

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-0004183
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0019075
Lead inspector:	Tom Flanagan
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:
19 July 2018 09:00	19 July 2018 17:30
20 July 2018 08:45	20 July 2018 14:00

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 non-compliance 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	Compliant
Standard 7: Safeguarding and Child Protection	Compliant
Standard 10: Premises and Safety	Non-Compliant - Moderate
Theme 3: Health & Development	
Standard 8: Education	Compliant
Standard 9: Health	Non-Compliant - Moderate
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Non-Compliant - Moderate
Standard 2: Management and Staffing	Non-Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

The centre was located in a dormer bungalow on its own grounds a few kilometres from a large urban area.

According to its statement of purpose and function, the centre provided a respite service for up to four children, aged between 8 and 15 years, from the local Child and Family Agency area. The centre provided overnight respite breaks four nights per week to children who lived either at home or in foster care placements and had emotional or behavioural difficulties. The aim of the centre was to support children in their home or placement, thereby reducing the possibility of progression to fulltime residential care. Children were usually offered respite for one or two nights per week for a period of up to two years. At the time of the inspection, there were 4 children availing of respite in the centre.

During this inspection, inspectors met with or spoke to 4 children, 2 parents, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

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

The centre was child-friendly and provided a homely environment for the respite service. Children loved staying in the centre and had good relationships with staff and their peers. They felt safe and they were provided with good care and a stimulating environment.

Children's rights were respected and they were given sufficient information about the centre and their placement plans. They felt listened to and included in decisions about their care. Their parents or guardians felt welcome in the centre and visited regularly to take part in the reviews of the children's care. They also had good relationships with staff.

All children had social work involvement in their lives but not all had allocated social workers. Children had regular reviews of their care but not all had an up-to-date care plan on file.

Children were kept safe in the centre and child protection concerns were reported appropriately and investigated. Staff were trained to help children to manage their behaviour.

The premises was suitable for the activities of the centre but it needed to be re-painted. Some further measures to ensure fire safety were required.

Children's education was valued and children were facilitated to attend school and were assisted with homework. Children's health was promoted and they were assessed on admission by a general practitioner (GP) and supported to maintain a healthy lifestyle when in the centre. Some measures to ensure that medication was safely managed were required.

The centre was well managed and there was an experienced and committed staff team who received good training, supervision and support. The statement of purpose and function needed to be updated. The position of the centre manager needed to be reviewed. The risk management policy needed to be implemented in full.

These and other findings are outlined in this report.

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

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

Inspection Findings

Children and parents told the inspector that they visited the centre prior to admission. They were shown around the premises, they met with staff and were given information booklets. Following admission, key workers met with the children and explained in more detail how the centre worked and what their rights were.

Information was available for children on an independent advocacy organisation for children in care, the monitoring officer and the Ombudsman for Children.

Children told the inspector that they were asked about their likes, dislikes and preferences at a meeting prior to admission and that their keyworker checked with them that they were happy there and if there was anything they wanted or needed. As it was not possible to hold children's house meetings due to the nature of the respite service, children's views were sought individually at frequent reviews of their stay in the centre. Children told the inspector that they attended their reviews and this was confirmed by parents, who said that children were asked about everything, that they were listened to, and that they had their say.

Children's right to privacy and space was respected. Each child had their own bedroom and there were sufficient facilities in the centre for children to be able to spend time with others or on their own.

Children had access to television and electronic games. There was no wireless internet available to children but there was evidence that staff facilitated children to access the internet under supervision when they wished to do this, especially for assistance with homework. When asked if there was anything that would make their stay in the centre better, all four children told the inspector that an internet connection to the playstation would, and two of the children said that a bigger goal for their football games would help.

Children were involved in many activities in the centre. They assisted with their laundry

and setting tables. Staff kept chickens in the garden and one child told the inspector that they collected eggs and cooked them with the help of staff. Another child planted flowers in the garden and some children assisted staff with growing vegetables. Children also told the inspector that they took part in lots of activities such as surfing, swimming, martial arts and karting.

Children and parents told the inspector that they were given information on how to make a complaint if they wished and complaints forms were readily available to children. However, no complaints had been made during the 12 months prior to the inspection and both children and parents told the inspector that they had nothing to complain about.

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

There was an admissions policy and the admissions process was strong. The child's social worker submitted a referral form and associated documentation, and presented the application to the admissions committee in person. A risk assessment was carried out to assess the impact of an admission on the child themselves and on existing users of the service. The admissions committee decided on the suitability of the child for the service and discussed the issue of matching the child with other children. When a decision was made to offer a placement, a pre-placement meeting with the child and their parent or guardian, and a visit to the centre were organised.

A review of the centre register showed that there had been 12 admissions and 15 discharges during the 12 months prior to the inspection. Some of the placements were of short duration and may have ended because the child did not wish to continue. Other placements continued for up to two years. There were eight children currently availing of the respite service on a rotational basis and four of these children were on overnight respite in the centre at the time of inspection. The children were suitably placed and the duration of their placements was regularly reviewed at the their

placement reviews. However, while the register recorded the dates of initial admission and the final discharge for each child, it did not reflect an admission and discharge for each respite episode for the child.

Not all of the statutory requirements in relation to the children were in place. Of the eight children currently using the respite service, seven had an allocated social worker. The case of one child was managed by a social work team leader, who was actively involved with the child's care. The child also had the support of a child care worker, who worked with the child on an ongoing basis. Social workers visited the centre every four to six weeks for reviews and one child's file showed that the social worker reviewed the file regularly. While social workers did not usually visit the children in the centre outside of review meetings, parents told inspectors that they visited the children regularly in their homes and had frequent contact with them.

Of the three children's files reviewed, two contained up-to-date care plans which outlined the children's needs and included the placement goals. In the case of the third child, the child's social worker confirmed that there was an up-to-date care plan but this was not on the child's file. Voluntary agreements, signed by the parents, were on file for two of the children and a copy of the full care order was on the third child's file. There were no children aged 16 or over currently using the service.

There was good practice regarding consultation with children on their views of the care they received. Children told the inspector that they attended their reviews every four to six weeks and were always asked their opinions. Records of reviews showed that the children attended the meetings and also signed the minutes.

Placement plans were developed and reviewed regularly for each child. Two main goals of each child's placement were set out and there were extensive records of the work carried out to meet these goals. Prior to each child's review, the key worker provided a review of the child's placement and, in particular, outlined the progress made in achieving their goals. Apart from focussing on the agreed goals, key workers carried out their own assessments of the children's needs and addressed a wide range of issues for each child. The placement plans and associated records did not fully reflect these assessments or the work that was completed with each child.

Children were supported in their relationships with their parents, guardians and siblings, and parents who spoke to the inspector confirmed this. Parents told the inspector that they had frequent contact with the key workers and that they received a warm welcome when they visited the centre with their children for regular reviews. One parent said that they could call into the centre at any time. There was evidence that key workers worked with children on issues affecting their family lives and that there was a good degree of continuity of care between parents, guardians and staff. Children also developed good relationships with their peers while in the centre and staff gave appropriate attention to the matching of children to ensure that they had a positive experience when on respite and that children who were compatible and were of similar ages were in the centre at the same time.

Children received the emotional and psychological care they required when on respite in the centre. Children told the inspector that they got on very well with the staff and that they could talk to their key workers about anything that was an issue for them. Staff

also played a role in sourcing external supports for the children when this was required.

All children were actively supported to develop basic skills for independent living. The children told the inspector that they completed house chores and were involved in cooking and baking. Records showed that one child was assisted to research the ingredients, do the shopping and cook a meal as part of their plan.

Children's records were factual, well organised and legible. Each of the children's files contained a chronology of significant events. Filing systems were well maintained and the files were audited regularly by the social care leaders. There was an appropriate system in place for the archiving of files.

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 were well-cared for in the centre. Parents told the inspector that the children loved coming to the centre and got on very well with the staff. The inspector observed warm and respectful relationships between staff and children throughout the inspection.

Children enjoyed a range of leisure activities and were encouraged to engage in hobbies and interests of their choice. Two children told the inspector that they went to a sports club each week they were on respite. Children were also encouraged and facilitated to explore the surrounding areas with staff and engage in all kinds of activities in the community with their peers.

Staff were aware of healthy eating practices and there was a variety of healthy food available in the centre. Meals were nutritious and meal times were positive social events. Managers and staff were knowledgeable about diversity and supportive to children in relation to their individual needs.

Behaviours that challenged were well managed. The staff team had a good understanding of the behavioural needs of the children and the approach to manage the behaviours of individual children was discussed by the staff team and consistently implemented. The team were trained in behaviour management and followed a positive behaviour support approach, which aimed to support the individual child and teach alternative ways of thinking and behaving. Two children told the inspector that they had problems with their behaviour at home and in school but that staff had helped them and that their behaviour had improved as a result. Parents also told the inspector that staff intervention had been very beneficial to their children in terms of their behaviour. External professionals reported to the inspector that the staff team were experienced and skilled and that they had a positive impact on the children.

Children had individual absence management plans but there were no incidents of children going absent without authority in the 12 months prior to the inspection. Children had crisis management plans, which were of good quality, and the behaviours of each child had been risk assessed. Data provided by the centre showed that there were no restraints, physical interventions or environmental restrictions during the 12 months prior to the inspection.

Judgment: 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

All four children told the inspector that they felt safe in the centre. Parents and external professionals expressed confidence that the children were safe in the centre and were cared for appropriately.

Safeguarding measures were in place. All staff had An Garda Síochána vetting and implemented safe care practices. Staff told the inspector that they were familiar with the protected disclosures policy and had been given written information on it. They also told the inspector that there was a culture of openness in the centre and that they felt confident raising any concerns they may have.

The centre manager was the designated liaison person. The centre had an up-to-date safeguarding and child protection policy and staff were familiar with this. The policy and procedures clearly outlined the process for reporting child protection concerns to the social work department. There were seven child protection or welfare reports made to the social work department in the 12 months prior to the inspection. Four of these were investigated and closed. Three reports, which related to event or incidents that occurred outside the centre, had been appropriately reported and had not yet been acknowledged. This did not impact on the safety of the children while in the centre as staff were vigilant about the children's safety and liaised closely with social workers and parents about any issues of concern. There was evidence that social care workers followed up on reports to ensure that they were acknowledged and that updates were received from the social workers investigating the concerns. There was a process in place for escalation in the event that social workers did not respond in a timely manner to requests for information.

There was evidence that all staff members had been trained in Children First (2017) and staff who spoke to the inspector understood their responsibilities and were clear about how to respond to incidents of abuse or allegations.

Judgment: Compliant

Standard 10: Premises and Safety

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

Inspection Findings

The centre was located in a dormer bungalow on its own grounds a few kilometres from a large urban area.

The centre was suitable to accommodate four children and there was adequate private and communal space. Each child had their own bedroom with adequate storage facilities. The centre was well lit and ventilated. It was homely, clean and well maintained.

There was a well-equipped kitchen with a utility room off this. There was a sitting room and a dining room. There was a large staff office downstairs and two smaller offices upstairs. There was also a small room which was used for one-to-one work with children and for staff supervision. There was also a staff sleepover room.

The garden to the side and the rear of the premises contained a large area of grass, a vegetable garden, a chicken coop, a tennis court and a basketball court. Children had assisted staff in developing a new flowerbed. There was some outbuildings, one of which contained a room with items of play equipment and a separate toilet.

The premises was last decorated in 2014. While it was generally in good condition and well maintained, re-painting was required and the centre manager had obtained quotations for this. Maintenance requests were logged in a diary and the centre manager told the inspector that the maintenance team responded quickly to requests. Dates of requests and of completed tasks were recorded.

Staff cleaned the centre as part of their daily duties. A part-time housekeeper carried out a deep clean of the centre according to a fixed schedule.

The centre was insured under the insurance arrangements for the Child and Family Agency. The inspector checked the three centre vehicles in operation. They were taxed, insured and had NCT certification. They contained first aid kits and safety equipment. Regular checks were carried out and recorded on all the centre's vehicles and arrangements were in place for their regular maintenance and servicing. One of the vehicles was quite old and staff told the inspector that it needed to be replaced.

The centre had policies and procedures relating to health and safety. The health and safety statement had been recently reviewed and amended, and was due for sign off at the time of inspection. A health and safety audit had been carried out in July 2018 and risk assessments were carried out but were also awaiting sign off by the manager. Control measures were in place to ensure that the premises and grounds were safe for children. A national system was used for the reporting and follow up of any incidents that occurred. Closed circuit television (CCTV) system was used to monitor the exterior of the premises and the centre's corridors. There was a policy and procedure, and

adequate signage in place.

There were precautions in place for the prevention of fire. The centre had written confirmation from a qualified engineer which stated that the centre was in compliance with fire safety regulations. Suitable fire safety equipment such as fire extinguishers and fire blankets were located strategically throughout the premises and were serviced on an annual basis. A fire alarm and emergency lighting were serviced each quarter.

Fire drills were carried out approximately monthly. There was an adequate number of fire exits and daily checks on the means of escape and the fire alarm were carried out. There was sufficient signage and procedures for the safe evacuation of children and staff in the event of fire. However, not all children had participated in a fire drill and there was no system for ensuring that all staff participated in fire drills.

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

Children's educational needs were met. Each child who was admitted to the centre had an educational placement. The child's social worker submitted an educational plan as part of the referral process and there was evidence the children were supported by the staff team to maximise their opportunities for education.

The children's educational plans outlined the arrangements for children to attend school while on respite. Specific learning needs were identified, when appropriate, and, if a child required supports regarding their education, these was also outlined.

Children usually attended the centre for respite on one to two nights per week during school terms and staff provided transport to and from the school. Staff liaised with parents and school staff with regard to the children's educational needs. Children were facilitated to complete any homework they may have and children were provided with assistance if this was required.

Good practice was evident in how staff assisted a child to be fully prepared for their school day. One parent told the inspector that the keyworker had worked with the child on developing good evening-time routines so that the child learned to organise all the

things they required for the following school day. The parent said that this had helped the child to take more responsibility and it also made a considerable difference to the family's quality of life.

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

Each child had a medical prior to admission and staff were aware of the health needs of the children. As the children lived in the community, visits to their GPs and specialist services were usually organised by their parents or guardians. If the need arose, staff brought a child to see their GP or to hospital and consent for this was given by the parents or guardians. This was confirmed to the inspector by one of the parents. When appointments with specialists were organised for times that the children were attending the centre, staff brought the children to these appointments.

Staff promoted a healthy lifestyle for the children. The majority of staff had been trained in food hygiene. Regular meals and healthy eating options were provided and there was evidence that the children engaged in exercise such as walks, ball games, and a variety of outdoor activities. On one of the days of inspection children and staff went to a wilderness park for a day of outdoor activities.

Almost all staff had completed training in sexual health and some had completed training in stress management and building resilience. Staff used the skills they had acquired to develop one-to-one programmes for the children in response to identified needs.

Medication was stored securely in the staff office and staff followed procedures with regard to the administration of medication. Stocks of medication were checked and the medication records were reviewed and signed by the centre manager. No medication errors were identified by the inspector. However, the medication management policy was not comprehensive and the policy and procedures did not provide sufficient safeguards to ensure that medication was managed safely. Prescription and administration sheets were not adequate and staff required further training.

Judgment: Non Compliant - Moderate

Theme 4: Leadership, Governance & Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

Standard 1: Purpose and Function

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

Inspection Findings

According to the statement of purpose and function, the centre provided respite to children aged 8 - 15 years from within the local Child and Family area, who were experiencing difficulties which could be alleviated by a temporary break from their home or foster care placement. This is aimed to prevent the child going into full-time residential care.

At the time of the previous inspection, inspectors identified that the statement of purpose and function needed to be reviewed and updated to include information such as whether emergency or unplanned admissions would be accepted and whether there were exclusion criteria. While the centre manager and staff team had prepared a draft statement of purpose and function which included the required information, this had not been signed off by senior managers. The 2016 statement of purpose and function, which did not accurately and fully reflect the day-to-day operation of the centre, remained in place.

A child-friendly booklet, which described the centre, the facilities, the programme, and the care provided in the centre, was given to the children at the time of admission and there was evidence that this was explained to children by their keyworkers following their admission.

Judgment: Non Compliant - Moderate

Standard 2: Management and Staffing

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

Inspection Findings

There were clear management structures in place in the centre and all staff were aware of the lines of authority and accountability. Social care staff reported to the social care leaders, who reported to the centre manager. The centre manager reported to the service manager, who in turn, reported to the area manager. The centre was not part of the Tusla national children's residential service.

The centre was well managed by a stable management team. The centre manager was supported by four social care leaders. The centre manager was qualified and experienced, and provided good leadership. However, the centre manager was employed as manager on a short-term contract, which had been renewed each year since her appointment. This meant that there was some uncertainty about the

leadership of the centre in the medium term. This issue was highlighted in the most recent monitoring report in 2017 but the situation remained the same at the time of inspection.

Staff described their managers as approachable and supportive. Minutes of the management team showed that they met monthly and discussed all aspects of the operation of the centre. A system was in place for the centre manager or one of the social care leaders to be on call at night should staff require guidance or support.

The centre manager was supervised monthly by the service manager and the minutes of their meetings showed that the service manager was kept apprised of all the activities of the centre. She also visited the centre periodically, audited files and signed off on records. Social care leaders had responsibilities which included supervision of staff, training, auditing of care files and administrative responsibilities such as returning staff work records and financial records.

The centre register was up-to-date and well-maintained. It contained all the information required by the regulations.

Risk was well managed but there was no centre risk register. The centre manager and one of the social care leaders had recently attended training on the Tusla national risk management policy but it had not been implemented in full at the time of inspection.

There were sufficient staff in place at the time of inspection. Excluding the centre manager - who worked full-time, and the housekeeper and administrator - both of whom worked part-time, there were 13.37 full-time equivalent posts. These posts were filled by 18 staff members, some of whom worked part-time. There were no agency staff employed. There was one new addition to the staff team in the 12 months prior to the inspection and one staff returned from long-term leave. An induction process was put in place for both staff. A staff roster was prepared six weeks in advance. Staffing included two staff at night, one waking night and one sleepover staff. Staff on daytime duty were rostered to suit the needs of the children, which meant that more staff were available in the morning time and again in the evening.

The centre manager completed a self-assessment in relation to the staff files, which contained the required information. All staff had up-to-date Garda vetting. All social care staff were qualified.

A training needs analysis was carried out in April 2018. All staff had received up-to-date training in Children First (2017) and fire safety. All but one member of staff had up-to-date training in behaviour management and manual handling and arrangements were in place for their training to be updated. All staff were trained in first aid and the entire team had undertaken a training on Attachment in early 2018. Further training that had been undertaken by staff included food hygiene, sexual health, stress management/building resilience, domestic violence and gender-based violence, and trauma in children in residential care.

The inspector viewed the supervision records of four members of staff. Supervision was regular and of good quality. Each had a supervision contract and the content of supervision sessions was well recorded. Supervision focussed on the progress of the

children and also on staff practice issues, training and professional development and support. Case discussion notes were written up in supervision and placed on the children's files.

Staff team meetings were held monthly and a majority of staff attended. It was not clear from the minutes who chaired and minutes the meetings but the records were generally of good quality and a wide range of relevant issues were discussed.

Judgment: Non Compliant - Moderate

Standard 3: Monitoring

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

Inspection Findings

There was a change of Tusla monitoring officer during the 12 months prior to the inspection. The previous monitoring officer carried out a monitoring visit over two days in July 2017. No significant concerns were identified. A report of the visit was provided to inspectors.

The current monitoring officer confirmed that he was notified of all significant events in the centre and received regular reports of centre activities. He had also requested that the centre carry out a self-assessment, which was completed and submitted on the week of the inspection.

The monitoring officer told the inspector that he is scheduled to carry out a monitoring visit to the centre during quarter three, 2018.

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-0019075-AP
Provider's response to Inspection Report No:	MON-0019075
Centre Type:	Children's Residential Centre
Service Area:	CFA South Services
Date of inspection:	19 July 2018
Date of response:	13 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:

Not all children had up-to-date care plans on file.

Not all children had an allocated social worker.

Placement plans did not fully reflect the assessments undertaken or work completed with the children by their key workers.

The centre register did not reflect the dates of admission and discharge for each respite episode for the child.

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:

- One up-to-date care plan was not on file at the time of the inspection. This has since been received from the S.W. Dept. and is on file since 03/09/18.
- One young person did not have an allocated S.W. – This will be resolved before the end of September, 2018.
- A more comprehensive system of recording, which captures the continuous assessments undertaken and better reflects all the work completed by the Key Workers, will be devised and implemented by the end of 2018.
- An addendum to the Centre’s Register will reflect the dates of admission and discharge for each respite episode for the young people. This information already exists in electronic files, as it is currently captured in our Weekly Updates and Monthly Statistics, which are routinely submitted to Line Management.

Proposed timescale: 31/12/2018	Person responsible: Provider
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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:

The premises required re-painting.

Staff told the inspector that one of the centre vehicles needed to be replaced.

Not all children had participated in a fire drill and there was no system for ensuring that all staff participated in fire drills.

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:

- Request for re-painting was submitted last May. Plan to have this done by December 2018.
- Two new cars were received from TUSLA in the week following the inspection, 26/07/18.
- New Fire Drill Register has been set up to capture all participation in Fire Drills, and will also identify when a drill is required again. This will be reviewed monthly by our in-house Fire Officer. In place on 27/07/18.

	Person responsible: Provider
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Theme 3: Health & Development Standard 9: Health Judgment: Non-Compliant - Moderate	
The Provider is failing to comply with a regulatory requirement in the following respect:	
The medication management policy was not comprehensive.	
The policy and procedures and did not provide sufficient safeguards to ensure that medication was managed safely.	
The prescription and administration sheets were not adequate.	
Staff required further training in medication management.	
Action Required:	
Under Standard 9: Health you are required to ensure that: The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.	
Please state the actions you have taken or are planning to take:	
<ul style="list-style-type: none"> • Training in Medication Management via NCRS will be organised as soon as possible in order to achieve better compliance by improving the safety of our current system. • Prior to training a new written policy regarding Medication Management will be drawn up, in conjunction with TUSLA's current National Policy, but modified to be relevant to a respite service. The policy's Administration Sheets and Prescription Sheets can be introduced before 31/10/18. • This training will be refreshed every two years. 	
Person responsible: Provider	Proposed timescale: 31/12/2018

Theme 4: Leadership, Governance & Management Standard 1: Purpose and Function Judgment: Non-Compliant - Moderate	
The Provider is failing to comply with a regulatory requirement in the following respect:	
The statement of purpose and function did not accurately and fully reflect the day-to-day operation of the centre.	
The statement of purpose and function had not been updated to include all the required information.	
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:

- Updated 'Statement of Purpose and Function' will contain appendices such as;
 1. our Model of Care
 2. a map of Social Care Services, identifying how the Respite Service fits in to the greater area of Social Work Services for the young people.
 3. Crossroads Bed availability
 4. A comprehensive list of policies governing the service

- Updated 'Referral Criteria and Admission Procedure Document' to be disseminated to the S.W. Dept. and fully enacted by end September 2018

Proposed timescale:
30/04/2019

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 short-term contract of the centre manager meant that there was uncertainty about the management of the centre in the medium term.

There was no centre risk register and the risk management policy had not been implemented in full.

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:

- Manager's contract to be reviewed again with HR prior to end 2018.
- Manager and Health and Safety Officer to receive training in our National Organisational Risk Management Policy – September 2018. New information will be relayed back to the Staff Team via the next scheduled Staff Meeting.
- A new Centre Risk Register will be developed following this training.

Person responsible:
Provider

