

## Health Information and Quality Authority Regulation Directorate

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



<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Centre ID:</b>	OSV-0004184
<b>Type of inspection:</b>	Unannounced Follow Up Inspection
<b>Inspection ID</b>	MON-0024125
<b>Lead inspector:</b>	Jane McCarroll
<b>Support inspector (s):</b>	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:
30 May 2018 11:30	30 May 2018 17:00
31 May 2018 08:30	31 May 2018 16:00

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

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

### Actions required

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

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

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

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

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

## Summary of Inspection findings

The centre was based in a two storey detached building, whose style was keeping with the surrounding residences. It was located just within the perimeter of a town in the southwest of Ireland.

The centre, according to its statement of purpose, provided short, medium and long term care for up to three male children between 13 and 17 years on admission. The children were referred to the centre from either the Irish Refugee Protection Programme or from the separated children seeking asylum social work team. At the time of the inspection, there were 2 children living in the centre.

During this inspection, the inspector met with or spoke to 1 child, managers and staff. The inspector observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

In addition the inspector spoke with one social worker, a social work team leader and the interim service manager.

This was a follow up inspection and the second inspection of the centre by HIQA in nine months. The purpose of this inspection was to review the actions undertaken to

address areas that required improvement during a full inspection of the service on 23 August 2017. At the time of the last inspection, the centre had recently re-opened with a changed purpose and function. The inspector found that the children were well cared for and staff promoted and encouraged children's integration into the local community. Children's religious and cultural beliefs were respected. A number of deficiencies were also identified. Not all children living in the centre fit the criteria for admission as set out in the statement of purpose and function. Children were absent without permission. Care plans were not always up to date and aftercare planning had not commenced for relevant children in the centre. Safeguarding processes were not robust and some areas of the house required maintenance and improvement.

During this follow up inspection, the inspector found that the majority of actions had been completed at the centre.

One child told the inspector that their placement in the centre was good and he felt safe. The child said that the staff team gave him a sense of belonging. When situations arose, he felt supported and guided. The child also valued the support he received in relation to his education and the development of his interest in music.

Children were safe in the centre and they received good quality care. Safeguarding and child protection procedures and practices were robust. The staff team were consistent and clear in relation to the integration of their model of care into practice.

The children at the centre had a good quality of life. The centre prioritized the integration of children into the local community. Children attended school and were involved in local sports clubs and churches. Children were afforded free time to socialize with their peers in line with their developmental needs. Children's positive achievements were celebrated by the staff team. Children were supported to adhere to their cultural norms and religious beliefs if they chose to do so. There was a positive shift in the care, safety and security practices in the centre, which were now well informed by the individual needs and risks of the children.

However, there was inconsistent practice in relation to the provision of aftercare for the children at the centre. Staff and key stakeholders were not consistent in their understanding of the children's eligibility for aftercare services. The allocation of aftercare services was not consistently applied to all children living in the centre and those who had recently transitioned from the centre.

There were improvements in the management and staffing of the centre. This included a new management structure and an increased number of staff at the centre. Risk management systems had improved and new systems of auditing and oversight by the interim service manager were in place and effective. However, certain templates utilized

for the recording of information at the centre were not entirely representative of this group of children. Not all staff had completed mandatory training.

## 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**

At the time of the last inspection, improvements were required in relation to children's rights. The provider set out a number of actions which would take place to address these deficiencies. Firstly, this included a review of the information booklet for children to ensure that it included all relevant information required by this particular group. Secondly, a central complaints register would be implemented and refresher training provided to staff on complaints procedures and 'Tell Us' national complaints policy. Thirdly, the centre would cease routine night checks with children living in the centre.

The children's information booklet was reviewed and amended appropriately. The inspector found that additional information, relevant to children who recently arrived to the country, was now included. For example, information about Irish currency and interpreting services. Improvements had also been made in relation to how the information booklet described safety and security measures in the centre. During the last inspection, inspector found that the information booklet was quite rule bound. The inspector found that the updated booklet set out fair and age appropriate house rules. During a handover meeting in the centre, the inspector observed the staff team encouraging and enabling children's autonomy and independence with regard to their leisure and recreational activities and daily plans.

There was an improvement in the management of complaints. The centre had established a central complaints register. This register was a live document which was updated at various times throughout the process of managing complaints. This enabled the centre to track the progress and resolution of complaints. The inspector reviewed the register and found that all informal complaints and grievances were included on the complaints register.

There were five complaints contained on the register for 2017 and one for 2018. The inspector found that the register was utilized to its full potential and there was evidence of good timely action. For example, in one complaint, there was timely and extensive action to resolve a child's complaint. All actions were recorded and dated and the child

was satisfied with the outcome.

A review of the centre's management and oversight of complaints was undertaken by the centre manager in conjunction with the interim service manager and an informal session of refresher training of complaints policies took place in the centre. However, the inspector found that not all staff who were interviewed during the inspection were familiar with the Tell Us complaints policy.

The majority of requests made by children were implemented and children were enabled to make suggestions and requests through various different forums. However, the inspector found that one request made by a child in February 2018 had not been addressed and the child did not know why.

At the time of the last inspection, the care practice in the centre involved routine night checks for some children. Inspector found that this practice was not risk assessed nor was there a clear rationale for the checks recorded on children's files. Since September 2017, the practice of routine night checks has ceased in the centre. On this inspection, the inspector found that the centre had a procedure in place whereby children were individually risk assessed to determine if there was any need to check them during the night. This meant that practice was more child centred and risk relevant, based on children's individual needs. There were two children living in the centre at the time of this inspection, both of whom were not subject to night time checks. The centre also had live night staff in place and the centre manager was assured that this was an appropriate level of supervision and care for the children at night.

**Judgment:** Substantially Compliant

### **Theme 2: Safe & Effective Care**

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

### **Standard 5: Planning for Children and Young People**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

### **Inspection Findings**

At the time of the last inspection, the admission process was not effective. The quality of care plans was poor and placement plans were not fully developed. Aftercare work had not been initiated for children despite their eligibility for this service at that time



and children's emotional needs were not consistently met. The action plan set out numerous ways in which these areas were intended to be addressed.

The inspector found that improvements were made in the management of admissions. There was one new admission to the centre since the last inspection. The two children living at the centre were admitted in line with the centre's statement and purpose. The centre had revised its statement of purpose and admission criteria to ensure that children came to the centre at the earliest opportunity upon arrival to Ireland. Staff and managers told the inspector that it was difficult for children to settle into the centre in the past, when they had previously resided elsewhere and developed friendships and supports in other communities. The centre manager told the inspector that consideration was given to the willingness and likelihood of children to settle into the local area, particularly if they were expressing strong views to live elsewhere. This was a predictor of children disengaging with staff and house routines in the past. The inspector found that the centre manager and interim service manager were vigilant in ensuring that the revised admission process was adhered to.

There were two discharges from the centre since the last inspection in 2017. One discharge happened in a planned manner. The inspector found that the management of this transition involved good coordination between all relevant stakeholders which was inclusive of the child. The second discharge was unplanned. However, the circumstances surrounding this were outside the control of the centre.

The quality of care plans and placement plans had improved. The inspector reviewed one of the two children's care plans in detail and found that care plans included good comprehensive information about the child. Placement plans and placement support plans were also of good quality and were inclusive of all key components of the child's care plan. The inspector found that the planning and coordination of the children's care was further enhanced through placement planning reviews at the centre. The inspector found that these reviews were taking place every six weeks for the children and the children's social workers were also in attendance. During these reviews, the care of the child was reviewed in great detail. The centre had introduced a placement plan progress report which was completed by staff and this set out all the work, care and support in which the child engaged for the previous six weeks. The inspector found that this process facilitated good planning, oversight, accountability and review of the children's care needs.

Children were provided with support to prepare for adulthood. The inspector found that one to one work was undertaken between children and staff to develop skills for independent living, for example, budgeting. However, for some children, planning and preparation for leaving care was adhoc. The centre catered for children seeking asylum, as well as children with refugee status. In situations where children were awaiting confirmation of their immigration status, parallel planning was absent. This meant that children were uncertain for their future and their preparation for adulthood and leaving care was compromised.

The provision and eligibility of aftercare for children living in the centre required review. The inspector found that there was inconsistent practice in the allocation of aftercare services for children in the centre. The inspector spoke to staff, the centre manager, interim service manager and a social worker in relation to the children's eligibility to

aftercare in line with Tusla's national policy. There was uncertainty amongst some stakeholders as to the eligibility of children for aftercare. In light of the specific vulnerabilities for this group of children who are separated from their countries of origin, communities and family support networks, this was a concern.

Children's emotional needs were met. Key working sessions were used to help support, problem solve and collaborate with children in relation to any issue that arose. Staff were also consulting with a clinical psychologist, who was attached to the centre, in order to get guidance and advice on how best to support a child, when required. This information and guidance was recorded on file and included in children's placement plans. Children also had access to one to one therapeutic support with the clinical psychologist if required.

**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**

At the time of the last inspection, not all children were engaging with staff and house routines. Children had left the centre without permission. Also, the recording of significant event notifications required improvement. The provider set out various actions to be completed in order to mitigate risk and to bring the centre into compliance with the national standards and regulations.

The inspector found improvement in the recording of significant events notifications. In line with the centre's action plan, a social care leader was tasked with the responsibility to ensure that all significant event notifications were contained on a central log and also contained in the respective child's file. The inspector found that this had been implemented and there was evidence of oversight by the centre manager through periodic file reviews which were signed and dated on each child's file.

Similar to the findings of the last inspection, the inspector found that the staff team continued to support the religious and cultural needs of children. For example, during this inspection, one child was supported in his decision to fast during Ramadan. Specialty foods were available if the children chose them, in line with their cultural traditions and norms. Children were given time, space and choice to practice their religion. Integration was supported and encouraged by the staff team and the children had developed good networks in the community through involvement with school, sport and other activities. Children's positive achievements were rewarded and celebrated in the centre. For example, during the inspection, one child had completed their school year and staff were planning an activity to mark this milestone.

The inspector found improvement in the level in which both the model of care and

approach to care had been integrated into practice since the last inspection. The model of care in the centre was trauma informed and attachment based. The overarching practice approach was positive behavior support. Staff were confident and consistent in their understanding of positive behavior support. Interventions with children using positive behavioral support techniques were evidenced on file. The inspector found good practice in this regard. The clinical psychologist attached to the centre provided training to staff, as well as a clinical input at team meetings and with staff who required clinical guidance in relation to supporting a child.

The staff team and the clinical psychologist told the inspector that the children have impressed them in their resilience and ability to cope with the circumstances surrounding their pathway to residential care. Should the need arise, the clinical psychologist was available to provide one-to-one work with the children. Children were aware of this service.

Peer to peer bullying had occurred at the centre since the last inspection and this impacted on the children. While the staff team had endeavored to keep the children safe, there was one occasion when Gardaí were called to the unit. Some staff who were interviewed during this inspection acknowledged that this response was disproportionate, as there did not appear to be any real threat or risk of violence. Upon reflection of the incident, staff, the centre manager and interim service manager had obtained key learning and this was described to the inspector. However, the centre did not implement any additional training or guidance to assist the staff team in managing the situation in a better way if it re-occurred.

There were no unauthorized absences recorded in the centre in relation to the two children living there at the time of this inspection. However, prior to this inspection, there was a prolonged unauthorised absence in relation to one child from the centre. The inspector found that this absence was notified to all relevant stakeholders and the appropriate procedures to mitigate risk were implemented by the centre.

There have been no incidents of restraint in the centre.

**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**

During the last inspection, the inspector found that not all risk relevant information about children was shared between the centre, the local social work department and the separated children seeking asylum team. The inspector also found that the children's use of internet was not adequately risk assessed. Digital media had been found that was classified 18s. The provider set out a series of actions to address these deficiencies.

Improvements were found in the centre's safeguarding and child protection practices. The inspector found that improvements to the admissions process had enabled a greater level of information sharing between all key stakeholders. There had been one new admission to the centre since the last inspection. Upon review of this file, the inspector found that a pre-admission collective risk assessment was conducted by the separated children seeking asylum social worker and this was reviewed by the admission committee prior to the child being placed in the centre. The risk assessment included a wide range of potential risk factors for the child and the report provided for good analysis of these factors. From interviews with staff and the interim service manager, the inspector found that inter-agency collaboration between all stakeholders was progressing, and this was enhancing information sharing and safeguarding practices.

The use of internet was routinely assessed for all children at the centre. Children at the centre had access to the internet through their mobile phones. Each child had individual risk assessments with regard to their safe use of the internet and these were monitored and reviewed on a weekly basis. The centre's risk register also included specific risks associated with internet use for the children and included timeframes of reviews and actions in relation to monitoring and mitigating this risk.

The inspector found that measures were now in place to ensure that digital media which was classified 18's was not available in the centre. The inspector reviewed the staff daily check list and found that it had been amended to include checking dvd's and digital games to ensure their appropriateness.

There had been one child protection concern reported by the centre to the local social work department. The inspector found that this concern was managed in line with Children First. The response was outlined and recorded in the child protection register and the concern was now closed.

At the time of this inspection, the children were not reporting any experiences of bullying. These behaviours had ceased as a result of children leaving the centre.

All staff had completed up to date child protection training.

**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**

At the time of the last inspection, improvements were required to some areas of the house which were poorly maintained. The system to record maintenance requests did not facilitate effective oversight. Improvements were also required to enhance the risk assessment of hazards in the centre and fire drill practices required review.

The inspector found improvement in the interior furnishings and fixtures in the centre. The study room was decorated and modernised and was now a more welcoming space. Repairs were made to the utility room and the centre had a new fitted kitchen. Overall, this created a more homely and welcoming atmosphere.

Maintenance and repairs to the games room, which was a self contained space outside, had commenced since the last inspection. However, the inspector found that there was a delay in the completion of these works. The provider's action plan set out that all maintenance and repairs would be completed by December 2017. The center manager told the inspector that the delay was due to the installation of a new heating system which involved works to the outside area. These works caused slight disruption to the heating of the centre and the centre manager decided that this was not appropriate during the winter. The inspector found that this was an appropriate reason for the delay.

During the last inspection, the system to record and monitor maintenance requests required improvement. While there was evidence that a significant amount of maintenance work had been completed in the centre since the last inspection, the system of recording and tracking this work was not robust. The inspector found that the requests for maintenance work were retained, as well as invoices and receipts. However, the information was disorganised. There was no accessible system to record, track and monitor the progression of requests.

At the time of the last inspection, there were delays in the building being evacuated during fire drills. Since the 2017 inspection, the centre had reviewed their fire drill practice and associated documentation. The inspector found that all staff and children had participated in fire drills with timely evacuation. Staff told the inspector that information in the future regarding any delays in evacuation will be recorded and addressed with the children.

The identification and assessment of hazards in the centre was appropriate and reflective of the live risk for the children in the centre. Staff had completed training in fire safety and first aid since the last inspection.

**Judgment:** Substantially Compliant

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

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

assurance system and is well monitored.

### **Standard 1: Purpose and Function**

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

#### **Inspection Findings**

Since the last inspection, the statement of purpose and function was reviewed and amended. The current statement was approved in November 2017 and this was in line with the National Standards. The centre also developed a child friendly version which was incorporated into an information booklet for children.

The inspector found that, since the last inspection, the centre manager and service manager had established a very defined criteria for admission to the centre. This was set out in the current statement of purpose and function. The centre catered for children who are already in intake units of the Irish Refugee Protection Program (IRPP) and separated children seeking asylum. A child who arrives to Ireland unaccompanied may also be admitted to the centre without being placed initially in intake units. At the time of the last inspection, not all children were admitted to the centre in line with the centre's statement of purpose and function. The centre manager told the inspector that upon review and key learning from previous admissions, both the admission policy and admission process were developed to ensure that the defined criteria for admission was adhered to.

The model of care described in the current statement of function and purpose was reflected in the day to day practice and general ethos of the centre. Since the last inspection in 2017, the staff team were more confident and consistent in utilizing these principles and skills in their day to day interaction with children.

The current statement of purpose and function also contained reference to the key policies which underpin the centre's operation and function.

**Judgment:** Compliant

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

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

#### **Inspection Findings**

Some deficiencies were found in the management and staffing of the centre during the last inspection. At that time, not all management systems within the centre were effective. Some policies were out of date and the risk management system was not reflective of the current risks in the centre. Monitoring and oversight required

improvement and staffing levels were not always adequate to ensure that children's day to day needs were met. Staff supervision was of mixed quality and not all staff had received mandatory training.

On this inspection, the inspector found that there were some changes made to the management structure of the centre. The centre manager was now supported by a deputy manager. Staff and managers were clear about their roles and responsibilities and the deputy manager was transitioning into their new role.

There had been an increase in the number of staff at the centre. This facilitated an adequate level of staff to cater for the needs of the children. The centre had achieved a balanced representation of gender mix in staffing. The staff team told the inspector that this was important in order to facilitate the development of relationships with the children. The management team provided leadership and support to the staff team. The centre had a formal on-call system to ensure that staff had access to a manager at a time of crisis outside of normal office hours. The on-call system operated on a monthly rotational basis shared with other local centres.

In line with the centre's action plan, a social care leader had been appointed to review existing centre policies. Staff records showed that this had taken place. While there were policies, procedures and guidance policies in place, the Child and Family Agency, Tusla, had not reviewed a large number of these policies for a considerable amount of time to ensure they were in line with good practice.

At the time of the last inspection, there were two children who were not always engaging with staff or house routines. The centre manager and interim service manager told the inspector that they engaged in a review to explore the reasons and circumstances surrounding these issues. The inspector found that the staff and manager of the centre developed key learning from this review and actions were identified to address these difficulties. The admission's process was tightened to ensure that all children met the criteria for admission. The criteria for admission was amended to ensure that children came to the centre at the earliest opportunity upon arrival to Ireland. Staff and managers at the centre had developed key learning from previous experiences when it had been difficult for children to settle to the centre.

The inspector found improvement in the risk management system within the centre. A risk management framework was in place including new risk management and a risk register. The risk register had been reviewed and updated. The inspector found that the register reflected real risks for children living at the centre. There was good practice in the close review and monitoring of the register. The register reflected risk reduction but it had not considered the risk of unplanned endings since the centre re-opened.

The needs and risks of the children placed in this centre were at times, unique to their pathway and journey to Ireland. The inspector found that certain templates utilized for the recording of information at the centre were constricted and not entirely representative of this demographic of children-in-care. For example, the interim service manager received governance reports every month which provided up-to-date information regarding the centre. However, the risk component of this report template was behavior specific and did not contain descriptors relevant for the children living in this centre. This meant that the governance report template did not enable all risk

relevant information to be exchanged.

There was improvement in the monitoring and oversight of the centre. The interim service manager had external oversight of the centre and had effective systems in place to ensure good quality care was provided in the centre. For example, the interim service manager was conducting monthly site visits to the centre and attending team meetings on a quarterly basis. The inspector found evidence of monitoring and oversight by the interim service manager in supervision records, team meetings minutes, childrens files and the centres logs and registers which had been reviewed and signed and dated accordingly.

The inspector reviewed supervision files at the centre and found that there was an improvement in the timeliness of supervision. Supervision contracts were in place and supervision was taking place at the agreed intervals. The majority of supervision records reflected the provision of good support, reflective practice and discussion between supervisee and supervisor. The inspector found that the supervision template did not always lend itself to good recording of supervision sessions.

Training had taken place to further support and develop the staff team. This included positive behavior support, aftercare and risk management. Some staff told the inspector that further training was required in relation to themes particularly relevant to this group of children, for example, family reunification and the asylum seeking process. This training had not yet been planned or sourced at the time of this inspection.

The inspector found that some staff still required mandatory training.

**Judgment:** Substantially Compliant

### **Standard 3: Monitoring**

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

### **Inspection Findings**

The centre had an assigned monitoring officer whose role was to monitor the centre on a regular basis to ensure compliance with the regulations, standards and best practice. The monitoring officer had visited the centre in November 2017. The centre manager had received a monitoring report and had identified actions in order to address deficits identified and timeframes for completion.

**Judgment:** Compliant

### **Acknowledgements**

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



# Action Plan

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

<b>Action Plan ID:</b>	MON-0024125-AP
<b>Provider's response to Inspection Report No:</b>	MON-0024125
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Date of inspection:</b>	30 May 2018
<b>Date of response:</b>	26 July 2018

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

**Theme 1: Child - centred Services**  
**Standard 4: Children's Rights**  
**Judgment: Substantially Compliant**

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

Not all staff were familiar with the Tell Us complaints policy.

Not all requests made by children were addressed.

**Action Required:**

Under Standard 4: Children's Rights you are required to ensure that:  
The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

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

The Centre and Deputy Manager will meet with all staff on the following dates 1st, 8th and 13th of August and review the "Tell Us Policy". All staff will sign the sheet of attendance and required reading element. Supervisors will confirm understanding with supervisees over the next scheduled supervision meeting(s) which will be evidenced in supervision records. This action will be completed by 30th September 2018. An annual refresher will take place via a staff team meeting to maintain familiarity with the policy commencing September 2019.

From 17th September 2018 all young people's requests will be noted in the minutes of the young people's house meeting. These minutes will be brought to the staff meeting for discussion. This change to practice will be discussed at the staff meeting on September 12th 2018. The young people will be informed of the outcome of their request by the staff on duty on the staff meeting day. Staff meeting minutes will be reviewed at each subsequent staff meeting to ensure action is being addressed and/ or completed.

<b>Proposed timescale:</b> 30/09/2018	<b>Person responsible:</b> Centre Manager
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**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:**

There was inconsistent practice in the allocation of aftercare services for children in the centre.

Preparation and planning for leaving care was not always timely.

**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:**

A meeting will be scheduled with the relevant Social Work teams to confirm common understanding and application of After Care Policy and Service. The plan is for this meeting to take place by August 31st 2018.

Preparation and planning for leaving care will be organised and agreed on an individual basis. It will be determined in each case by the status, duration of placement and onward placement for each young person. Social skills and independence training will commence on admission which will become more targeted once the young person reaches a level of language comprehension. The Key worker will ensure adherence to identified timelines and escalate as/if necessary.

<b>Proposed timescale:</b> 31/08/2018	<b>Person responsible:</b> Centre Manager
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<b>Theme 2: Safe &amp; Effective Care</b>	
<b>Standard 6: Care of Young People</b>	
<b>Judgment: Substantially Compliant</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b>	
Staff did not always respond proportionately to risk.	
<b>Action Required:</b>	
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.	
<b>Please state the actions you have taken or are planning to take:</b>	
A review of Centre Risk Management Policy and practice will be completed with the staff team by the Centre and Deputy Manager, to ensure common understanding. On review any incidents where the response was not deemed proportionate to the risk will be used as an example for learning to inform future practice. This review will take place on September 15th 2018 at a staff meeting. Minutes of meeting will reflect same. CRS Psychologist will also be requested to attend to enhance multi-disciplinary dimension.	
<b>Proposed timescale:</b> 15/09/2018	<b>Person responsible:</b> Centre Manager

<b>Theme 2: Safe &amp; Effective Care</b>	
<b>Standard 10: Premises and Safety</b>	
<b>Judgment: Substantially Compliant</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b>	
The system of oversight of maintenance and repairs was not robust.	
<b>Action Required:</b>	
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.	
<b>Please state the actions you have taken or are planning to take:</b>	
A new system of requesting and recording maintenance has been developed and set up to ensure tracing of requests is robust. Monitoring of this system by the Centre Manager is in place as of June 1st 2018. This system will be subject to random check by	

the Service Manager. Checks will be evidenced by signature and date. Action complete.

**Proposed timescale:**  
**01/06/2018**

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

**Theme 4: Leadership, Governance & Management**  
**Standard 2: Management and Staffing**  
**Judgment: Substantially Compliant**

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

Certain templates utilized for the recording of information at the centre were not entirely representative of this demographic of children-in-care.

Not all staff had completed mandatory training.

The recording of supervision required improvement.

**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:**

All templates in use will be subject to review by the Service, Centre & Deputy Manager to ensure suitability to use with this demographic in the first instance and secondly that the recording of information reflects that demographic of current client group. This review will take place on July 26th 2018.

An audit of mandatory training has taken place and a plan formed to address any identified deficits in training. Training in a CRS approved behaviour management programme has been scheduled that will see all staff trained by September 20th 2018. Roll out of Occupational First Aid training has commenced on a regional basis as of March 2018 the staff team will be trained by November 30th 2018. Fire Training is scheduled for September 26th 2018.

The Centre and Deputy Manager will complete an audit of supervision records for review with the relevant supervisors. This issue will be a standing item on supervision completed by the Centre Manager with the Deputy Manager and the Deputy Manager with the Child Care Leader as to compliance with regularity of supervision and quality of supervision records. The Service Manager will perform a similar exercise using the audit tool contained within the national policy and agree a plan of action with the Centre Manager in the event of identified issues.

**Proposed timescale:**  
**26/09/2018**

**Person responsible:**  
**Interim Service Manager**

