

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-0004187
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0019077
Lead inspector:	Una Coloe
Support inspector (s):	Tom Flanagan

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:
07 June 2018 09:30	07 June 2018 17:45
08 June 2018 08:30	08 June 2018 15:45

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

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

Actions required

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

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

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

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

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

Summary of Inspection findings

The centre was located in a two-storey house on its own grounds in a rural area but close to a large urban area.

According to its statement of purpose and function, the centre provided a residential service for up to four children aged between 13 and 17 years on admission from the surrounding Child and Family Agency area. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 4 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.

Inspectors also spoke with one Guardian ad Litem and three social workers for the children.

Overall, the staff team provided the children with good quality care. Children said they knew their rights, had a good relationship with staff and liked living in the centre. All of the children were in full-time education. They had access to a variety of activities including interests and hobbies of their choice. The emotional and health needs of the children were adequately provided for and the children had their rights promoted by the staff team. However, some children were uncertain about their long term plan and if they could continue to live at the centre as the statement of purpose was not clear, which caused undue stress for the child. Preparation for leaving care was not adequate for the children who required this support.

All of the children had been visited by a social worker, as required, but one child did not have an allocated social worker. The needs of the children were identified and recorded but there were some gaps in the children's files relating to key pieces of documentation and plans. Behaviours were well managed and children's complaints were resolved in a timely manner. Safeguarding systems were in place.

The service was managed by an experienced management team and the staff team were well supported and guided in their roles, despite the absence of up-to-date policies and procedures. Some management systems required improvement to ensure effective action was taken to resolve issues identified. Inspectors escalated a concern in relation to fire safety which had been identified but had not been satisfactorily addressed. Inspectors were provided with assurances that following some remedial work, there were no outstanding risks relating to fire safety.

Managerial oversight, decision-making and action taken was not always adequately recorded. There was sufficient staff to provide the level of care required for the children and communication and morale was good on the team. The provision of supervision was not adequate and not all of the training requirements of the team had been met. The centre was recently renovated, but some maintenance issues remained.

These and other findings are outlined further in the report.

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

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

Inspection Findings

The rights of children were respected and promoted. Information about rights was available in the centre. Children told inspectors they knew what their rights were and were provided with sufficient information about the centre on their admission. Information available in the centre included how to make a complaint, on EPIC: a national organisation that provides support and advocacy to children in care and on the office for the Ombudsman for Children. Children told inspectors that they were aware that records were kept about them and one child had exercised their right to view their file. Children also told inspectors that they attended their reviews if they wished too and were given opportunities to give their views about their care. An advocate from EPIC had visited all of the children. A Guardian ad Litem was in place for children when directed by the courts.

Children were consulted and encouraged to participate in decision-making about their lives. Children told inspectors they felt listened too, had people with whom they trusted to talk too and had a say in decisions about their lives. Inspectors observed children being asked about the grocery shopping, meal and activity planning. Children's meetings were held regularly where discussions in relation to the running of the centre took place. Inspectors found that recent meetings were well organised with an agenda prepared in advance, while previously, there was limited detail recorded aside from individual requests from the children. It was evident that feedback was given to children following discussion of their issues or requests at a team meeting.

There was a system in place to record, manage and resolve complaints. The acting centre manager advised that they followed the national policy in the management of complaints and the children were aware of this process. Complaints were recorded on a complaints log which gave a brief overview of the issues, the action taken and if the child was satisfied. This was signed off by the acting centre manager and the interim service manager at regular intervals. Children told inspectors that they knew how to make a complaint, were listened to and the situation improved following the complaint.

There was four complaints listed on the complaints log in the 12 months prior to the inspection. Complaints related to individual grievances and behaviour and these issues were dealt with in a timely manner. Social workers confirmed that they were made aware of the complaints and there was no outstanding issues for the children.

Judgment: Compliant

Theme 2: Safe & Effective Care

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

Standard 5: Planning for Children and Young People

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

Inspection Findings

Admissions to the centre were planned and managed in line with the policy and procedure to ensure placements were safe and suitable. Admissions were managed through the Tusla central referrals committee. There had been two planned admissions to the centre in the last 12 months. There was appropriate transition plans in place that included the children visiting the centre. Both children had transitioned well in to the centre.

The four children who were resident in the centre at the time of the inspection were suitably placed but some children were unclear about the duration of their placement. Historically, the centre provided placements on a short-term basis, this was no longer referenced on the statement of purpose and function for the centre. The long term plan had changed for two children and was due to be discussed at their respective child in care reviews. Until then, the allocated social worker had to apply for extensions to the placements through the central referrals committee. This uncertainty caused undue stress to the child.

There were two planned discharges from the centre in the 12 months prior to the inspection. The documentation surrounding these discharges was archived but the relevant details was recorded on the centre’s register of children.

Not all of the statutory requirements in relation to the children were in place. Two of the children had an allocated social worker and the other two children were in a transition period, one was due to meet with a newly allocated social worker while a

team leader was holding the case for the other child. All children had been visited by their social workers in line with timeframes required by regulations. The children told inspectors that they had contact with their social workers and the staff advocated on their behalf when the need arose. The staff team had regular contact with social workers and the social workers had oversight of various plans for the children.

Three of the four children had an up-to-date care plan and child in care reviews took place within the required regulatory timeframes. Two of the care plans were of good quality with clear actions listed but one care plan did not identify a review date and although decisions or actions were identified, an identified person with responsibility to oversee it was not always listed. One child had a child in care review in December 2017 but minutes of this meeting or an up-to-date care plan were not on file. Although attempts were made by the acting centre manager to access the key documents and she had escalated the concern to the interim service manager, they were not available. The social worker told inspectors that a meeting was scheduled to take place after the inspection to resolve the issues.

There was a care order on file for three children but an up-to-date interim care order was not present on one child's file.

Children were consulted in relation to their views about their care. Children were encouraged to attend their reviews but none of the children had chosen to attend their most recent review. Two children had completed child in care review forms which had informed the review.

Placement plans were developed and reviewed regularly for each child. The key actions required in relation to the child's placements were contained within the plans and overall they gave a good sense of the children's needs and how to meet those needs. The layout and template of the placement plans had changed recently and although they set out the key information, additional information was required to ensure the plans were adequately detailed to guide the day-to-day care including key working sessions for the children. In addition, timeframes were not always set and it was not always evident who was assigned a task.

Children were supported to maintain positive relationships with their parents, siblings and significant people in their lives. The staff team facilitated visits for the children with their families in accordance with their care plan. Children told inspectors that they met with their family members as planned and one parent who spoke with inspectors was very happy with the visiting arrangements and felt very informed about the care provided to their child while in the centre.

Children received the emotional and psychological care they required. Children were accessing services to ensure their emotional and psychological needs were met. Staff and the allocated social workers sourced alternative supports for the children when there were delays in accessing the required service or if the child chose not to attend a specific service.

Staff interacted respectfully, warmly and appropriately with the children. The children told inspectors that they had good relationships with the staff and had people to talk to with whom they trusted. External professionals told inspectors that staff provided a

high level of emotional support to the children and that they consistently provided good quality care to the children. Inspectors observed pleasant interactions between staff members and children and the children were observed to be relaxed and content in their home.

There were two children who were 16 and required a leaving care plan as per the national policy. Although this had been discussed at reviews, it was not in place at the time of the inspection. An aftercare worker had not been appointed for either child, though the children's social worker told inspectors that an application had been submitted for one child and was due to be submitted for another.

All children were actively supported to develop skills for independent living. The children told inspectors how they completed chores and were encouraged to cook meals for themselves. Inspectors found that the children were encouraged to save and budget, complete laundry and shop for themselves.

Children's records were factual, well organised and legible. Filing systems were appropriately maintained and there was adequate follow up regarding gaps identified through audits of the files. There was an appropriate system to archive files belonging to children who had left the service.

Judgment: Non Compliant - Moderate

Standard 6: Care of Young People

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

Inspection Findings

Children enjoyed a range of leisure activities and were encouraged to engage in hobbies and interests of their choice. The staff team encouraged the children to be involved in the local community and facilitated the children to attend local clubs and activities such as outdoor pursuits, scouts, the gym and youth groups. Children were also encouraged and facilitated to explore the surrounding areas with staff and engage in their personal interests. Children's achievements were acknowledged and celebrated and positive life events were noted. Children were dressed appropriately and facilitated to go clothes shopping in a nearby city, as well as on-line if the child requested this.

There was a variety of healthy food available in the centre and staff were aware of healthy eating practices. Inspectors observed healthy nutritious meals available for the children. Inspectors also observed a child preparing a meal from healthy food available in the centre and was encouraged and supported by the staff on duty. This was a regular occurrence and staff spoke with inspectors about how meal times were a positive social event, although, not all of the children participated. However, the centre did not maintain records of the meals provided for the children but staff were observed encouraging the children to choose healthy options. Inspectors found that children's

personal or cultural choices in relation to their diet were respected.

Children were supported in relation to their cultural backgrounds, encouraged to speak in their native language where appropriate and supported to purchase a range of diverse food products, if desired. Staff and managers were knowledgeable about diversity and supportive to children in relation to their sexuality and religion.

Behaviours that challenged were well managed. The staff team had a good understanding of the behavioural needs of the children and the approach to manage behaviour that challenged was consistent among the team. The team followed a recognised behavioural management approach and the goal of their intervention in a crisis was to support the individual and teach alternative coping, although some staff required training in this approach. External professionals reported that behaviours were well managed and were positive about the support the children received from the staff team in relation to their specific needs.

Children living in the centre had a range of complex needs and behaviours such as aggressive behaviour and self-harm. Appropriate interventions and boundaries were put in place and these were documented on an individual behaviour management plan. However, some plans were not adequately detailed to ensure staff who did not know the child well, had the sufficient guidance. Concerns relating to children's mental health were well-managed appropriately followed up. There were occasions when a room search was carried out to manage risk and although this had been identified as control measure through an assessment of the risk, there was no policy to guide staff in relation to this practice.

Records of behavioural incidents were recorded on the children's daily logs and staff and managers were clear in what constituted a significant event. There had been 46 significant events during the 12 months prior to the inspection. Significant events were referred to the relevant personnel.

Consequences were used to manage some behaviour but these were not always recorded. Inspectors found a case where a consequence had been reviewed and changed but this was not reflected on the log. Children told inspectors that consequences were not overly used in the centre and had given their views at children's meetings in relation to rules for 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

Staff implemented safe care practices. Children told inspectors that they felt safe living in the centre and external professionals were confident that the children were cared for appropriately. There was a protected disclosures policy which had been discussed at a

team meeting and staff interviewed were aware of this. Staff told inspectors that there was a culture of openness and advised that a member of the management team were always accessible to discuss any concerns.

The acting centre manager was the designated liaison person and staff members were aware of this role. There was an up-to-date safeguarding statement on display. The team followed guidance outlined on the interim child protection practice note, as a policy for this, had not been developed by the national office. The acting centre manager confirmed that all staff members had been trained on Children First (2017). Staff understood their responsibilities and were aware of how to respond to incidents of abuse or allegations.

There had been no child protection or welfare concerns in the 12 months prior to the inspection. There were a number of child welfare issues which had been assessed by the team as not meeting the threshold for a referral to the social work department. Inspectors discussed these concerns with staff, members of the management team and social workers and were assured that the concerns were appropriately managed. However, the required paperwork was not consistently or readily available to evidence all of the actions taken.

Members of the management team had completed risk assessments in relation to the management of allegations and use of social media when required and actions arising from reviews of concerns were discussed at team meetings.

An Garda Síochána (police) vetting was in place for all staff. The acting centre manager confirmed that all staff members were in the process of updating their current vetting.

Judgment: Substantially Compliant

Standard 10: Premises and Safety

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

Inspection Findings

The premises was located in a two-storey house on its own grounds in a rural area which was close to a large urban town.

The centre was suitable to accommodate four children and there was adequate private and communal space for the children to access. Each child had their own bedroom with adequate storage facilities. The centre was adequately lit, ventilated and the children had access to appropriate laundry and cooking facilities. The premises had recently been refurbished, freshly painted with new soft furnishings, windows and doors. The centre was homely, clean and well maintained. There was suitable recreational facilities including board games, art materials, a games room and a room dedicated for study or individual work. Inspectors observed flowers and plants at the entrance to the centre and the doors were unlocked allowing for a homely environment.

However, inspectors found that there was an issue with the provision of appropriate shower facilities for the children. The main bathroom and an en-suite bathroom were not available for use due to leaks. This was first reported in April 2018 and although this was being addressed as an on-going issue, it had not been resolved. Although there were two other showers that the children could use, there was insufficient hot water available on the day of the inspection to ensure the children could shower at a convenient time. The interim service manager contacted maintenance to resolve the issue during the inspection. Children told inspectors that the issue relating to sufficient hot water was not an on-going issue and staff confirmed this. Aside from the issue relating to leaks, maintenance issues were resolved in a timely manner.

There was a health and safety statement but it required review as it had not been updated since April 2017. Risk assessments were completed and there was good evidence of appropriate actions being taken to mitigate risk. The most recent health and safety audit completed was in September 2017. This identified that the safety statement needed to be updated but this was not completed.

Fire safety precautions were not adequate. There was a fire safety register and some good practices in place in relation to fire safety. There were ample checks completed including daily checks of fire exits, fire equipment and fire alarm panel. Smoke alarms and fire fighting equipment was available in the centre and there was adequate servicing of these. However, there was no fire safety statement or policy. Some fire doors were identified as not closing sufficiently during routine checks and this was an ongoing issue since January 2018. Although the interim services manager was of the view that this had been addressed, inspectors found that one fire door did not close adequately. Inspectors sought assurances from the interim service manager and subsequently from the director of services following the inspection, that there were no risks in the centre related to fire safety. The national director responded and set out that following some remedial work on the two fire doors, subsequent to the inspection, that he was assured that there were no outstanding risks relating to fire safety.

Fire drills were carried out on a regular basis with participation from both the children and staff team. The centre manager advised that fire drills were completed on a monthly basis and with any new staff member or child admitted to the centre. There was no up-to-date overview to outline that all staff had completed a drill. However, the acting centre manager provided confirmation that all staff had completed a drill but as some of these drills were in May 2017, they needed to engage in another drill. One staff member had not been trained in fire safety and a further 14 staff needed their annual updated training.

There was no emergency plan for the centre. Although this issue had been risk assessed in May 2017, there were insufficient control measures. During an emergency earlier this year, the children continued to receive appropriate care but this was as a result of the good will of the staff team and local services.

Inspectors viewed two vehicles used by the centre and found that they were appropriately maintained, appropriately taxed and insured and contained suitable safety equipment. The centre was adequately insured.

Judgment: Non Compliant - Major

Theme 3: Health & Development

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.

Standard 8: Education

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

Inspection Findings

Children's educational needs were met. Each child living in the centre had an educational placement and were supported by the staff team to achieve their potential.

Education was valued in the centre and the team were ambitious for the children. The children were supported to continue in their education and staff facilitated the children with transport to and from school, when necessary. Children were and had completed state examinations.

Records of attendance at school were maintained in the children's daily logs and on the centre's governance reports. There were some gaps in attendance for children following their admission to the centre but this related to difficulties in sourcing the correct educational facility for the particular needs of the child. This was confirmed by social workers. Schools placements for the children were not identified before admission. The acting centre manager told inspectors that although educational activities and a daily routine were implemented for each child following their admission, there was no formal plan for children while they were awaiting an appropriate school placement.

Communication with schools was regular and effective and the team had managed to support the children on occasions when difficulties arose.

Judgment: Substantially Compliant

Standard 9: Health

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

Inspection Findings

Children's health needs were met and children had timely access to general practitioners and specialist services. The children had medical examinations after their admissions. Staff were proactive following up with the children's health care needs and emergency mental health related appointments were sought and sourced when

required. The children’s optical and dental needs were assessed as required.

Staff promoted a healthy lifestyle for the children by encouraging healthy eating choices and regular exercise. Inspectors found that the children were encouraged to go for walks and engaged in outdoor activities on a regular basis.

There was a revised medication management policy in use in the centre which guided staff in the management, recording and administration of medication. Inspectors reviewed the medication records and found the management of medication was in line with the policy. The children were administered medication according to their prescriptions. There was a staff signature sheet, a weekly medication stock sheet and audits completed. The storage of medication was appropriate. There were four staff who had not been trained in medication management practices.

Judgment: Compliant

Theme 4: Leadership, Governance & Management
Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

Standard 1: Purpose and Function
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

Inspection Findings

The centre had a statement of purpose and function that described what the centre set out to do. The statement outlined that it could cater for children of mixed gender between the ages of 13 and 17 years on admission. It clearly outlined the care to be provided to children, the behaviour management model in place and the process regarding admissions. It also referenced the key policies the centre operated within. However, previously care was provided on a short term basis and although the acting centre manager told inspectors this had changed to medium term care, this was not explicit on the statement. The statement of purpose was not signed or dated.

There was a very detailed child friendly booklet available to the children which explained all aspects of care provided in the centre but the length of time a child could live at the centre was not evident.

Judgment: Non Compliant - Moderate

Standard 2: Management and Staffing

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

Inspection Findings

The centre was managed by an experienced management team but the long-term stability of the management team was impacted by interim positions. The acting centre manager had been in an acting post since March 2017 and had previously acted up in the position. She was very experienced but had no formal management training. The staff team and social care leaders reported to the acting centre manager. She reported to the interim service manager who had detailed knowledge of the service, regularly visited the centre and inspectors observed that the children had a positive relationship with her. The acting centre manager was supported in the role by two social care leaders. Their role included some delegated management duties such as audits and supervision, as well as working with and supporting the children when required. Inspectors were advised that there were gaps on the management team including a deputy manager and a social care leader post.

Although some roles were not permanent, consistency was provided for the staff team. Inspectors found the management team provided leadership to the staff team and were accountable for the services provided. The social care leaders worked alternative shifts to ensure there was a shift leader on duty every day. External professionals also told inspectors that the team were professional and committed. There was no formal on-call system to provide support to staff outside of normal working hours. The interim service manager was available by telephone and although this had not been required on a frequent basis, it was not sustainable.

Some management systems required improvement. 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.

There were some effective communication systems in place. These included handover meetings, a handover log book and weekly team meetings. Staff also reported informal communication with social care leaders, the acting centre manager and the interim services manager, if required. Inspectors observed a handover meeting where key issues were communicated. Inspectors reviewed the minutes of team meetings and found that the meetings were held consistently. The acting centre manager said the meetings were being held weekly to facilitate staff to attend meetings regularly according to their roster but attendance remained low at times. A broad range of issues were discussed at the meetings which included the children and updates on training, for example, but inspectors found that there was no set agenda to guide the meeting each week.

There were some measures in place to control risk but these were not sufficient. There was a risk management system which included the assessment of risk and a risk register. This was guided by a risk management policy but the team had not been trained on this. Not all risks were adequately addressed and while inspectors found that

some risks were adequately controlled, some risks identified by inspectors had not been assessed including leaks, storage and fire safety. Although there was a risk register in place, this was not a live document and did not contain all of the current risks in the centre. The absence of training meant some areas identified as risk were not the actual risk and therefore controls were not sufficient. Some risks were duplicated and required review.

There were some management systems in place to ensure oversight and accountability but they needed to improve. There were audits of health and safety, children's files, medication and supervision. Some of the audits were of good quality that identified and addressed deficiencies. However, actions arising from a health and safety audit had not been addressed and actions to address concerns in relation to fire safety were not adequate. Although the acting centre manager had escalated issues in relation to gaps in care files and the provision of supervision, this process had not been effective, as the difficulties remained. Inspectors found that sufficient progress was not made in response to the most recent monitors report. Actions arising from the monitors report remained a concern including supervision, lack of a formal on-call arrangement, provision of mandatory training and attendance at staff meetings.

There was a prompt system for notifying significant events and the appropriate people were notified of these events. There was a significant event review group for the area. Inspectors found that some of the significant events were reviewed during this process. The interim service manager attended these meetings and learning for the team was facilitated afterwards at team meetings. The interim service manager had good knowledge of the care provided to the children by the team. She attended some team meetings and regularly visited the centre. The interim service manager had signed off on records but gaps identified by inspectors had not been addressed.

Record keeping was not optimal within the centre. Managerial oversight, decision making and action taken was not always recorded and the evidence of this not easily retrieved. Inspectors found that a some of the centre's logs were not up-to-date and this had not been identified, yet managers had signed off on them. The follow up action taken or decisions made after a significant event, for example, was not always recorded.

There was a system in place to ensure oversight and accountability in relation to expenditure. Inspectors reviewed the petty cash system and found that all expenditure was accounted for and receipts were evident. There was an administrator with responsibility for the maintenance of this and reports relating to the breakdown of spending was provided to senior managers. The centre maintained a register of children as required by Regulations. This was up-to-date and contained all of the required information.

The staff were clear about their roles and responsibilities and told inspectors that they were supported by the management team. The staff team said the morale on the team was good and children received good quality care. Inspectors found from a review of rosters that there was generally sufficient staff to provide for the children's needs. The acting centre manager confirmed that there was 16.9 whole time equivalent staff to cover the current roster. However, on the first morning of the inspection, inspectors found that there was only one member of staff on site for a short period of time. This

was as a result of unexpected leave while another staff member facilitated transport for a child to school. Through interviews with staff and management and from a review of rosters, it was evident that this was not a normal occurrence.

Three staff members had transferred in from other Tulsa services. These staff said they were adequately inducted, had opportunities to shadow staff and had sufficient time to review all files and the required documentation. There was a daily handover, regular team meetings and an accessible management team to support them in their day-to-day duties.

The acting centre manager completed a self assessment in relation to the staff files. Gaps identified related to references for two staff and qualifications for one staff member.

Supervision was not provided in line with policy. The centre manager and two social care leaders provided supervision to the staff team. Supervision did not occur in line with timeframes required by the policy and there was one member of the team who was not supervised. The quality of supervision provided was mixed and records did not always reflect that performance and work with the children was covered. Deficiencies in relation to supervision had been identified by the acting centre manager through supervision audits and discussions with the social care leaders but gaps remained.

The training needs of the team had not been met in full. Training in Children First (2017) was completed by the team but there were gaps in the training provided to the team on medication, fire, first aid and the behavioural management model implemented in the centre.

Judgment: Non Compliant - Moderate

Standard 3: Monitoring

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

Inspection Findings

The centre was visited by a Tulsa monitoring officer in October 2017. A copy of this report was available and provided to inspectors and did not identify any significant risks in the centre.

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-0019077-AP
Provider's response to Inspection Report No:	MON-0019077
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	07 June 2018
Date of response:	25 July 2018

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

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

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

Stability was not provided to the children as they were unsure of how long they could reside at the centre.

One child did not have an allocated social worker.

An up-to-date care plan was not on file for one child and there was no minutes of their child in care review.

The quality of some care plans was not adequate.

A care order was not on file for one child.

Key information was not present on one child's care plan.

Placement plans were not adequately detailed.

A leaving care plan had not been developed for two children.

Two children who were over 16 years did not have an 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:

Each young person's length of placement is determined by their care plan which can and does get amended to reflect where changes to a young person's onward placement occur. The Centre cares for young people up to the age of eighteen with provision for the relevant Social Worker to apply for an extension to a maximum of 18.5 yrs. The purpose and Function has been updated to include the named length of time that a young person can remain in the care of the centre. Individual young people have been informed in order to alleviate any anxiety on this matter. This matter will be discussed at the next young people's meeting scheduled to take place on 24th July, minuted to evidence same.

The young person who did not have an allocated Social Worker was allocated a Social Worker on 11th June, 2018. An escalation system is in operation whereby where a shortfall in provision exists this is addressed in the first instance by the Centre Manager, escalated for the attention of the Service Manager if necessary and by the Service Manager to the Regional Manager if required.

On the 22nd June, 2018 the Centre Manager and Service Manager attended a meeting with the relevant Social Worker to rectify the ongoing issue of outstanding minutes of the young person's Care Plan review. The issue was resolved and the relevant Social Worker completed the pending care plan which is now on file in the centre as of 22nd June 2018. The escalation system outlined above will apply in the event there is a delay in forwarding documentation required by the Centre in the future.

The Service Manager has been in contact with the relevant Principal Social Worker to alert them to the findings of this inspection in relation to Care Plans with a meeting scheduled for 20th July to address the identified issues relating to quality. For all future admissions the quality of Care Plan will be reviewed at admission stage by the Centre Manager with the relevant Social Worker. Where identified issues of quality are not resolved the matter will be escalated to the Service Manager and/or Regional Office for action.

The referenced outstanding Care order was obtained on 4th July 2018 and is on file

in the Centre. The escalation system outlined above will apply in the event there is a delay in forwarding documentation required by the Centre in the future.

The Centre Manager will review the Care Plan for each young person to ensure adequate detail is contained on each with immediate effect. Where detail is lacking the Service Manager will be alerted to this fact which will be addressed at the meeting scheduled with the relevant Principal Social Worker on 20th July, 2018

Refresher training is scheduled on Placement Plans to ensure staff are clear on the level, nature and extent of detail required to accurately reflect work completed. The training will include cross referencing of Placement Plans with Care Plans to ensure common understanding and identification of the placement purpose and associated timeframe by the Centre and Social Work Department by 26th September, 2018. The existing audit system will be expanded to include checks on relevant detail, quality and accuracy by designated Social Care Leader. This will commence on completion of the refresher training on 1st October, 2018

Leaving Care Plans are in place for the relevant two young people as of 16th July, 2018. This is a Centre generated record of the plan to provide independent living skills to each young person based on individual need as preparation for leaving care. In addition as per the National Aftercare Policy the Centre has identified staff member(s) from within the team who take responsibility for linking with the externally appointed Aftercare Worker once the young person is over 16 years to develop an Aftercare Plan based on an assessment of need.

An Aftercare Worker was allocated for one young person on 21st June, 2018. Social Work has confirmed that the second young person will be allocated at 17 years.

Proposed timescale:
01/10/2018

Person responsible:
Centre 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:

Records of meal planning and provision were not maintained.

Individual behaviour management plans were not sufficiently detailed to guide the management of behaviour.

There was no policy to guide the staff team in relation to room searches.

Not all consequences were recorded.

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:

Records of meal planning are now maintained in the centre as of 8th June 2018.

A review of individual behaviour management plans will be incorporated into the Placement Plan refresher training for staff scheduled for completion by 26th September 2018.

A guidance document will be developed by the Centre and Service Manager as an interim measure pending National Policies for Children's Residential Services which will incorporate a policy for room searches. This guidance document will be implemented once reviewed with the staff team at a team meeting scheduled to take place 26th September 2018.

Refresher training with the staff team will be completed by the Centre Manager on the centre consequences policy on 26th July, 2018. The existing checking system will be expanded to ensure that checks are maintained regardless of periods of leave and within the agreed timeframe which is monthly.

Proposed timescale:
26/09/2018

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Substantially Compliant

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

Not all of the required paperwork was available to evidence follow up on potential child protection and welfare concerns.

There was no national child protection and welfare policy.

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 and Service Manager in conjunction with the relevant Social Worker(s) will review documentation related to follow up on potential child protection and welfare concerns with a completion date of 31st July, 2018. All documentation

associated with potential child protection concerns will be stored together on the young person's main file for ease of access to information.

Currently draft national policies are being developed that will include a national child protection policy. The timeframe for completion of this is as follows:

July /August 2018 – Final draft of National Policies

August/September - National consultation with all key stakeholders

August /September – Commence development of children's version of policy documents

October – Presentation to National Policy Oversight Committee for sign off

October/November – Briefings/trainings

In the interim the Centre will continue to follow the National CRS Child Protection Practice Note.

Proposed timescale:
30/11/2018

Person responsible:
Interim Service Manager

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

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

Adequate showering facilities with sufficient hot water was not available.

There was outstanding maintenance issues.

The health and safety statement required review.

There was no fire safety statement or policy.

Two fire doors were not closing adequately.

One staff member had not been trained in fire safety and the training provided to a further fourteen staff was out of date..

There was no system to track participation of children and staff in fire drills.

Some staff members had not participated in a recent fire drill.

There was no emergency plan for the centre.

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 showering facilities identified as an issue on the day of inspection has been addressed. Bathroom facilities had been restricted pending review by technical services for what appeared to be leaks. Technical services called to address what had been incorrectly recorded by staff as leaks on 25th June, 2018 and found no mechanical issues or fault. The overflow of water has been attributed to young people's use of facilities. This issue was discussed with the staff and young people and additional bath mats are now in place.

All outstanding maintenance issues are now resolved the last date of completion being 27th June, 2018. An escalation system is in operation whereby if an issue remains unresolved this is addressed in the first instance by the Centre Manager, escalated for the attention of the Service Manager if necessary and by the Service Manager to the Regional Manager where required.

The Health & Safety Statement was updated on 17th, July, 2018 in conjunction with the Health & Safety Advisor, Children's Residential Services.

The Fire Safety Statement is now incorporated into the Centre Health & Safety Statement with effect from 17th July, 2018

The issue identified relating to two fire doors was addressed by Technical Services on June 26th, 2018. Written confirmation from the relevant Fire Officer that the works completed are certified to the required fire rating is available on site. The pace of follow up on this issue has been addressed by the Service Manager with the Centre Manager on 11th July 2018 to ensure common understanding of the escalation process.

All staff in the Centre completed Fire Safety refresher training on the dates of the 04th July and 12th July 2018.

A template will be developed that will track participation of young people and staff in fire drills. This will be completed quarterly by a designated Centre Health & Safety Representative.

The outstanding staff that had not participated in a recent fire drill will complete same by 31st July, 2018. Fire drills take place on a monthly basis to ensure all staff will be covered over a three month period.

The issue of an Emergency Plan for the centre has been referred to the regional office for development. This matter will feature on the Regional Meeting agenda scheduled for 10th October 2018 with a plan for implementation by 30th November 2018.

Proposed timescale:
30/11/2018

Person responsible:
Interim Service Manager

Theme 3: Health & Development

Standard 8: Education**Judgment: Substantially Compliant****The Provider is failing to comply with a regulatory requirement in the following respect:**

There was no formal daily plan for children admitted to the centre without an identified educational placement.

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:

The Centre Education Policy will be amended to reflect current practice when young people are admitted to the centre without an identified educational placement. This will be completed by the Centre & Service Manager by 28th September 2018 and reviewed with the staff team at the next scheduled staff team meeting.

Proposed timescale:
28/09/2018

Person responsible:
Interim Service Manager

Theme 4: Leadership, Governance & Management**Standard 1: Purpose and Function****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose did not identify the type of placements it provided.

The statement of purpose and function was not signed and dated.

The child friendly statement of purpose did not identify the maximum length of time a child could live at the centre.

Action Required:

Under Standard 1: Purpose and Function you are required to ensure that:

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

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

The statement of Purpose and Function has been updated by the Centre and Service Manager to identify the types of placement provided by the Centre. This amended document will be required reading for the staff and reviewed with the staff team on 25th July 2018.

The Statement of Purpose and Function will be signed and dated by both the Centre and Service Manager on 25th July 2018.

The child friendly Statement of Purpose and Function has been updated to identify the maximum length of time a young person can live at the centre as of 17th July 2018. Each young person will receive a copy of same at the next young people's meeting on 24th July 2018.

Proposed timescale:
25/07/2018

Person responsible:
Centre Manager

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

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

The long-term stability of the management team was impacted by interim positions.

There was no formal on-call arrangements in place.

Policies and procedures had not been updated by Tusla, to ensure they were in line with best practice.

Attendance at team meetings was not consistently optimal.

There was no set agenda to guide the team meetings.

Management systems to ensure oversight and accountability for the service were not adequate.

Records to reflect decisions made by the management team and actions taken were not always evident.

Some centre logs were not up-to-date.

The escalation process was not always effective.

Sufficient progress was not made in relation to actions identified on the monitors report.

The risk management system was not satisfactory.

Staff files did not contain all of the information required.

Supervision was not provided in line with policy and the quality of the sessions provided varied.

There were gaps in the mandatory training provided to the team.

Members of the management team did not have sufficient training in key roles such

as risk management and auditing.

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:

The issue of interim posts has progressed in that the grades of Regional and Service Manager have now been recognised by the Department which has provided stability within the service. It is anticipated that the associated interview process will be completed by the end of March 2019. This will in turn allow for the associated backfilling at Centre level on a permanent basis.

The issue of on-call continues to feature on the agenda of the National Management Team. To date the extent of on call provision nationally has been established with associated costings. A draft policy document is being worked on to inform practice. It is planned that a nationally agreed consistent on call system will be established by the end of 2019. In the absence of an on call provision the staff team have the contact details of the Service Manager and Regional Manager for issues that may require input at that level.

A working group has been established at to produce a National Policy Suite for Children's Residential Services. The timeline for this piece of work will see associated briefings / trainings for planned completion by 30th October 2018.

National European Working Time Directive Rosters are currently in negotiation with the staff team. Once agreement is reached a new roster will be implemented that will incorporate fortnightly staff meeting with full staff team attendance with a completion date planned as being no later than November 30, 2018.

A set agenda to guide team meeting has been established and implemented as of 11th July 2018. Set agenda items include SENRG, Placement Plans, Health & Safety, Feedback from Regional Meeting and Child Protection while allowing scope for staff to add agenda items.

The Service Manager and Centre Manager will review systems in place and ensure oversight and accountability of actions identified is completed within expected time frame. This action will be completed by 31st August 2018.

The Service and Centre Manager will review record formats which will be amended to include a section entitled Decision/Actions Taken which will also identify the person responsible and the timeframe

The task of checking centre logs will be given to an identified staff member to be checked on a monthly basis to ensure all logs are up to date. This system will come into place on 25th July 2018.

The escalation process was reviewed by the Centre Manager at a staff team meeting in the centre on 11th July 2018. The Service Manager reviewed the escalation process with the Centre manager on 9th July 2018 to ensure common understanding.

Actions that were not completed on the Monitor's Report relate to the issues of on call and full attendance at team meetings. Progress has been made at national level regarding on call provision with a plan for implementation in 2019. Work is ongoing regarding an amended roster that will allow for full attendance by the staff team as detailed above.

The Service Manager is scheduled to complete additional training on Risk Management on 21st September, 2018. In turn learning from this training will be delivered by Service Manager to the Centre Manager and staff team with a completion date of 31st October, 2018 to improve existing systems.

Staff files now contain all required information confirmed by the Centre Manager. A full review of required file contents will be completed by the Service Manager with the Centre Manager and HR with completion by 1st October 2018.

The Centre and Service Manager will review the findings of the last Supervision audit to address issues of quality and compliance with policy. The findings will then be reviewed with the relevant supervisors on 1st August 2018.

Gaps in mandatory training have been addressed as follows

- Medication Management training for outstanding staff was completed on 5th July, 2018. All staff now trained since this date.
- Fire Safety training was completed for all staff on 4th and 12th July, 2018.
- TCI Full training outstanding for a new staff member was previously scheduled to take place from the 12th 16th February, 2018 however this training was cancelled by the trainer as not enough attendees on the day. Training has now been scheduled for November 2018, specific dates pending.
- The Regional Office has commenced regional training schedule for completion of Occupational First Aid as of May 2018. Five staff have completed to date. Further places will be assigned for dates on the 11th, 12th & 13th and again on the 25th, 26th & 27th September. Training will continue to be scheduled in this manner until all members of staff are trained. Refresher training will also be managed on a regional basis.

The Service Manager is scheduled for further training in Risk Management on 21st September 2018.

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

**Person responsible:
Interim Service Manager**