

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-0004191
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0020089
Lead inspector:	Sharron Austin
Support inspector (s):	Erin Byrne

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:
16 July 2018 10:30	16 July 2018 17:00
17 July 2018 09:30	17 July 2018 16:30

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

Summary of Inspection findings

The centre had re-located to temporary rented accommodation due to renovation works being undertaken in the main residential centre. The move had occurred approximately three weeks prior to the inspection. The timeframe for completion of the renovation works to the main residential centre was six months. The temporary accommodation was a detached bungalow type building set on ample grounds in the suburbs of a city. It had easy access to all facilities within the locality. The centre provided medium and long term care placements for up three girls under 18 years of age. At the time of inspection there were three girls living in the residential centre.

The centre provided medium to long-term residential care for up to three female children aged between 13 and 17 years on admission. The centre was part of the Tusla statutory provision of national children's residential services in the South region. The aim of the centre as outlined in their statement of purpose was to provide a safe place for children and to work meaningfully with children and their families. The model of care provided positive behavioural support approaches alongside the Child and Family Agency approved approach to crisis intervention. 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, 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 social worker, two guardians-ad-litem and an aftercare worker. The social workers for the other children were unavailable or on leave at the time of writing this report.

The one child who met with inspectors said she felt safe in the centre and got on well with staff and could identify staff she could talk to. The child said she attended her child in care review meetings and that she had keyworkers and a guardian-ad-litem that she spoke with. She said she was getting the supports she needed but was not happy with the preparation for leaving care as there was no plan or onward placement agreed.

A child-centred approach was taken in the promotion of children's rights and supporting children to participate in their care and decision making processes. Children had appropriate contact with social workers, guardians-ad-litem and other relevant professionals involved in their care programme as well as families and friends. There was an open approach to receiving complaints about the service but the recording of complaints required improvement.

Despite significant challenges due to complex needs, children were cared for appropriately and had developed positive relationships with staff. Generally care planning and review processes were carried out in a timely manner; however, preparation for leaving care and aftercare plans were not in place for two of the children, despite the proactive approach taken by staff to progress this and onward placements had not been identified.

Safeguarding practices were in place and supported children to develop awareness of self-care and protection. Child protection concerns were managed in line with Children First (2017); however, there was one serious concern that had not been subject to a formal review to ensure learning was shared across the staff team. Children received the specialised supports they required and their health and educational needs were promoted.

The centre was well managed and there was an effective governance structure in place. A number of systems were in place to ensure there was good communication, leadership and accountability but systems for monitoring and auditing practices required improvement. Staffing levels were adequate to ensure the level of care required for children. The provision of supervision was not in line with policy and there

were gaps in the mandatory training requirements for staff.

These and other findings are documented throughout 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

Children were aware of their rights and were facilitated to exercise them. Two of the children in the centre had been in residential care for two years or more and one child had been recently admitted. Children had been given an information booklet when they were first in care. Two of the three children residing in the centre were present during the inspection. While inspectors introduced themselves to both children on the first day, the opportunity to speak individually with them was only taken up by one child. Staff interviewed by inspectors were knowledgeable about promoting and respecting children's rights. Managers interviewed reported that staff were proactive about children's rights and interests and advocated for children at care and placement planning meetings. Children were facilitated to meet with their social worker, guardian-ad-litem and other relevant advocates such as aftercare workers and workers from EPIC (Empowering People In Care) when they visited.

Children were consulted and involved in decision-making about the centre and day-to-day living. One of the children confirmed they were involved in the preparation prior to the move to the temporary premises and had visited the new premises so as to have a choice of the bedroom they liked. They were asked what specific pieces of furniture or items they wanted to bring with them to ease the transition. Children attended child in care reviews and placement planning meetings. These were valuable opportunities for children to contribute on aspects of their care planning. Inspectors observed that communication with children was respectful and cognisant of their individual level of need.

Children had an opportunity on a regular basis to either collectively or individually have their opinions and views expressed on any issues arising for them in relation to the centre and centre practices. A written record of these meetings was kept. Any issues raised by the children were brought to the staff team meeting for further discussion and any required action. A review of the children's meetings found that staff recorded if a child either raised an issue or had nothing to contribute. A review of staff meeting minutes found that children's issues were discussed and feedback was provided to

children by staff.

The centre was using the national Tusla policy for the management of complaints. Children were given information on this as well as their right to appeal the outcome of a complaint. Complaints were recorded in a register of complaints which included informal complaints. The centre manager reported that five complaints had been made in the 12 months prior to the inspection and that all had been resolved to the satisfaction of the child. However, a review of the complaints register did not clearly demonstrate whether the complaint was resolved and if children were made aware of or were satisfied with the outcome.

Judgment: Substantially Compliant

Theme 2: Safe & Effective Care

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

Standard 5: Planning for Children and Young People

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

Inspection Findings

Admissions to the centre were managed through the Tusla central referrals committee and there had been two admissions in the last 12 months. The newest admission took place three weeks prior to the inspection just as the centre was relocating to its temporary premises. This child visited the main residential centre as well as the temporary premises prior to admission. The statement of purpose and function described the admissions procedure, setting out two referral pathways. One was through an application to and decision by the admissions committee from social workers and a second pathway existed for the transfer of a child from another care centre. The second referral pathway was managed by the service manager or regional manager in conjunction with the relevant centre managers and social work departments with an application for transfer to be placed before the admissions committee or a suitable quorum.

Two of the three children residing in the centre at the time of inspection had been in the centre for two years. The ability of the placement to meet the complex needs of one of these children was underestimated. However, based on the interventions and relationship building over the past two years, the staff team had successfully overcome

many of the challenges involved. The resilience of the staff team to ensure the rights of this child were promoted and facilitated was evident from speaking with managers and external professionals.

There were two planned discharges from the centre in the 12 months prior to the inspection. Inspectors could not review the care files and discharge plans for these children at the time of inspection as the files had been archived in an external secure facility, however, the relevant details were recorded on the centre's register of children.

Not all of the statutory requirements in relation to the children were in place. Each child had an allocated social worker and centre records demonstrated the type and frequency of contact between the children and their social workers. One child told the inspector that she had a number of different social workers over the past two years, but said she could contact her social worker when the need arose and participated in review meetings relevant to her placement. While care planning and review processes were generally within timescales as reported by staff and managers, two of the children did not have an up-to-date care plan and minutes of a recent review meeting in April 2018 was not evident on one child's file. Placement plans and placement support plan in place for each child and were of good quality. These plans outlined key goals for each child based on their individual needs and how best they might be achieved. A review of the placement plans found that they were comprehensive documents where staff actively evaluated when a goal was achieved or not on a regular basis.

Two of the three children were from communities a considerable distance away in another county. However, contact with family members and friends was encouraged and facilitated by staff in line with the child's care and placement plans despite the geographical distance. Children had the use of mobile phones which meant they could keep in touch with family and friends.

Staff were aware of each child's emotional and psychological needs and provided appropriate care in respect of those needs. Up until May 2018, the centre was supported by a senior clinical psychologist as part of the residential child care services who provided both direct work with individual children or support to staff in their interventions with children. The service manager reported that this post remained within the residential child care services and that the post would be filled in the near future. Children also had access to external support services when required. The model of care as outlined in the centre's statement of purpose and function was seen as beneficial for the management of children's behaviours and had improved outcomes for children with a reduction in the number of reportable incidents and no use of restrictive practices. Inspectors observed appropriate and respectful interactions between staff and children during the inspection and there was a relaxed atmosphere in the centre. External professionals told inspectors that staff provided good consistent quality care to each child. One child who spoke with the inspectors said that she could identify key staff to speak with if she had an issue or was worried about any aspect of her care.

Two children were approaching 18 years of age in the coming two to six months and both had resided long term in the centre. Both had been assigned an aftercare worker within the previous 12 months. Staff actively encouraged and facilitated the children to develop their social and independent living skills. However, aftercare plans had not been formalised and were not in place for either child. The complexity of one child's

needs had impacted the progression of any interventions required to appropriately assess their individual preparation for and leaving care needs. There was no suitable follow on placement despite the child's vulnerability as a young adult with complex needs on leaving care. In the weeks prior and subsequent to the inspection, multi-disciplinary meetings and various assessments of need and capacity were either scheduled or had taken place. An application was being made to the High Court to address this issue at the time of inspection.

While an onward placement had been identified for the second child, who was aware of the arrangement, managers reported that alternative options had to be considered due to difficulties that had arisen in relation to the onward move. The child was not aware of this at the time of inspection and it was unclear when a formal meeting would be arranged to look at alternative options and inform the child of same.

Children's care records viewed by inspectors were well organised and legible. Due to the temporary relocation to the current premises, the main care files for children were kept offsite in another secure premises where the managers had relocated. A working folder with copies of required documentation was maintained in the centre for each child so as to support staff interventions with children on a day-to-day basis.

Judgment: Non Compliant - Major

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

Care practices in the centre took account of children's individual needs in a respectful manner despite significant challenge at times. Staff responded to and interacted with children in a caring and warm manner. This was observed during the inspection and commented on by external professionals. Children were physically well cared for in the centre in terms of food, clothes and material goods.

While leisure activities, hobbies and interests were encouraged and promoted by staff, the children did not always choose to partake. Managers told the inspectors that staff were very proactive about children's interests and were very child centred in their care approach. One child was on a short holiday with staff in Kerry at the time of the inspection and staff reported that children had recently attended music concerts and pursued other personal interests.

Inspectors did not get the opportunity to observe mealtimes in the centre as two of the children were on holiday or attending their educational training placement. The remaining child did not wish to engage with inspectors during mealtimes. Nutritious and varied food was available in the centre and children's food preferences were considered in the planning and cooking of meals. Staff supported the children to prepare and cook

healthy meals. Snacks were accessible and there were adequate amounts of fruit and healthy foods available throughout the day.

Children had opportunities to become involved in religious practices if they wished.

The centre had a policy on the management of behaviour and staff were trained in two distinct models. One model reinforced positive behaviour through an incentive programme and the second model was a Tusla approved approach to crisis management. The staff team had a good understanding of each child's behavioural support needs and were consistent in their behaviour management approach. This was demonstrated through interviews with staff and a review of relevant records and documentation in relation to incidents of behaviour management. Each child had an individual crisis management plan (ICMP) and an absence management plan (AMP) as part of their placement support plan. Inspectors found that these plans were reviewed on a regular basis and required changes were recorded clearly. External professionals were positive about the support the children received from staff in relation to their specific needs.

Inspectors reviewed the record of consequences maintained for the management of some behaviours and these were found to be reasonable, age appropriate and proportionate to the behaviour being addressed.

Data provided by the centre manager showed that there had been no incidents of the use of physical restraint, physical interventions or environmental restraint in the 12 months prior to the inspection. Inspectors reviewed a sample of significant event notifications and found that care practices and interventions by the staff team were appropriate. There were no incidents which required the support of An Garda Síochána (police) being called to the centre. While there was no evidence of bullying behaviour in the centre, staff were experienced and vigilant in their supervision of children.

There were 10 absences without authority from the centre in the 12 months prior to the inspection. Staff followed policies and procedures in each incident and appropriately reported the incidents to relevant persons.

Judgment: Compliant

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

Inspection Findings

The centre had appropriate measures in place to ensure children were safeguarded from abuse. The child who met with inspectors said they felt safe living in the centre, they could go to their social worker, key worker or the centre manager if they had concerns or a complaint they wanted to make. Social workers were confident that the children were cared for appropriately.

A Tusla national child protection practice note guided staff on safe interactions with children. Staff were cognisant of the risks associated with children using social media on their mobile phones and the inappropriate use of mobile phone applications was recorded on the centre's risk register. Individual risk assessments were completed and staff and children had recently undertaken internet safety training in January 2018 to mitigate the risk. Children handed up their mobile phones to staff at night-time.

Staff working in the centre had An Garda Síochána vetting. The service manager confirmed that garda vetting for all staff was currently being updated. The centre manager reported that staff had completed training on Children First 2017 which included the introductory Tusla e-learning module and a secondary module on Children First in Action. Data provided by the centre manager indicated that 85% of staff had completed this training and this was confirmed in training records reviewed by inspectors. Managers and staff interviewed were aware of their responsibilities for the reporting of child protection concerns to the social work department.

The centre manager reported that nine child protection reports had been completed in the 12 months prior to the inspection. A review of centre records found that appropriate information was shared with the relevant social work department. One of the concerns related to a child who no longer lived in the centre and it remained under investigation by the social work department. The centre manager said that acknowledgements of child protection reports and responses by the social work department to these reports were inconsistent. While the response and actions undertaken from managers and staff following one of the more serious incidents reported in December 2017 was appropriate, a formal review of the incident was not undertaken to implement learning and improvement.

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 centre had temporarily relocated to a one storey detached rental property on its own grounds in the suburbs of a city due to substantial renovation works being undertaken in the main residential centre. Prior to the move, a Tusla health and safety advisor visited the property to assess its suitability as a temporary location. Actions required were identified and addressed prior to the children and staff moving to the property. These included the installation of extra smoke alarms and a carbon monoxide alarm. Potential ligature hazards were also identified and removed. Appropriate risk assessments were also carried out for each child to reflect the move to the new location.

The temporary accommodation was suitable to accommodate three children with adequate private and communal spaces. The children were involved in the preparation

prior to the move and visited the premises so as to have a choice of the bedrooms they liked. They were asked what specific pieces of furniture or items they wanted to bring with them to ease the transition. The children shared one bathroom/shower facility and had access to another toilet facility adjacent to kitchen/dining area. While this was not currently the most adequate arrangement, the renovation works within the main residential premises will result in each child's bedroom becoming ensuite. The temporary premises was homely, clean and well maintained. There were two sitting rooms available with comfortable furnishings which allowed each child to have the separate space they may require at times. Inspectors saw a selection of recreational materials available for use such as books, jigsaws and games, including electronic games. The front of the premises had a conservatory filled with plants which opened out onto a large mature front lawn. The children were observed moving freely throughout the premises and the garden during the course of the inspection.

The children and staff had moved to the new premises in the three weeks prior to the inspection. The premises were well maintained. While the centre kept a maintenance log, the centre manager said that there were no current issues in the new premises. A programme of capital works and maintenance had begun in the main residential premises. The service manager told the inspector that this involved two phases. The first phase will see a major refurbishment of children's bedrooms to become ensuite and a more homely living space to the front of the premises. Phase two will include office/administration space being relocated within the centre and this will be completed once the service has returned to the main residential premises.

A health and safety statement dated January 2018 was in place, however, it did not reflect the current relocation to the temporary premises. This was addressed by managers in the centre during the inspection. Risk was effectively managed in the centre. Appropriate risk assessments were undertaken prior to the move and the premises was deemed safe and secure for children to reside by the appropriate Tusla health and safety officer. The centre maintained risk assessments in relation to the centre and to individual children. A review of these by inspectors found that there was good evidence of appropriate actions being taken to mitigate risks. The centre was adequately insured.

While fire safety precautions were adequate, the centre's fire register and fire safety statement required amending to reflect the current relocation to the temporary premises. This included a revision of the emergency plan in the event of a fire. This was addressed by centre managers during the inspection. Fire fighting equipment was in place with ample checks carried out by external service providers. A review of the fire register found that fire drills were undertaken with each child and staff since moving to the temporary premises. Adequate precautions had been taken against the risk of fire and extra smoke alarms had been installed prior to the move. A review of the fire register and staff training records found that staff had completed fire safety training in March 2018.

The centre had access to three vehicles. Due to the lack of parking space in the current location, one of the vehicles was securely parked offsite. The centre maintained records of checks and services completed on all vehicles. Inspectors viewed one of the vehicles used by the centre onsite and found that it had up-to-date tax and insurance and contained suitable safety equipment.

Judgment: Compliant

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

Education was valued in the centre and the staff team were proactive in supporting children to achieve their potential. While children received appropriate education and were supported and facilitated to attend relevant educational and training placements, the specific educational requirements of one child with complex needs were not fully assessed prior to admission. The child's care order was subject to review in March 2017 and at that point, a particular assessment was required. A referral was made to the appropriate service for this to be undertaken and the assessment had just been recently completed. A review of care records and interviews with staff and external professionals demonstrated the challenges faced by the staff team to address the child's complex needs, included educational attainment. In consultation with social workers, staff responded and supported the child through a variety of educational options including home tuition and online learning in a specific area of interest. as a result, the child remained out of education.

The second child was attending an educational training programme in a service located in another town and was supported by staff on a daily basis to get there. The child told the inspector that she enjoyed the programme but was unsure of what she wanted to progress to in terms of education and training. A meeting to discuss the care and educational needs of the child recently admitted was scheduled for the week after the inspection with the relevant social work department.

A review of the children's care records found that appropriate information from previous schools were shared with the centre and up-to-date records of school reports and correspondence were held on their individual files.

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 health care needs were appropriately assessed and met and this was incorporated into their placement plans. Children had timely access to a general practitioner, other relevant health professionals and specialist services where required. This was well recorded on records reviewed by inspectors in the centre. Medical examinations were undertaken upon admission, medical cards were up-to-date, immunisation records and appropriate consent forms were also in place for specific health needs.

A comprehensive medication management folder was maintained by the centre which contained the Tusla national policy on medication management and all the appropriate records for the safe administration and storage of medication. Medication was administered by staff who had completed training in the safe administration of medication. None of the children residing in the centre were currently on prescribed medication.

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 an up-to-date, approved written statement of purpose that set out the service being provided to children. The statement adequately defined relevant statutory and legislative functions and listed the key policies and their availability to staff, children, families and other persons. The staff and managers in the centre were clear about the purpose and function of the centre and were knowledgeable about the model of care provided. The service was being delivered in line with the statement. The statement was in an accessible format in the children's information booklet.

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

There was a clear management structure for the centre. A competent and qualified centre manager was in place. She had been in post for over 10 years and was supported by a deputy manager who had been in post for 12 years. Each held a relevant qualification. The centre manager was line managed by a service manager who in turn reported to a regional manager. The staff team reported to the centre manager. There were seven child care leaders who had responsibility for various administrative tasks and supervision of some staff on the team. The lines of authority and accountability were clear and staff interviewed knew their roles and responsibilities. There was a formal on call system in place whereby the centre manager and deputy manager shared the on call arrangements. Communication systems in the centre were good and staff said they received a good level of support by managers. Due to the size of the temporary premises, the managers and the clerical staff were located in another building some distance from the centre. They had regular contact by phone and one or both managers attended the centre at least once a day. While this was not ideal, it was a temporary arrangement while renovation work was being carried out in the main residential centre. It did not appear to negatively impact on the children.

The service manager confirmed that she visited the centre regularly, where she met with children and staff and monitored records and any issues relating to the premises. She was satisfied that the centre manager provided regular updates and reports on all aspects of the centre and care practices. While there were policies, procedures and guidance documents in place, a number of these had not been reviewed for a considerable length of time so as to ensure they were in line with best practice.

A centre governance reporting system was in operation in the centre. This was a report on all aspects of the service completed by the centre manager on a monthly basis which included - data on the children regarding care and placement planning, risk management planning, education, adverse events, staffing, training and supervision among other relevant areas. This system provided a regular update to the service and regional manager of any identified deficits/issues arising in the centre.

The manager maintained a register of children placed in the centre in accordance with the relevant regulation. This was up-to-date and contained the required information.

Serious and adverse events were appropriately managed and notifications of these events to relevant persons were consistent, timely and in line with centre policy. External professionals interviewed confirmed this. The service manager outlined that she reviews significant event records from a quality assurance perspective.

The inspector found that the centre was staffed by a sufficient number of experienced and qualified staff to deliver the service as outlined in the statement of purpose. There was consistent staffing in place with no staff turnover. The centre manager reported that there were 19.75 whole time equivalent staff to cover the current roster. The centre used two agency staff on a regular basis and had a part-time clerical staff. The

centre manager told inspectors that there had been a number of rota changes since October 2017 in order to ensure there was an equitable number of staff on each shift to include a child care leader. Further rota discussions were on-going in relation to changes in relation to double waking night staff.

Staff personnel files were maintained in a central secure location offsite and the inspector did not get to review these files. The centre manager completed a declaration confirming the documents held in respect of each staff member. Two permanent probated staff members did not have a relevant qualification. The Tusla monitoring officer outlined in the most recent report that the service manager had given an assurance that the issue of training for unqualified staff was to be addressed at an upcoming national management team meeting.

Supervision was not provided in line with Tusla national policy. Inspectors reviewed 17 supervision records and found that 70% of supervision sessions fell outside the timeframe agreed within the individual contracts by three to five months. The supervision file of one child care leader demonstrated that the staff member had received two supervision sessions in 2017 and two to date in 2018. Another staff member who transferred into the centre in January 2018 was only recently assigned a supervisor and had one supervision session to date. Supervisors maintained a schedule of supervision sessions which recorded reasons for cancellation of supervision. Discussion in relation to professional development, support and training were evident, however, with the exception of one file, there was no evidence of professional development plans to support this. The quality of discussion was good on some records while others were not. Decisions arising from supervision were not always clear and follow up on actions taken were not well recorded at the next supervision session.

The centre manager met with the service manager for formal supervision on a regular basis. The centre manager's supervision records were available for review during the inspection. While there was no evidence of regular supervision record audits being undertaken to ensure consistency and appropriateness, the centre manager had noted in each supervision file that an audit would be undertaken in August 2018.

Communication in the centre was reported as good by staff interviewed. Records of team meetings showed they were held regularly, were child centred and provided an opportunity for the staff team to be informed on aspects of the centre. Inspectors observed staff reading daily logs and liaising with other staff prior to coming on duty.

A training needs analysis had not been undertaken with staff. The deputy manager maintained a record of all training attended by staff. A review of these records found that while a number of mandatory training modules had been completed with staff, some modules had not been completed or had expired for a number of staff. Data provided by the centre manager demonstrated that 85% of staff had up-to-date training in child protection; 90% had up-to-date fire training and behaviour management and 15% of staff had up-to-date first aid training. The majority of staff did not have up-to-date training in manual handling.

The recording systems in the centre were organised and maintained to facilitate day to day practice and accountability.

A procurement card system was operational in the centre, whereby staff could purchase day-to-day necessities such as food and fuel for the car as well as other requirements to meet the needs of children. There was good oversight from the centre manager. Centre finances were also subject to external audits.

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 Tusla monitoring officer in April 2018. HIQA received a copy of the report completed in June 2018. While there were no significant risks identified in the report, three issues requiring action were identified in relation to policies and procedures, training for unqualified staff and outcomes for child protection referrals. A written response to actions taken or proposed was provided to the monitoring officer by May 2018.

Judgment: Compliant

Acknowledgements

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

Action Plan

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

Action Plan ID:	MON-0020089-AP
Provider's response to Inspection Report No:	MON-0020089
Centre Type:	Children's Residential Centre
Date of inspection:	16 July 2018
Date of response:	12 September 2018

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

Theme 1: Child - centred Services Standard 4: Children's Rights Judgment: Substantially Compliant	
The Provider is failing to comply with a regulatory requirement in the following respect: The recording system in place for the management of complaints was not adequate.	
Action Required: Under Standard 4: Children's Rights you are required to ensure that: The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.	
Please state the actions you have taken or are planning to take: The centre complaints register has been reviewed by centre management and has been updated to clearly record outcomes, feedback, and the young person's level of satisfaction with same. The updated format was reviewed as part of the team meeting and will be implemented on the 12/09/2018	
Proposed timescale: 12/09/2018	Person responsible: Centre Manager

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

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

Up-to-date care plans to include the preparation for leaving care and aftercare planning were not in place for two children.

Onward placements had not been identified for two children.

Action Required:

Under Standard 5: Planning for Children and Young People you are required to ensure that:

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

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

Up to date care plans for both young people will be in place by 01/10/2018 further to meetings that have been scheduled for 21/09/2018 and 25/09/2018 with the relevant social work departments. A system has been developed that will see care plans for the young people audited monthly by the centre manager. In the event deficits or delays are identified an escalation process will be initiated by the centre manager to service manager if required.

Onward placements will be identified as part of the meetings scheduled above, a number of suitable follow on placements have been identified for both young people with final decisions being reached by 21/09/2018. The issue of onward placement will be addressed at care plan reviews for all future admissions with escalation to service/regional manager as appropriate in the event of delay in identifying an appropriate option.

Proposed timescale:
01/10/2018

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:

A formal review of a serious child protection incident in December 2017 was not undertaken to implement learning and improvement.

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:

A formal review of the serious incident in December 2017 was undertaken by the service manager, centre manager, social work department, and the staff team on 05/09/2018. It has been agreed that serious incident reviews will be held no later than one month of the incident. Learning and actions identified from the review will form part of the service provision going forward.

Internet training undertaken in response to this incident for both staff and young people has been identified as effective in both safeguarding and protecting the young people. This training will continue to be delivered as part of the programme in this centre for all future admissions and as a refresher training for staff on an annual basis. The physical layout of the centre is currently being adjusted as an additional safety measure, with a completion date of November 30, 2018.

Proposed timescale:
01/11/2018

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:

Educational attainments were impacted as a result of complex needs.

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:

Where educational attainments are impacted because of the complex needs of a young person, assessments and specialised services will be sought as a priority by children's residential services in order to support an appropriate educational programme.

Evidence of professional meetings and agreed interventions/actions to support same will be recorded on each young person's file. This will be subject to regular review by the centre manager and escalated to service manager if necessary.

Proposed timescale:
30/11/2018

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:**

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

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

Professional development plans were not in place for staff.

Training records did not demonstrate all the required mandatory requirements.

There was no training needs analysis in place.

Comprehensive file audits were not being undertaken to ensure record keeping supported the delivery of service.

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 national working group has been established with a view to producing a national suite of policies. The time frame associated with this piece of work and plans for national briefings/trainings and implementation by October/November 2018.

A supervision audit has been completed by the centre manager on the 31/08/2018. The findings of this audit will be reviewed with the deputy manager and the social care leaders on the 12/09/2018. Guidance will then be issued to the requirement to adhere to timeframes within the policy.

Issues identified regarding quality, action dates and content will be addressed during supervision with each social care leader commencing on 15/09/2018. Supervision records will reflect details of 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.

Personal Development Plans (PDPs) have been distributed to the staff team as of 23/08/ 2018. The date for completion of the PDPs is 26/10/2018. The completion of personal development plans will be completed in line with national policy from this date on to support development and training of the management and staff.

Training records will be amended to identify all required mandatory training. This work will be completed by the deputy manager by 24/09/2018. A system of ongoing

audit will be introduced from this date that will see records checked every 3 months by the deputy manager.

A training needs analysis will be conducted and completed by 30/11/ 2018 by the centre manager. This exercise will be completed annually by the manager which will then inform the training schedule for the year.

The service manager, centre manager and deputy manager reviewed management systems on 05/09/2018 to identify and address deficits with regard to record keeping that supports the delivery of service. The review identified the requirements in terms of audits and established a time frame to develop and implement same.

The centre manager has established a time frame for the completion of all audits with regard to service delivery for completion by 01/10/2018.

Proposed timescale:
01/10/2018

Person responsible:
Centre Manager