite service and a family support and resource service, all of which were overseen by an alternative care manager in the Tusla South Region.

There was an appropriate governance structure in place with clearly defined lines of authority and accountability. The centre was staffed by administration staff, teachers, a social worker, a psychologist and social care staff. The alternative care manager provided management oversight of the social worker and psychologist. The outreach and residential aspect of the service was delivered by social care professionals, managed by a centre manager who also reported to the alternative care manager. The centre manager was assisted by social care leaders who along with the centre manager supervised the social care workers.

Over the 12 months prior to the inspection, there had been significant changes to the residential management team. While this did not impact significantly on the delivery of service, governance in the centre required improvement to ensure the residential aspect of the service was being delivered to a consistent high quality. At the time of the inspection, the centre manager and deputy manager had been on extended leave. In their absence, a placement co-ordinator was acting in the centre manager role. She was experienced, hardworking, provided leadership and strived towards a quality service. However, she had not received adequate training on management systems including risk assessment and monitoring and oversight which impacted on ensuring the service was delivered to a high quality.

The centre manager was not adequately supported to undertake her role. The role of deputy manager had not been replaced. At the time of the inspection she was supervising four staff members along with undertaking the centre manager and deputy manager role. The teachers in the centre also reported to her in relation to the coordination of resources within the service. The centre manager raised these issues in supervision with the alternative care manager; however, the inspector could not see that support was subsequently provided. A social care leader was rostered on each shift as shift leader. Additionally, an on call system was in operation with the centre manager and placement coordinator providing cover outside of business hours.

Some management systems in the centre were effective while others had not been adequately developed and implemented. Policies, procedures and guidance continued to be updated. The administrative functions in the centre were well run. Despite having a large number of children using the services, including respite and overnight stays, good quality organisation by the manager and administration team helped to maintain delivery of the service in the absence of additional management personnel. This indicated the respite arrangements were well planned. Other management systems such as some communication systems, monitoring and oversight, finances and risk management were not adequately developed and implemented to ensure delivery of a high quality service.

Oversight by the alternative care manager of systems in the centre, particularly while the full time centre manager and deputy manager were on leave, were poor. The alternative care manager attended multi-disciplinary assessment review meetings which provided updates on the progress of children using the service. The alternative care manager said that he also provided her with support via email and phone calls. The alternative care manager told the inspector he visited the centre once a month and met

staff. The supervision of the centre manager by the alternative care manager took place on three occasions only since the centre manager took up the role in November 2017. While guidance and direction was given in relation to re organising some staff members, the records did not adequately address the drift in the development of the premises. This was not acceptable given previous assurances provided to HIQA in 2012 and 2016 that these issues would be addressed. In addition, while the standards identified that there should be a prompt notification system to Tusla, the alternative care manager was not part of this process and therefore had no oversight of the significant event process occurring in the centre.

There was no formal governance reporting systems in place for the alternative care manager to assure himself that the centre was being run effectively. As there was instability in the service due to interim positions and a lack of support provided to the interim centre manager; a lack of progress in relation to the premises; staff using other staff members procurement cards, insufficient oversight of notifications and inadequate risk management, this highlighted the need for more robust oversight from the alternative care manager.

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.

Communication systems in the centre were in place. Multi-disciplinary meetings were clearly recorded with good quality minutes reflecting decisions taken on services to be provided to children. Residential team meetings were held frequently with good systems to ensure staff were aware of updates and developments with children and with the service provided. However child care leaders meetings, which functioned as management team meetings for the residential service, were not held frequently with only two in 2017 and four in 2018.

Monitoring and oversight of the children's care records was not effective at providing assurance that the service was being delivered as required and improving the quality of work undertaken. The centre manager had not been trained and as a result, did not know the principals of completing audits. She told the inspector that she had oversight of record keeping on documents. With the exception of the health and safety checklist, auditing was not developed in the residential service and hence issues with the quality of documents were not picked up.

Finances were overseen in the centre. However, only three staff members had access to procurement cards which was not enough. In the absence of a staff member having access to their own procurement card, a petty cash box was used and on a few occasions, staff members used procurement cards that were not their own. This was not a suitable arrangement and could lead to risk of financial mismanagement.

Risk management in the centre was not developed and implemented throughout the centre. The national risk management policy was in place. Individual risk assessments were on children's files where appropriate. The centre manager had not been trained in risk management. The inspector requested to view the risk register in the centre and was informed that centre staff did not know if one was in use.

The numbers of staff in the centre had reduced over the last 12 months. According to data returned to HIQA the centre was staffed by 22.25 whole time equivalent staff. 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. The staff absenteeism rate was 9% which was high. One regular agency staff were used to cover the gaps in staffing along with one temporary staff member. This ensured service delivery, however, as stated the gaps remained in the centre management.

Supervision of child care workers and child care leaders was of good quality. The inspector reviewed a sample of supervision records and found that it was held regularly and in line with the policy. Those who provided supervision were trained to do so. Recordings were of good quality with discussions on children and training included among other areas. Actions were also recorded.

Staff in the centre were encouraged and supported to develop their skills so as to provide a high quality service to children. Social care professionals in the centre undertook a range of professional training to meet the needs of children using the service. Staff had been trained in a range of different and complementing skills such as interviewing and understanding sex offenders, advanced attachment theory techniques, engaging with children, life story workshop, trauma informed care and working with domestic violence. Staff had also up-to-date mandatory training in areas such as a Tusla recognised approach in managing behaviour that challenges, manual handling and first aid.

There were sufficient staff on duty on the day of inspection. Staff in the centre were suitably qualified and experienced to deliver the service. Copies of staff files were held in the centre and showed that An Garda Síochána (police) vetting, was in place for records sampled by the inspector. The centre manager provided assurances that the remaining staff had up-to-date Garda vetting. Records also showed that copies of qualifications and references were held for permanent Tusla staff. The centre also held copies of a letter from the recruitment agency outlining the documents that the agency held in respect of agency staff in use 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. The inspector read a monitoring report written following a two day visit to the centre by the monitoring officer in February 2018. The report outlined the methods the monitoring officer had to ensure the child care regulations were complied with and included speaking with staff and children to enquire

about their welfare and happiness. The report identified issues within the centre such as the outdated furnishings throughout the centre bedrooms and the delay in the commencement of building works in the centre. An action plan was issued following the visit for which the centre was required to respond to.

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.

Action Plan ID:	MON-0024119-AP
Provider's response to Inspection Report No:	MON-0024119
Centre Type:	Children's Residential Centre
Service Area:	CFA South Services
Date of inspection:	07 June 2018
Date of response:	17 September 2018

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

Theme 2: Safe & Effective Care Standard 5: Planning for Children and Young People Judgment: Non-Compliant - Moderate
The Provider is failing to comply with a regulatory requirement in the following respect: Placement plans had not been developed in line with advancements in Tusla Children's residential services. Some placement plans had not been updated to reflect the changing circumstances of children. 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:

The Centre Manager is currently reviewing placement planning within the Centre. She will review placement planning within National Residential Services and implement a version of that in Áirne Villa, as outlined in statement of purpose and function.

Proposed timescale:
31/12/2018

Person responsible:
Alternative Care Manager

**Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Substantially Compliant**

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

The quality of plans in place to support children in the management of behaviour was not consistent.

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:

40% of the ICMP's in the Centre have been updated to reflect the high quality work being undertaken with the children accessing the service. The Centre Manager will oversee the remainder of the ICMP's being updated.

Proposed timescale:
30/09/2018

Person responsible:
Alternative Care 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 child protection reports had been made to the relevant social work department when required.

Action Required:

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

accountability.

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

The Centre Manager has addressed the issue of effective record keeping with regards communications with Case Social Workers, to ensure they are fully evidenced on children's files.

Proposed timescale:
11/10/2018

Person responsible:
Alternative Care Manager

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

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

Deficits associated with the premises on previous HIQA inspections in 2012 and again in 2016 had not been addressed at the time of this inspection.

In the absence of planned works, parts of the premises had become worn and neglected.

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 exterior of the building has been painted subsequent to the inspection. Remedial works to the bathrooms are due to commence by the end of September 2018. Replacement of downstairs flooring will occur once above works are completed. Following completion of these works, the Centre Manager will apply for funding to replace curtains and re-decorate children's bedrooms.

In relation to the deficits associated with the premises on previous HIQA inspections, the Centre Manager has met with the Tusla Business Manager, (5th Sept 2018), in order to progress the matter of the extension. A project meeting has been scheduled for the 27th of September 2018 with representatives from Tusla business and estates. Further information with regards the options available to us will be available following this meeting.

Proposed timescale:
27/09/2018

Person responsible:
Alternative Care Manager

Theme 4: Leadership, Governance & Management

Standard 1: Purpose and Function

Judgment: Substantially Compliant

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

The Statement of Purpose did not describe the specific needs of children using the service.

The Statement of Purpose did not state whether a service, including overnight stays, could be offered to wheelchair users.

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 has been changed to reflect the judgement.

Proposed timescale:
01/10/2018

Person responsible:
Alternative Care Manager

Theme 4: Leadership, Governance & Management

Standard 2: Management and Staffing

Judgment: Non-Compliant - Moderate

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

The centre manager was not adequately supported to undertake her role.

Some management systems such as communication, notifications, monitoring and oversight, finances and risk management had not been adequately developed and implemented

There was no formal governance reporting systems in place for the alternative care manager to assure himself that the centre was being run effectively.

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:

1. More procurement cards were applied for subsequent to the inspection and are in place.

2. The Centre Manager will further develop the risk management practice and implement it. She will operate a live risk register, which will be reviewed quarterly.

3. The Centre Manager is attending training in risk management on the 21/9/2018.
4. Further training in management systems for the Centre Manager, (within the areas of auditing; national financial regulations and HR processes), will be identified in conjunction with the Alternative Care Manager. The Centre Manager will attend these trainings when they become available.
5. Monthly governance reporting will be put in place for the Alternative Care Manager. The Centre Manager will oversee the development of this and ensure that it is activated effectively.

Proposed timescale:
31/12/2018

Person responsible:
Alternative Care Manager