

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 CRC
Centre ID:	OSV-0004186
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0021431
Lead inspector:	Grace Lynam
Support inspector (s):	Caroline Browne

Children's Residential Centre

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

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

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

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

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

From:	To:
15 March 2018 09:00	15 March 2018 17:00
16 March 2018 09:00	16 March 2018 15:00

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

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

Actions required

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

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

- **Major non-compliance:** Immediate action is required by the provider to mitigate the 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
Standard 4: Children's Rights	Non Compliant - Moderate
Standard 5: Planning for Children and Young People	Substantially Compliant
Standard 6: Care of Young People	Substantially Compliant
Standard 7: Safeguarding and Child Protection	Non Compliant - Moderate
Standard 10: Premises and Safety	Non Compliant - Major
Standard 8: Education	Non Compliant - Moderate
Standard 9: Health	Substantially Compliant
Standard 1: Purpose and Function	Compliant
Standard 2: Management and Staffing	Non Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

The residential centre was located in a two storey building on the outskirts of a city within a health service campus. The living quarters were in the top floor and there were offices and some recreational rooms on the ground floor. On the first floor the centre was arranged along one corridor with living and recreational rooms as well as bedrooms leading off it.

The centre, according to its statement of purpose and function, provided medium to long term care for up to four children, both boys and girls, between the ages of 13 and 17 years. The centre could provide care for children under twelve in circumstances where all other options had been exhausted. The model of care used in the centre was informed by theories and practice relating to trauma and attachment. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 1 parent, 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.

As part of this inspection inspectors also met with or spoke with a social worker, a principal social worker and a monitoring officer. Questionnaires were also completed by two of the children.

Children were safe in the centre and they told inspectors they liked living there. Children told inspectors they liked the staff and they were easy to talk to. They said

they spoke with their social workers in private and their social workers listened to them. Children said they were consulted about menus and were satisfied with the food provided. Children knew they could access their records if they wanted to. Children told inspectors they understood the rules of the house but did not like some of them. They understood what would happen if they broke the house rules. Children said they attended their child in care review meetings and that they had their own keyworkers who chatted to them all the time. Children told inspectors that things in the centre were better and that the new centre manager was different. Children said they were happy with the welcome their visitors received from the staff team and that the staff were doing the best they can. Children said they were getting the supports they needed to help them achieve their goals and objectives but were not satisfied with the preparation for leaving care. Some children said they would like to have more control and choice in their daily life.

The children's quality of life had improved since the last inspection. The day-to-day life in the centre was more settled. All the children had received therapeutic supports and there had been no incidents of children being absent without permission. Children received good care according to their needs and care plans were of good quality.

Children were consulted by their social workers and staff about decisions that affected their lives and they attended their care planning meetings. . They said they were satisfied with the contact they had with family and friends.

However, further work was required to ensure that some rights were not restricted unnecessarily and to ensure that all complaints were recorded as such and managed to the satisfaction of the children. In addition, not all the children were attending school or training but this was being addressed.

All children had an allocated social worker who sought their opinions and listened to them. At the time of the inspection not all statutory care plans were on children's files but this was rectified following the inspection.

However, the premises in which the centre was located was not suitable for the residential care of young people.

The centre had a new manager who was continuing the development work initiated by the previous temporary centre manager. The new centre manager was providing good leadership to the staff team and was developing systems to enhance team communication and to ensure that the children reached their potential. Risks were well managed and significant events were reported and recorded appropriately. There was good medication management practices evident in the centre.

There were sufficient staff in place to meet the needs of the children. Staff interacted respectfully and appropriately with the children and were child centred in their approach

to the children's care. The staff team were beginning to prepare the children for leaving care and were encouraging them to become more involved in their local community. Social workers and staff worked well together in the best interests of the children. Not all staff had received all the mandatory training required by Tusla.

Inspection findings and judgments

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

Some of the rights of children were respected in the care practices in the centre. The centre manager and the staff team were child-centred in their practice and when they spoke with inspectors about the children. Children told inspectors they liked living in the centre.

At the time of the last inspection access to some of the rooms in the centre was limited. There were also high levels of supervision in place which restricted children's privacy to some degree. These practices had been necessitated at that time by behaviours exhibited by some of the children that were challenging. There was no evidence of feedback to children on the issues raised by them at the children's meetings, the information booklet for children was out of date and not all complaints were logged.

Children's rights were being promoted in many areas and improvements had been made. Children were consulted in relation to decision making. Meetings took place with the children to ensure their voices and opinions were sought. Inspectors reviewed records of the children's meetings and found that both children and staff brought up issues at these meetings. For example, staff reminded the children about the importance of full participation in their personal programmes. Children asked if they could keep their mobile phones all the time, rather than having to hand them up at night, and requested better wifi and extended television services in the centre. Children expressed their opinions about some of the practices in the centre such as doing jobs for extra pocket money. When children's views related to house rules such as the handing up of mobile phones at night time, the children were reminded of the house rules and the fact that they had signed contracts in relation to handing up mobile phones. Where children did not engage with the children's meetings, named keyworkers did individual work with the child to ensure their voice was heard and their opinions represented.

Children were consulted by their social workers and staff about decisions that affected their lives and they attended their care planning meetings. Children told inspectors their social workers listened to them or they were neutral on the subject of their social workers. Staff were observed discussing daily activities and plans with the children. Children knew they could access their records if they wished. One child reflected that they had accessed their daily log book.

Children were aware of their rights. Representatives from a national organisation for empowering children in care had visited the centre to advise the children about their rights. Children knew they could access their records and told inspectors they had done so. Children told inspectors they understood the rules of the house.

The centre had a complaints policy and process, the details of which were outlined in the children's booklet. Inspectors reviewed the centre's complaints register and found that there had been one complaint recorded in the complaints log since June 2017 which had been appropriately managed. Informal complaints were not recorded in the complaints book but were managed on a day to day basis and recorded in each child's daily log. As a result it was not possible for managers to identify if there were any trends in complaints that could lead to improvements in the service provided. Some children told inspectors they were not satisfied with the outcome of some of their complaints, others said they had never made a complaint.

Inspectors reviewed the updated information booklet for children and found it was accessible and child-friendly. Children told inspectors they knew the rules of the house and inspectors reviewed files which reflected that children had received a copy of the information booklet.

However, further work was required to ensure that some rights were not restricted unnecessarily. Inspectors found that there were some instances where children were not able to exercise their rights. Some doors were kept locked such as the doors to the games room, the laundry and the office and this restricted the children's access to these areas.

Judgment: Non Compliant - Moderate

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 had been no admissions or discharges to the centre since the last inspection. The action plan from the last inspection reflected that a decision had been made not to take new admissions to the centre until all relevant stakeholders were satisfied that the service remained stable. This decision was to be reviewed at the quarterly service provision meeting in February 2018. The centre remained closed to new admissions.

The service did not fulfil its statutory requirements in relation to all children. All children had an allocated social worker and inspectors noted that the files contained evidence of good communication between staff and social workers through professionals meetings, emails and telephone contact. Children told inspectors they spoke with their social workers in private and inspectors observed that a social worker visited the centre during the inspection. Social workers visited the centre and read children's daily logs. Social workers spoken with confirmed that the staff team provided good care to the children, kept them informed regarding the children's care and that they worked together to ensure the placement met the child's needs.

Not all statutory care plans were on children's files. A child in care review had taken place in November 2017 but the updated care plan was not in the child's file on the day of inspection. The centre manager had requested the updated care plan from the relevant social work department but there was no formal escalation process when the updated care plan was not received. The centre manager told inspectors that staff had attended the child in care review and had updated the placement support plan based on the discussions and agreed actions at the meeting. However, in the absence of the up-to-date care plan the manager was not in a position to oversee that the care being provided was in line with this care plan. Following the inspection the social worker for the child confirmed to inspectors that the updated care plan had been sent to the centre. Children told inspectors they attended their child-in-care review meetings to voice their opinions and wishes and this was reflected in files reviewed by inspectors. Inspectors reviewed care plans and found the quality was good and addressed all relevant areas of the child's care. Child-in-care reviews had been held within statutory timeframes.

Placement support plans were in place which supported the care plans and outlined how the aims of the care plans would be achieved. Individual crisis management plans were in place as appropriate. These plans focused on behaviour and guided staff on how particular behaviours should be managed. Individual crisis management plans were in place as appropriate.

Children were able to maintain positive relationships with family and friends as appropriate. Inspectors reviewed files and found that children had appropriate levels of contact with their families including visits home where appropriate. Some children told inspectors they were happy with the arrangements for visitors, others were neutral on the topic and did not recommend any changes. Children were receiving the emotional and physical care they required. Inspectors observed staff interacting respectfully and appropriately with the children and children presented as comfortable with staff.

The staff team were beginning to prepare two of the children for leaving care as they had turned 16 years of age. The children were involved in activities to develop independent living skills according to weekly activity schedules. Children told inspectors they did chores for extra pocket money and did their own laundry. They were also involved in activities to support the development of social skills as appropriate to their individual needs. The children should have had an allocated aftercare worker but at the time of the inspection they had not been allocated. Decisions had been made to apply for aftercare workers for the children and a social worker told inspectors the application had been submitted for one child.

Children's records were well kept and information was accessible.

Judgment: Substantially Compliant

Standard 6: Care of Young People

Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

Inspection Findings

Children were cared for in a manner that reflected their individual needs and respected their social, cultural and religious practices. Inspectors observed staff interacting respectfully with children and discussing their individual preferences with them. The children were supported to have experiences and leisure opportunities similar to their peers such as attendance at youth clubs. They were encouraged to practice good personal hygiene and presentation. Inspectors observed that, in the day to day care of the children, activities took place which normalised the experience of care for the children. These included keeping and caring for pets and personal preparations for attendance at an important family event. The staff team were focusing their efforts on encouraging the children to become more involved in activities in the local community. Some children told inspectors they were not sufficiently involved with the local community and others felt they were getting the supports they required to achieve their goals and objectives.

Staff actively discouraged children from forming a smoking habit and to make healthy life choices. Children were allocated workers called keyworkers to take specific responsibility for certain pieces of work with each child. There was evidence of many keyworking sessions taking place with children and children told inspectors that their keyworkers listened to them and that all the staff were approachable. Keyworkers were responsible for providing the children with information and guidance on subjects such as diet and exercise, smoking and alcohol. Keyworking sessions were also used to provide an opportunity for children to reflect on experiences, express their feelings and learn different ways of responding. Inspectors reviewed records of individual keyworking sessions and found that the quality of the recording of these sessions was mixed. Some records of keyworking sessions covered a number of topics in a superficial manner while others reflected a more indepth discussion with the child about a particular topic, behaviour or issue. Records did not always reflect the purpose and outcome of each session with the child.

There were sufficient amounts of healthy and fresh food available for the children and the centre had the services of a housekeeper who cooked healthy and nutritious meals. Inspectors observed that some mealtimes were social occasions where staff and children interacted easily together. Children told inspectors they sometimes helped with cooking and baking and this was reflected in daily logs reviewed by inspectors. They also said they were happy with the food provided in the centre. Inspectors spoke with staff who were familiar with the food preferences of the children and who demonstrated the need to encourage healthy eating habits for the children. The services of a dietician had been sought where appropriate and the importance of healthy food choices had been discussed with the children.

Inspectors reviewed files and found that the staff team recognised the importance of family as a source of identity and there was evidence that information about the child's community was collected and shared with them. The staff team provided care for the children that was characterised by respect for diversity and anti-discriminatory practices. Children were afforded opportunities to practice religious beliefs and to participate in activities appropriate to their culture. Festive occasions were celebrated with the children and they were encouraged- where appropriate - to acknowledge and celebrate with their families occasions such as Mothers day and family confirmations.

The children were more settled within the centre and there had been no incidences of absent without authority or the staff team calling An Garda Síochána since the last inspection. This was a huge improvement in the circumstances for the children since the last inspection when there had been 58 incidents of unauthorised absence. Inspectors observed the staff engaging positively with the children to promote and enhance good working relationships. The staff team were managing behaviour according to the policy and there had been a marked improvement in the number of incidents of behaviours that challenged since the last inspection. The use of physical restraint was guided by a guidance note on restraint. Inspectors reviewed the restraint log and found that there had been 14 entries since the last inspection. These related to the management of 10 incidents involving two children.

The centre had a number of local draft policies to guide the care and management of the children. These were dated from September 2016 but were unsigned. There was a written policy on managing behaviour which outlined a proactive approach to crisis intervention. The centre also had local policies in relation to the use of physical restraint, the use of sanctions and on bullying and racism. Data provided by the centre reflected that the majority of staff were up to date in their training to respond to behaviours that challenge using an approach approved by Tusla. Inspectors reviewed the consequences log and found that 56 items were recorded since the time of the last inspection. Only one of these was a positive consequence. The log included behaviours such as refusing to hand up mobile telephone at night time and disruptive behaviour. The consequences for these activities ranged from pocket money being docked to fines being imposed, extra chores being given and deferral of mobile telephone credit. Children knew there were consequences if house rules were broken. The centre manager was responsible for overseeing the implementation of consequences and signed the records of these incidents.

When significant events occurred these could be positive or negative events for the children. Depending on the incident, time was spent with the children individually (life space interviews) to give the child an opportunity to engage positively with staff and to reflect on the incident. Individual crisis management plans were also updated as appropriate following these incidents.

All the children had received therapeutic supports since the last inspection and some continued to attend these services as they were benefitting from them. Specific therapeutic plans had been developed by specialist practitioners and were being implemented by the staff team.

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

There were adequate measures in place to protect children from abuse. Inspectors spoke with staff who were familiar with the protected disclosures policy and there was a named person on each shift who was assigned as the designated person- in the absence of the centre manager- to whom concerns of a child protection nature should be reported. In the absence of a child protection policy, there was an interim child protection practice note in place to guide staff in the procedures around recognising and reporting child protection concerns. The centre manager told inspectors that the safeguarding statement required by the Children First Act 2015 was in development. All social care staff were mandated persons under the Children First Act 2015.

Staff had been trained in Children First since its revision in 2015 and staff inspectors spoke with knew what to do if they had concerns about a child. The centre manager also confirmed that all staff had completed a Tusla elearning course in the revised Children First Guidance 2017.

Child protection concerns were not always managed in a child centred manner. Records reviewed by inspectors reflected that three child protection concerns had been reported to the Child and Family Agency since the last inspection. One of these concerns, reported in 2017, had been fully investigated and was closed while two, both reported in 2018, were still being investigated and managed. Inspectors reviewed the records of these incidents and found that all the appropriate actions were taken to ensure the safety of the child, all appropriate persons were notified and children were supported during the process through individual key work. Records showed that the centre manager was appropriately involved in the investigation process and was communicating with the relevant social workers for updates in relation to the ongoing investigations. However the impact on the child of some of the actions taken had the potential to discourage the child from reporting a concern in the future and resulted in some of their needs not being met for a short period of time.

Safeguarding measures were adequate. In the previous inspection inspectors noted that contractors were on site who had not signed the visitors book. Inspectors reviewed the visitors book and found practice had improved in this regard: delivery and service personnel signed in and out of the centre.

An Garda Síochána (police) vetting was being updated for all staff members. The centre had a policy on safeguarding children and a safety policy that complimented good care practices when working with children. Children told inspectors that they had opportunities to speak with their social workers in private and this was confirmed by social workers.

Following some previous incidents safety support plans had been put in place to ensure the safety of the children. These included increased supervision and extra staff being

brought in to ensure the safety of all the children. These had been overseen by the centre manager but were no longer required.

Judgment: Non Compliant - Moderate

Standard 10: Premises and Safety

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

Inspection Findings

The premises was not suitable for the residential care of young people as it was institutional in appearance and the layout was not similar to that of a residence. The centre was kept in a reasonable condition but inspectors observed unsightly cracks running down the length of the doorway to the kitchen.

An updated action plan requested by HIQA in December 2017 indicated that a decision about the location of the centre would be made by February 2018. The standards state that children are involved in the decision making when physically relocating. There was no evidence of this taking place. There had been no decision made, at the time of the inspection about relocating the centre.

The centre was clean and the décor demonstrated an attempt to create a pleasant ambience. There were some homely touches evident but the overall feel of the building was institutional. This was compensated for to some degree by the atmosphere created by the presence of the children and the staff team. Furnishings were adequate and there were facilities for cooking and laundry. The space provided for visits from family and friends was private but not suitable. Inspectors observed that whilst the room that was used for private visits had new seating, the room was not homely and was cramped.

Children had their own rooms but they told inspectors they had no hanging space for their clothes. This was a finding of the last inspection of the centre. There was a nice games room for the children to play their computer games in and further indoor leisure facilities were being provided. Children could not name any aspect of the centre that they would like to change.

The centre maintained a register of maintenance issues. Inspectors reviewed the log and found that whilst the majority of issues had been dealt with promptly the records did not always reflect the completion date so did not show whether or not the task had been completed.

While health and safety was a prominent part of the staffs day to day work not all identified health and safety issues were followed up. The centre had an up-to-date health and safety statement. Inspectors found that monthly health and safety audits and a walk around were carried out, and the centre manager conducted monthly meetings with the fire and health and safety officers to review the health and safety

audits from the previous month. However, while the interim service manager had oversight of these audits, not all issues identified had been rectified. For example, an audit had identified that two fire doors required maintenance but the work had not been carried out. Inspectors escalated this issue to the centre manager on the first day of inspection and the doors were attended to by maintenance personnel during the inspection

While there were some precautions in place against the risk of fire they were not adequate. Fire equipment and emergency lighting had been serviced and there was a fire safety policy in place. They maintained weekly checks of fire fighting equipment and alarms and recorded them. Emergency lighting was checked quarterly. Inspectors reviewed fire drill records and found that all the children and the staff team had taken part in a fire drill. Staff were trained in fire prevention and evacuation. However, some fire extinguishers had been removed from some of the rooms following particular incidents involving some children. A decision had been taken to replace the extinguishers but it had not been carried out. All fire extinguishers were in place before the completion of the inspection.

Medicines were safely stored in a secure cabinet to which children had no access.

The centre was insured with the State Claims Agency.

Inspectors observed that the centre's vehicles were insured.

Judgment: Non Compliant - Major

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

Education was valued in the centre and the centre manager expressed ambition for the children to achieve their full educational potential. Children were supported either to complete their education and to sit national examinations or to receive training. Educational assessments were carried out where appropriate. The centre had a policy on education which outlined the aim of the centre to support the children to maximise their education or training.

At the time of the inspection only one of the children was in full time education. Two children were in appropriate educational placements and had either already sat examinations or were preparing to do so. Inspectors reviewed files and found that staff were in contact with school personnel regularly to discuss the child's educational progress. Staff also attended parent teacher meetings with school personnel and liaised with the children's social workers in relation to their education.

However, one child was temporarily not attending their place of education. Arrangements were in place to ensure the child completed pieces of work set by

teachers and inspectors observed that the child was supported and encouraged to study. However, this was not satisfactory as the child's education was being disrupted during preparation for state examinations. Strategy meetings had taken place to discuss how best to meet the child's education needs and further meetings were planned. Following the inspection inspectors consulted with the local principal social worker and the centre manager and were assured that an appropriate educational placement had been sourced for the child. The child had previously expressed a desire to attend a different school. Following the inspection the centre manager confirmed to inspectors that the child had commenced in the new school placement.

In addition, one child was not attending training which had been planned for them. However, a place on an appropriate course - due to commence in April 2018 - had been sourced. In the meantime staff were concentrating on implementing other areas of the child's placement plan through weekly activity schedules. The centre had a policy on the care of children which guided the staff team on the importance of routines in providing security and consistency for the children.

While there was a policy on education and young people that provided staff with guidance on when children did not attend school it did not outline how staff should engage children with children in a positive way that continued to support their education.

Judgment: Non Compliant - Moderate

Standard 9: Health

The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

Inspection Findings

Children's healthcare needs were assessed and met. Children were supported to make age appropriate choices in relation to their health. Healthy lifestyles were promoted and the staff team encouraged the children to eat healthily and make healthy life choices. The work in this regard was ongoing.

There were clear and complete records of all medical and health information from birth on two of the children's files. Immunisation records were available for two of the three children. Some historical information was missing from one child's file but the efforts made by staff to obtain the information were well documented. The interim service manager had escalated this issue to the relevant principal social worker for follow up.

Each child had access to a general practitioner and received timely medical, dental and other services as required. All the children had their own medical card.

Care records contained clear records of all medication administered. There was a new national medication management policy for residential centres which had been due for implementation in February 2018. There was a copy of the policy in the centre together with all the appropriate documentation required to implement it in full. Inspectors spoke with staff who were familiar with the requirements of the policy. Inspectors reviewed

medication management records and found good practice in relation to the recording of medication administration including audits of the records. Where children were old enough to self administer some medications this was risk assessed and appropriate measures put in place to ensure safe and appropriate practice.

Judgment: Substantially Compliant

Standard 1: Purpose and Function

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

Inspection Findings

The centre had a statement of purpose and function, dated 25 August 2017, which set out the statutory functions of the service and the service objectives. The statement listed the key policies which guided the provision of care and identified that the model of care was informed by trauma and attachment theories.

The statement of purpose and function set out the two referral pathways by which children could be admitted to the centre. Following the last inspection the statement of purpose and function and admissions process was to be amended to reflect the fact that requests for transfers could be considered by the local admissions committee unless this could not be accommodated within the associated timeframe for identified safety reasons. The statement had been amended to reflect a risk assessment process and duty of care test in relation to the children currently in the centre. The centre had not had any new admissions since the last inspection so the amended process had not been tested.

The day-to-day operations of the centre reflected the statement of purpose.

There was information about the statement of purpose and function in the children's booklet which was given to children to inform them about the centre.

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

Management and governance systems had improved since the last inspection. The centre had a competent and experienced manager in place since January 2018. Children were positive when talking with inspectors about the new centre manager. Inspectors observed the children interacting with the centre manager in a relaxed and respectful manner. Prior to the new centre manager's appointment an interim centre manager had been in place. The previous centre manager had begun to develop more

robust management systems and the current manager was continuing this development. The centre manager was providing leadership to the staff team and developing working relationships within the team. The centre manager was supported by three social care team leaders and a team of five social care leaders and 12 social care workers. Three staff were on extended leave but these vacancies were covered by a consistent group of contracted staff. The centre had the services of a housekeeper.

There was a clear management structure. The centre manager was managed by a service manager. The staff team reported to the centre manager who was supported by three social care team leaders, who had responsibility for some administrative tasks and supervision of some of the team. Staff were clear about their roles and responsibilities. For each shift there was an identified shift leader, usually a social care leader. There was a formal on call system in place whereby the centre manager was on call at specified times - but it was not sustainable. When the centre manager was not available a social care team leader covered.

The effectiveness of management systems was mixed. Whilst 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 and up to date. In addition the national policy on medication management, which was effective since October 2017, was not in operation in the centre.

The communication between the staff team was improving through the use of various systems including shift planners and team handover meetings. There was also a diary used to alert the staff coming on duty to the days events and activities for the children. Inspectors observed the staff coming on duty reading the daily logs for the children and the diary before completing the shift planner for the day. The shift planner identified any actions required for the shift and the person responsible. The centre manager held meetings with the social care team leaders and the staff team to ensure good communication regarding the children and other relevant topics. For example, the centre manager had guided staff in the use of placement plans as a tool to improve the well-being of the children. Staff reported to inspectors that they felt valued and supported by the centre manager.

The risk management system required development to ensure it was effective. A new national risk management policy was introduced by Tusla in 2016 and the centre was beginning to implement the system. The majority of known risks were managed but not all risks had been identified. Systems were in place for identifying and managing risk and were developing further. There was also a risk register maintained in the centre. Inspectors reviewed the register and noted that 70 items were recorded for the period from 20 December 2017 to 13 March 2018. These included all aspects of the children's care that carried a risk including access home, child protection concerns and self harm of children. Each risk was assessed and rated and appropriate control measures were put in place as well as the date for review. These also included hazards associated with health and safety audits conducted throughout the centre. However, the fact that some doors remained locked throughout the day restricting the children's access to those rooms had not been reviewed to assess whether it was the least restrictive and appropriate control for the identified risk. In addition the maintenance issues with the fire doors had been identified but had not been addressed.

Monitoring and oversight of the service was developing. There were monthly health and safety audits and some audits had commenced on children's records. The interim service manager visited the centre and provided oversight of records and practice but not all deficiencies had been identified. Some incidents relating to the centre were discussed at a regional forum where significant incidents were discussed with managers of other centres. The purpose of this was to identify learning from significant events and to provide feedback to the staff teams on their handling of significant events. Records did not reflect that the learning from these meetings had been passed on to staff and applied to practice.

The centre maintained a register of children which was up-to-date and there had been no new admissions or discharges since the last inspection. There was a system in place to notify Tusla of significant events. Inspectors sampled significant event records and found that they were reported to all the appropriate people. Records reflected that there was management oversight of these incidents. Files were well organised and easy to navigate. Following file audits actions were taken to address identified gaps and it was re-audited. This resulted in improved communication between staff and between staff and social workers which benefitted the children and improved recording.

There were sufficient staff in place to meet the needs of the children. The staff team had a mix of skills and experience. The centre had used agency staff in the past but had provided contracts to these staff members to ensure stability for the children. Staff inspectors spoke with were familiar with and respectful of the individual needs of the children. The staff team had the skills and knowledge to ensure the children's needs were met. Inspectors sampled staff files and found there was An Garda Síochána (police) vetting and references were in place. However, not all files sampled contained evidence of the qualification of the staff member.

The quality of supervision was mixed. The staff team were supervised by the centre manager and three social care team leaders. Inspectors reviewed a sample of supervision records and found that supervision was not always held with the regularity required by the Tusla policy on staff supervision. Staff files sampled reflected that staff received between five and nine sessions of supervision per year. Overall, children's needs were discussed and professional development and training were also covered in supervision. Actions were agreed between the supervisor and the supervisee but the timeframe for achieving these were not always recorded. However, the quality of the records of supervision was not consistent. Some of the supervision notes were brief while other records were detailed, thorough and signed by both the supervisor and the supervisee. Some supervision records did not specify the timelines for achievement of tasks assigned and contained errors such as the wrong date recorded on the template.

Staff received training to ensure they had the skills to meet the needs of the children. Staff had received training in fire safety, manual handling and medication management. Some staff had received additional training in topics including attachment theory and social media. However, one staff required a refresher in their training in a behaviour management technique. The records showed that staff had not attended smoking cessation training and occupational first aid training. All but one staff member had received training in the new medication management policy and procedure.

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 were arrangements in place to monitor the service provided by the centre. A Tusla monitoring officer had visited the centre in October 2017 and a report had been produced in January 2018. The monitoring report identified that exit interviews should be conducted when children left the centre and that placement reviews should occur on a regular basis. In addition to this, the report recommended that the placement planning process should consider the group dynamics of the centre and the potential impact of new placements on the children already resident in the centre. The monitoring officer told inspectors that the most recent inspection had been a follow up to ensure progress was being made with the action plan from the previous inspection carried out by HIQA. He said that a full inspection was planned in the near future.

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-0021431-AP
Provider's response to Inspection Report No:	MON-0021431
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	15 March 2018
Date of response:	29 May 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: Non-Compliant - Moderate

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

Informal complaints were not recorded in the complaints book

There were some instances where children were not able to exercise their rights. Some doors were kept locked such as the doors to the games room, the laundry and the office and this restricted the children's access to these areas.

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 format of the centre complaints log has been amended to include informal complaints. This change of format and associated practice will be reviewed with the staff team on May 29, 2018. Commencement date of the amended log will be May 30, 2018. Review will be evidenced in staff team minutes. Action complete.

The issue of restricted access for young people will be subject to review with the staff team and young people. The review with staff will take place on May 29, 2018 and the review with young people will take place on May 30, 2018. The minutes of both meetings will reflect this review. Only where risk assessed as necessary will there be restricted access other than the office(s). Any such restriction will be time limited in nature. The only door that will be routinely locked in the centre will be the office door(s).

Proposed timescale:
May 30, 2018

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 5: Planning for Children and Young People
Judgment: Substantially Compliant

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

There was no escalation process in place when staff did not receive a copy of updated care plans in a timely manner following a child in care review.

None of the children had an allocated aftercare worker.

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:

An agreed escalation process exists with referring Social Work Departments, whereby CRS staff will contact Social Worker following a placement review if the care plan has not been received by the Centre (3 weeks). Staff will contact Social Worker by email and telephone and records of same maintained in the Centre. This matter will then escalate to the Centre Manager, who will then ensure via the Social Work Team Leader that the Care Plan is received by the Centre (1 Week). This matter, if unresolved, will then escalate to the Service Manager, who will make contact with Team Leader and Principal Social Worker (1 Week). This will then be escalated to the Regional Manager and Area Manager for resolution (1 Week).

The Service and Centre Manager will review this process on May 31, 2018 to ensure a common understanding of timeframes for escalation. Action completed.

The young people referenced all have allocated aftercare workers appointed since the date of inspection. Action completed.

Proposed timescale:
May 31, 2018

Person responsible:
Service Manager

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

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

Some children told inspectors they were not sufficiently involved with the local community.

The purpose and outcome of keyworking sessions was not always clear from the records.

Action Required:

Under Standard 6: Care of Young People you are required to ensure that: Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious, and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

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

The expectation on the staff team is that young people placed in this service are encouraged and supported to engage in local community groups based on their interests. This is evidenced in placement plans and placement plan progress reports. As appropriate staff accompany young people to encourage attendance. This issue will be placed on the agenda for discussion with the young people at a meeting scheduled for May 30, 2018. Action completed.

Work has commenced with Social Care Leaders via supervision on improving the quality of key working records. This work commenced on May 16, 2018. The plan is to establish an agreed standard prior to completing refresher training with the staff team on May 29, 2018 to ensure records clearly detail the purpose and outcome of each key work session. Action completed.

The centre manager will complete a bi- annual audit to ensure that the quality of the key working records reaches the agreed standard identified. Key working records will be monitored in the Supervision Process between the Social Care Leaders and the Centre manager. This process will be replicated in the supervision sessions between Social Care Leaders and their Supervisees.

Proposed timescale:
May 29, 2018

Person responsible:
Centre Manager

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

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

There was no child protection policy.

Not all child protection concerns were managed in a child centred manner.

Action Required:

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

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

The centre operates under Children First and Children’s Residential Services Child Protection Practice Note. All staff are trained in both. A national working group has been established with a view to producing a national suite of policies, including child protection. The timeframe associated with this piece of work plans for national briefings/trainings and implementation by October / November 2018.

Child protection concerns are managed by agreement with the relevant Social Work Department. All decisions/ actions agreed will be made on the basis of what is in the best interests of the young person while ensuring due process for all parties involved. Where decisions/actions impact on the young person’s programme(s) alternative arrangements will be put in place by the centre.

Proposed timescale: November 30, 2018	Person responsible: Service Manager
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Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Non-Compliant - Major

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

The premises was not suitable for use as a residential centre.

The room used for visitors was not homely and was cramped.

There were no hanging facilities for clothing.

The maintenance log was not always fully completed.

Not all health and safety issues were addressed in a timely manner.

Not all fire doors were functioning correctly.

Action Required:

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

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

The issue of the premises has been reviewed by the Centre, Service and Regional Manager and agreement has been reached with the National Service Director regarding the need to identify an alternative location for this service. The plan to relocate this service will form part of a national capital plan which it is envisaged will take approximately 2 years to complete. Work has commenced to identify an alternative location that will provide a more home like setting and prove least disruptive to the young people resident and staff team.

The room used for visitors will be made more spacious by the removal of unnecessary fixtures and fittings. The room has been approved for painting by July 30, 2018. A television and DVD player is due to be installed by technical services by June 11, 2018. Soft furnishings will be purchased to promote a more homely environment.

Technical services have been on site on May 16, 2018 to price remodelling of existing space to allow for hanging space in young people's rooms. The plan is for completion by July 30, 2018.

A checking system is in place in the centre with regards the centre maintenance log. A designated Social Care Leader is responsible for transcribing maintenance issues and completion dates from an electronic file to the centre maintenance log. This system will be reviewed with the relevant Social Care Leader to agree a checking schedule commencing June 1, 2018. This log will be subject to random check by the Centre and Service Manager, evidenced by initial and date.

The Tusla Health and Safety advisor visited the centre on 30 April 2018. This person is available as a resource to the service to address any health and safety queries that arise. As a result of this visit it was identified that the Health and Safety statement would be more robust if all Health and Safety Risk assessments were attached to the statement. This action will be completed by July 30 2018.

Monthly Health and Safety checks on each room in the centre are completed by the Centre Manager and a designated staff member. The format of this check will be reviewed to ensure actions are completed in a timely manner. The record of the checks will be signed off by both the centre manager on a monthly basis and the service manager will review the audits when on site with particular reference to the outstanding Health and Safety issues. Health and Safety is a standing item on staff team meetings to review the findings of the monthly check. Findings of the inspection report will be reviewed with Children's Residential Services Health and Safety Advisor by June 8, 2018 to amend existing practice where required.

All fire doors are now fully functional. The fire doors referenced were fixed on the day of inspection

Proposed timescale:
July 30th, 2018

Person responsible:
Centre Manager

Theme 3: Health & Development

Standard 8: Education

Judgment: Non-Compliant - Moderate

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

One child was not attending a school placement.

There was no written guidance for staff on positive management of time when children were not attending school or training.

Action Required:

Under Standard 8: Education you are required to ensure that:
All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

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

All young people are now in educational placements. The young person referenced recommenced in education on April 9, 2018.

The Centre policy on education will be reviewed and amended to include written guidance on the positive management of time when young people are not attending school or training pending the issuing of a National Policy regarding education. An aspect of the amended policy will reflect the need to engage young people in activities that will provide a structure to their day that meets some of their individual needs. The amended centre policy will be completed by July 20, 2018.

Proposed timescale:
July 20th, 2018

Person responsible:
Centre Manager

Theme 3: Health & Development

Standard 9: Health

Judgment: Substantially Compliant

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

Some historical information was missing from one child's file.

Not all children's immunisation records were on file.

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:

The centre has referred the issue of historical information to the Quarterly Service Provision Review Group resulting in the relevant Principal Social Worker contacting the Area Medical Officer to locate the required documentation. The Service Manager will seek an update from the relevant Principal Social Worker on this matter by May 30, 2018.

The relevant immunisation records are on the young person's file as of May 23, 2018.
Action completed.

Proposed timescale:
May 30, 2018

Person responsible:
Service Manager

Theme 4: Leadership, Governance & Management
Standard 2: Management and Staffing
Judgment: Non-Compliant - Moderate

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

Management systems were not always effective and some required further development.

The quality of supervision was mixed and recording of supervision was not consistent.

Not all staff files sampled contained evidence of the qualification of the staff member.

The records showed that staff had not attended smoking cessation training and not all had attended occupational first aid training.

Not all staff had been trained in the new medication management policy and procedure.

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:

A review of existing management systems will be completed by the Service and Centre Manager with the Regional Manager on June 8, 2018 to ensure systems in place are effective and/or amended as appropriate. The Service Manager will ensure that the systems are reviewed in the supervision process and any identified deficits addressed as they emerge. Monthly Centre Governance reports support the Service Manager and the Centre Manager in terms of oversight of the service delivery.

An audit of supervision files was completed by the Centre Manager on March 22, 2018. The findings of this audit was circulated and reviewed with the Social Care Leaders. Guidance was issued as to the requirement to adhere to policy timeframes. Issues identified regarding quality, action dates and content are being addressed during supervision with each Social Care Leader which commenced as of May 16, 2018. Supervision records detail same.

The Centre Manager will conduct audits of supervision records every six months to ensure that the quality and required standards are maintained as per National Policy. Where deficits are identified they will be addressed in the process outlined above.

The Centre Manager will cross reference detail on the Centre Governance Report

regarding staff qualification with residential HR to confirm correlation between the information contained on both the centre and the files held off site. This work will be completed by June 29, 2018.

A Regional roll out of Occupational First Aid training has commenced as of April 2018. By June 20, 2018 five members of staff will have completed occupational first aid training. Further training dates are scheduled commencing September 2018 which will see two staff per month trained until the full team is covered. Smoking Cessation training has been completed by six members of the staff team. Centre Governance reports do not capture detail relating to training completed prior to implementation in January 2016.

The staff member who had not been trained in the National Medication Management Policy is scheduled to complete same on July 5, 2018.

**Proposed timescale:
July 5, 2018**

**Person responsible:
Centre Manager**