

## Health Information and Quality Authority Regulation Directorate

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



<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Centre ID:</b>	OSV-0004193
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0024618
<b>Lead inspector:</b>	Sharron Austin
<b>Support inspector (s):</b>	None

## **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:
22 August 2018 09:30	22 August 2018 18:00
23 August 2018 09:30	23 August 2018 15:00

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

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

### Actions required

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

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

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

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

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

## Summary of Inspection findings

The centre was based in a detached three bedroomed bungalow in a quiet housing estate near a busy town centre. It had easy access to public transport and was close to a host of local amenities.

The centre provided medium to long-term residential care for up to three children of mixed gender aged between 13 and 16 years on admission. The centre was part of the Tusla statutory provision of national children's residential services in the South region. Children were referred to the centre through a central admissions committee. The aim of the centre as outlined in their statement of purpose was to provide safety, security and stability for children that underpin healthy development. The centre operated within a trauma and attachment informed model of care which incorporated the Child and Family Agency approved approach to crisis intervention. At the time of the inspection, there were 2 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 1 parent, managers and staff. Inspectors observed practices and reviewed documentation such as statutory

care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

The inspector also spoke with two social workers.

Care practices in the centre took account of children's individual needs. Placements were supported by comprehensive care plans and placement plans that set out children's needs and how those needs would be met. These plans were subject to timely reviews. Both children had an allocated social worker who regularly visited and statutory care plans were up-to-date. 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. Opportunities and experiences for the children to pursue interests similar to their peers was encouraged and facilitated.

The centre had appropriate measures in place to ensure children were safeguarded from abuse. Child protection notifications were appropriately made. Significant events were well managed and had positive outcomes for children.

While there were management and monitoring systems in place, managerial oversight was inadequate at the time of the inspection due to the absence of an onsite manager and auditing practices required improvement. As a result there was limited access to centre records over the course of the inspection.

The staff team were experienced and provided a high level of care to the children. Staffing levels were adequate to deliver the service. The provision of supervision for eight (61%) of the staff team was not in line with policy and there were gaps in the provision of mandatory training to 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**

There were systems in place to ensure that the rights of children were respected and promoted. Both children had been in the centre for a year and were given an information booklet when they were admitted, which included information on their rights. A review of care records, staff meeting minutes, meetings with children and individual or key work sessions demonstrated that children's rights were discussed. Children were provided with age appropriate information on their rights. Both children declined to talk with the inspector and therefore their views on children's rights could not be obtained directly. Notwithstanding this, the inspector observed the children's interactions with staff over the two days of the inspection and found that the children were included in decisions that affected them individually or collectively in the day-to-day running of the centre.

Children's privacy, dignity and respect were maintained in the centre. Staff respected children's private space and were observed knocking on their bedroom doors and wait for permission before entering. Children were encouraged and supported to attend their child in care reviews and other relevant meetings, but did not always choose to attend. Their views or any issues they wanted raised were obtained either through a house meeting or individually prior to the staff meeting which took place fortnightly. The inspector reviewed minutes of these meetings and found that children's views were appropriately discussed and clear decisions made. Feedback was provided verbally and in writing to children following staff meetings.

The centre had a complaints policy and process, the details of which were outlined in the children's booklet. The inspector reviewed the centre's complaints register and found that there had been four complaints recorded for one of the children since September 2017. They were appropriately managed. Complaints were promptly notified to relevant parties and children were advised of the outcome of their complaints.

**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**

An admissions policy was in place and admissions to the centre were planned. Minutes of pre-admission meetings were maintained in the centre and they included a collective risk assessment of the impact of each new admission on the existing children living in the centre. Staff and social workers were satisfied that placements were suitable and were meeting the needs of individual children. Despite the difficulties in engaging one child in their care programme, the staff team's resilience had resulted in the child feeling comfortable and safe and considering it their home. This was confirmed by the child's social worker.

Placements were supported by a comprehensive written care plan developed in consultation with social workers and other relevant parties. Care and placement plans reviewed by the inspector found that they were up-to-date and clearly identified children's needs; were reviewed within the appropriate timescales and reflected the views of the child and their parent (where applicable). Placement support plans which incorporated individual crisis management plans were also in place and they supported the care and placement plans by outlining how the aims of these plans would be met. These plans focused on behaviour and guided staff on how particular behaviours should be managed. Child-in-care reviews had been held within statutory timeframes. Minutes of these reviews were on file however, these were recorded by the centre and not by the respective social work departments. They reflected if the child chose to attend or not, the specific actions required with named persons with responsibility and timeframes. A parent interviewed confirmed their attendance and participation at child in care reviews and other relevant meetings.

Children were able to maintain positive relationships with family and friends as appropriate. Both children were from communities a considerable distance away from the centre. Notwithstanding this, contact with family members was encouraged and facilitated by staff in line with the child's care and placement plans. Children had the use of mobile phones which meant they could keep in touch with family and friends. Care files kept a record of the type and frequency of contact between the child and

their families.

Each child had an allocated social worker and the inspector found that the care files contained evidence of good communication between staff and social workers through professionals meetings, emails and telephone contact. Social workers interviewed said they visited the child regularly and would read the centre files and logs in relation to the respective child. Interviews with staff and a review of the centre records confirmed this.

The centre was supported by a clinical psychologist as part of the residential child care services for the area, who attended staff meetings and provided support to staff in their interventions with children. Staff meeting minutes reflected discussions on interventions with each child. Minutes of focused meetings between the psychologist and a smaller number of staff or keyworkers in respect of individual children were also maintained. Staff interviewed reported that they found these meetings helpful and would like to have them on a more regular basis. Good emotional and physical care was provided to each child as observed during the inspection and in a review of centre records. Social workers and parents also spoke positively about the level of care provided by the staff team.

One child was recently referred to the local aftercare service. Their social worker told the inspector that the child would remain in the centre and be prepared for leaving care in line with their care plan. Another child was due to move to a foster placement the day after the inspection. Discussions were held by the social worker with the child and his parent and a plan was put in place in consultation with staff for the transition to the new placement.

Children's records were kept securely and information was accessible. Care files reviewed held all the required regulatory documentation such as a birth certificate, care order, medical, educational and other reports.

**Judgment:** Compliant

#### **Standard 6: Care of Young People**

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

#### **Inspection Findings**

Care practices were child-centred. Opportunities and experiences to pursue interests similar to their peers were encouraged and facilitated, such as joining local sports club, gym and enjoying activities such as swimming, go-karting and other local amenities. The staff team responded to and interacted with children in an appropriate, respectful, non-judgmental manner despite some significant challenges at times when children refused to engage with staff or their care programme. This was observed during the inspection and commented on by social workers interviewed. Children were physically well cared for in the centre in terms of food, clothes and material goods. Each child was

allocated to a staff member who carried out key working sessions on an individual basis with each child. There was evidence of these sessions in children's care records and they showed that areas of discussion and guidance included diet and exercise, hygiene, smoking, illegal substances, safe care and sexual health.

The opportunity to observe mealtimes in the centre did not occur as the children did not wish to engage with the inspector when they were not out on an activity. The inspector did observe staff offering a variety of food and snacks to children and their food preferences were considered in the planning and cooking of meals. One parent told the inspector that when issues were raised in relation to food options for their child, this was taken on board by staff.

The centre operated from a trauma and attachment informed model of care which incorporated the Child and Family Agency approved approach to crisis intervention. The staff team had a good understanding of each child's behavioural support needs and were consistent in their behaviour management approach. Staff interviews and a review of relevant records and documentation in relation to incidents of behaviour management demonstrated this. Each child had an individual crisis management plan (ICMP) and an absence management plan (AMP) as part of their placement support plan which was subject to regular review. All staff were trained and received regular refresher training in the Tusla approved approach to crisis management. Staff interviews and a review of centre records found that there had been no incidents of the use of physical restraint in the 12 months prior to the inspection. Social workers and a parent interviewed were positive about the support the children received from staff in relation to their specific needs.

The centre maintained a consequence log. A review of this log found 35 consequences were recorded for both children from June to August 2018. The log included behaviours such as property damage and disruptive behaviour and the recorded consequences were found to be reasonable, age appropriate and proportionate to the behaviour being addressed. The centre manager and deputy regional manager had signed these records as part of their oversight of care practices.

An overall figure of the number of significant events in the past 12 months was not available during the inspection but records related to the current children in the centre showed that 93 significant event notifications had been made since April 2017. Data subsequently provided by the centre manager after the inspection reported that there were 25 incidents of absence without authority of which 23(92%) were missing from care episodes for one child. Records reviewed showed that staff followed protocol when a child goes missing from care and appropriately reported the incidents to relevant parties. A social worker interviewed told the inspector that while the number was significantly high, contact with the child was maintained and their location was usually known when absent. The child's absent management plan was reviewed and staff's approach to these absences meant that they were well managed and risk to the child was reduced.

**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. Social workers and a parent were confident that the children were well cared for.

Staff members were guided by the national child protection policy in the centre which was in line with Children First 2017. The centre manager was the designated liaison person and reported all child protection concerns generated by the centre. A Tusla national child protection practice note also guided staff on safe interactions with children. Staff interviewed were aware of their responsibilities for the reporting of child protection concerns to the social work department and had completed training on Children First 2017 which included the introductory Tusla e-learning module, and a secondary module on Children First in Action.

A review of the children's care records showed that staff spoke to the children about how to keep safe and protect themselves and others from potential harm. This included a stay safe programme in relation to the use of mobile phones and social media.

Staff files were maintained offsite within the Tusla National Personnel Records (NPR) department. A signed declaration by the centre manager reported that 10 (75%) staff had up to date Garda Síochána vetting. The remaining four (25%) staff had completed the online vetting process for renewal of their Garda Síochána vetting. The centre manager was awaiting confirmation of this from the NPR at the time of writing this report.

Concerns about children that did not meet the threshold for the completion of a standard report form (under Children First) were recorded as significant events. The inspector reviewed a sample of seven of these records. Six related to one child. Data submitted by the centre manager after the inspection showed that two child protection concerns were reported to the respective social work departments. Social workers interviewed were satisfied that these concerns were appropriately notified and managed. All had been dealt with and closed to the social work department.

**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 is located in a small housing estate close to an urban area. The design and

layout of the centre was in line with the centre's statement of purpose to accommodate up to three children. Each child had their own bedroom with sufficient space to keep their personal belongings safe and had shared access to either a shower/toilet facility or a bathroom/toilet facility.

A walk-through of the premises during the inspection found that the centre was homely, clean and generally well maintained. It had adequate heating, lighting and ventilation with a sufficient number of furnishings and facilities. Exterior insulation work had been carried out on the premises since the last inspection, and staff reported that this had made a difference in the cold weather. There was a sitting/dining room with comfortable furnishings. A vacant bedroom had become a storage room for a various items which were effectively 'dumped' and under utilised. The centre lacked sufficient storage space for non-essential items. The Tusla monitoring officer had outlined that the kitchen area required some maintenance work and upgrading following a monitoring visit in November 2017. While funding had been applied for to address this, it was still outstanding at the time of the inspection. Evidence of adequate insurance for the centre could not be verified at the time of the inspection.

The inspector saw that a selection of recreational materials was available for use such as books, jigsaws and games, including electronic games. The centre had a small lawn to the front and there was a basketball net located in the driveway. A trampoline was located in the garden area to the rear of the property and children had access to a bike which was stored in a garden shed. The children were observed moving freely throughout the premises and the garden during the course of the inspection.

The centre kept a maintenance book. Some staff interviewed told the inspector that repairs were not always dealt with in a prompt manner. A review of the maintenance book demonstrated that only six (43%) of the 14 maintenance issues recorded since January 2018 had a recorded completion date.

The centre had a risk management policy as part of the children's residential service in the South region and an up-to-date health and safety statement dated April 2018 in place. The centre manager had reviewed risk assessments in April 2018 to assess if the centre was a safe place for children to live and staff to work. The inspector viewed these in the active daily file which provided staff with up-to-date and contemporaneous information to guide their day-to-day practice. The centre also maintained risk assessments in relation to individual children as part of the centre risk register and centre governance reporting system. A review of these by the inspector found that there was good evidence of appropriate actions being taken to mitigate risks however, each assessment was undated.

The centre had access to two vehicles. A review of centre records demonstrated that checks and services were completed on each vehicle. The inspector viewed both vehicles and found that it had up-to-date tax and insurance and contained suitable safety equipment.

Medicines were safely stored in a secure cabinet in the staff office and the administration of medication was recorded in line with centre policy. This is discussed in more detail under Standard 9 in this report.

The centre had written confirmation that the statutory requirements related to fire safety and building control had been complied with. While fire safety precautions were adequate with a sufficient number of fire fighting equipment in place, the centre's fire register did not consistently record service checks undertaken by external service providers of the fire alarm, fire equipment and emergency lighting. Some of these were being recorded in the maintenance book rather than in the fire register. The inspector could only find evidence of one service provider's quarterly report of the emergency lighting checks in the fire register.

Regular fire drills were undertaken with children and staff with the most recent carried out in June 2018. Fire exits were unobstructed and fire exit procedures were clearly displayed throughout the centre. Fire safety training was carried out on an annual basis. Nine(65%) staff had up-to-date fire training at the time of the inspection.

**Judgment:** Substantially 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**

Children's educational needs were identified in their care and placement plans. Staff maintained good contact with schools and attended meetings when required with educational staff. They advocated for children when necessary. An individual education plan drawn up in consultation with the school, care staff, the residential services psychologist for the South region and social worker was viewed in one child's care record. This plan was reviewed and updated at the start of the academic year in 2018 and highlighted progress made by the child.

Educational reports, attainments and correspondence were maintained on the children's files. Social workers interviewed said that centre staff were proactive in encouraging and supporting children when they experienced difficulties in their educational placements. One child's school attendance had been problematic since admission to the centre. At the request of the child, a study plan was devised for the summer months to assist them to secure a school placement in September. Staff interviewed spoke of the difficulties they experienced in their endeavours to support the child and ensure their educational achievement. On the second day of the inspection, a staff member attended a school meeting to ensure the child was able to return for the new academic period and a placement was secured.

**Judgment:** Compliant

**Standard 9: Health**

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

**Inspection Findings**

Children's health care needs were appropriately assessed and met. Care records reviewed showed that children had timely access to a general practitioner, other relevant health professionals and specialist services where required. Social workers and a parent interviewed confirmed this. Medical examinations for both children were undertaken prior to admission to the centre and medical cards were up-to-date. Childhood and school immunisation records were evident on the children's files. Staff interviewed and care records reviewed demonstrated that individual or key working sessions which provided guidance on health care issues such as smoking, healthy eating, exercise, illegal substances and sexual health.

The inspector found the practices for the management of medicines to be safe, as prescription, administration and disposal practices were adequate. A comprehensive medication management folder was maintained by the centre which contained the Tusla national policy on medication management and all the appropriate associated records. Records demonstrated that one child was on prescribed medication and this was administered by staff who had completed training in the safe administration of 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's written statement of purpose was operational from April 2018 and reviewed on an annual basis. It set out the service being provided to children, adequately defined the relevant statutory and legislative functions and listed the key

policies in place. The centre provides placements for up to three children aged 13 to 16 years of a mixed gender on admission. The staff in the centre were clear about the purpose and function of the centre and were knowledgeable about the model of care provided. It reflected the day-to-day operation of the centre. The statement was in an accessible format in the children's information booklet.

The centre had admitted a 12 year old child in the 12 months prior to the inspection, as other options explored had been unsuccessful. This child remained living in the centre at the time of inspection. However, a planned discharge was in place for the day after the inspection ended.

Staff interviewed told the inspector that the centre would provide a respite placement for this child for a period post discharge but they were unclear about the timeframe for the provision of this service. The child's social worker provided the inspector with a more definitive timeframe. The centre's statement of purpose and function did not reflect this aspect of service provision.

**Judgment:** Non Compliant - Moderate

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

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

### **Inspection Findings**

There was a clear management structure for the centre. The centre was managed by a suitably qualified and experienced person who had been in post for 16 years. The centre manager was line managed by a deputy regional manager who in turn reported to a regional manager. The centre manager was supported by three social care leaders who had responsibility for various administrative tasks and supervision of staff on the team. The lines of authority and accountability were clear and staff interviewed knew their roles and responsibilities. The post of deputy manager had been filled however, this person had not yet commenced in the role.

The centre manager was on leave at the time of the inspection. While the deputy regional manager was available to staff during this time, managerial oversight was inadequate due to the absence of an onsite manager. The week after the inspection, the deputy regional manager was also on unexpected leave which highlighted the need for alternative onsite management arrangements to be put in place. As a result, a number of centre records such as the centre register, centre governance reports, supervision records, senior management meetings and other information in relation to staff were not accessible for the purpose of inspection or for any other reason, should it have arisen.

There was written evidence that the external line managers had oversight of the centre's recording systems. 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 senior managers of any identified deficits/issues arising in the centre. This document was unavailable for review by the inspector during the inspection.

Risk was managed in the centre. The centre maintained a risk register as part of the centre governance report. A review of the register by the inspector demonstrated that risk assessments were completed in relation to individual children with appropriate actions being taken to mitigate risks; however, each assessment was undated. Risk assessments to assess if the centre was a safe and secure place for children to live in and staff to work in were completed in April 2018.

While there were policies, procedures and guidance documents in place, a number of these had not been reviewed for a considerable length of time to ensure they were in line with good practice.

Serious and adverse events were appropriately managed and notifications of these events to relevant persons were consistent, timely and in line with centre policy. Social workers interviewed confirmed this. The centre maintained a central register of all significant events notified and where appropriate, these were discussed at staff team meetings. An area based significant event review group meets on a monthly basis to review incidents and provide feedback. In the absence of the centre manager and line manager, the inspector could not confirm if any of the significant events that occurred in the centre in the previous 12 months had been referred to the serious incident review group, and if so, if any feedback was provided on the management of the incidents.

The centre had adequate levels of staff to fulfil its purpose and function. This was demonstrated in a review of the roster in place. There was a consistent, experienced and qualified staff team in place with no staff turnover. The centre occasionally used the same agency staff with another children's residential centre in the area, one of which was now working full-time in this centre. This staff member outlined the satisfactory induction received. Staff personnel files were maintained in the Tusla national personnel records (NPR) offsite. A declaration confirming the documents held in respect of each staff member was submitted by the centre manager after the inspection.

While staff interviewed told the inspector that they received regular supervision, it was not provided in line with Tusla national policy. The centre had three social care leaders and 10 social care staff. The inspector reviewed supervision records for eight out of 13 staff members and found while they were up-to-date, there were gaps in the provision of supervision for all eight (61%) staff. Supervision sessions fell outside the timeframe agreed within the individual contracts and the centre's policy by two to three months. Discussion in relation to professional development, support and training were evident. Six of the records had initial professional development plans in place dated 2016, five of which had a subsequent review carried out in 2017. The inspector found that both the initial and review plans were either incomplete or unsigned in all cases. The quality of discussion was good on some supervision 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.

Communication between the staff team for the shift plan was completed on a handover sheet. A review of these sheets for previous and current shifts demonstrated good information sharing and identified actions required for the shift and the person responsible. Staff team meetings were held every two weeks and were part of the roster which ensured good attendance by staff. Staff interviewed told the inspector that these forums facilitated good information sharing and discussion.

The centre manager and social care leaders held meetings; however, these were not regular to date as there had only been three meetings to date since February 2018. The inspector was told by a social care leader that there was a plan to hold these every six weeks going forward, and this decision was recorded in minutes of one of the meetings held to date. Tusla has an internal list of required mandatory training and frequency of refresher or re-training. The centre maintained an electronic record of all training attended by staff. The inspector reviewed the training records for 12 staff. 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 after the inspection demonstrated that all staff had up-to-date training in child protection, behaviour management and manual handling and nine (65%) staff had up-to-date fire safety training. Staff interviewed outlined the training they had completed in the previous 12 months which included medication management, complaints, Children First, fire safety and general data protection regulation. A comprehensive training needs analysis had not been undertaken and staff interviewed reported that there were receiving the same types of training with very little variance from the mandatory modules, consistent with the need to provide a safe service.

The centre's administration files were organised and maintained to support the delivery of care. Information was easily accessible during the inspection which facilitated day-to-day practice and accountability. While a review of centre records demonstrated managerial oversight, comprehensive file audits were not being undertaken to ensure record keeping supported the delivery of service.

Staff could purchase what was required to meet the needs of children. Staff were allocated procurement cards to buy day-to-day necessities such as food and other essential items. At the time of inspection, nine staff members had allocated procurement cards and the social care leader told the inspector that this number of procurement cards was sufficient to resource the centre. Centre finances were overseen by the centre manager and subject to external auditing.

**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 November 2017 and a final report was provided to the centre in February 2018. The inspector was provided with a copy of the report during the inspection fieldwork. While there were no significant risks identified in the report, six issues requiring action were identified in relation to individual crisis management plans, staff training needs, supervision, onward placement, staff meetings and accommodation. A written response to actions taken or proposed was provided to the monitoring officer by January 2018.

A review of the action plan response by the inspector found that managers had completed 66% of the issues requiring action with proposed actions and timelines for those outstanding.

**Judgment:** Compliant

### **Acknowledgements**

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

# Action Plan

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

<b>Action Plan ID:</b>	MON-0024618-AP
<b>Provider's response to Inspection Report No:</b>	MON-0024618
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Date of inspection:</b>	22 August 2018
<b>Date of response:</b>	26 September 2018

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

<b>Theme 2: Safe &amp; Effective Care</b> <b>Standard 7: Safeguarding and Child Protection</b> <b>Judgment: Substantially Compliant</b>
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> Four (25%) staff did not have up to date Garda Síochána vetting.
<b>Action Required:</b> 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.
<b>Please state the actions you have taken or are planning to take:</b> The process of obtaining outstanding Garda Vetting for staff members who are not up to date has commenced as of 10/9/2018. The centre manager will oversee this process to ensure completion. The centre manager is provided with details on completed Garda Vetting by residential HR and alerted to when the process has not been completed by any staff member within the specified timeframe. This issue will

be addressed as a line management issue by the centre manager as required.

**Proposed timescale:**  
30/09/2018

**Person responsible:**  
Centre Manager

**Theme 2: Safe & Effective Care**  
**Standard 10: Premises and Safety**  
**Judgment: Substantially Compliant**

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

The centre lacked sufficient storage space for non-essential items.

The kitchen area required some maintenance work and upgrading.

Repairs were not always dealt with in a prompt manner.

Risk assessments in relation to individual children were undated.

The centre's fire register was not consistently recording service checks undertaken by external service providers of the fire alarm, fire equipment and emergency lighting.

**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:**

A service proposal has been made to relocate this centre to address issues of space for storage, young people and staff. This is part of the regional development plan. A two year time scale is envisaged to complete this work in 2020. The centre manager has been tasked with identifying appropriate alternative accommodations and associated costing as of 17/09/2018 in order to confirm approval to proceed to the next phase with Estates. Staff will be informed of this development in the first instance at a team meeting on 27/09/2018 and the young people will be informed and involved once plans and timeframe are agreed.

Plans to upgrade the kitchen have been drawn up, approved and submitted to refurbish the area including new worktops, cupboards and painting. This work is scheduled for completion by 31/12/2018.

The system of recording repairs and maintenance in the centre has been reviewed by the centre manager and staff team on 20/09/2018 to ensure that when work is reported as required and subsequently completed that this is recorded appropriately. A designated staff member will be responsible for checking the maintenance log on a weekly basis. Any delay in repairs will be escalated for the attention of the

centre/deputy manager. This system will be operational as of 25/09/2018. All checks will be evidenced by initial and date. This log will be subject to random spot check by both centre manager and deputy regional manager, evidenced by initial and date.

The risk register which details responses to generic risks associated with young people who may engage in risk taking behaviour has been reviewed by the centre manager and staff team to ensure all assessments are dated. This work was completed on 20/09/2018. An identified social care leader will be given responsibility for checking all risk assessments in existence in the centre on a monthly basis to ensure all are appropriately dated and current. This responsibility will be delegated on 08/10/2018 at a social care leader meeting. Meeting minutes will evidence same.

The system of recording centre checks of fire alarm, fire equipment and emergency lighting has been reviewed by the centre manager and staff team to ensure when checks are carried out by external service providers that evidence of checks are recorded in the register as of 20/09/2018. The centre health and safety representative will be made responsible for checking the centre fire register on a monthly basis as of 30/10/2018. Any deficit in the register will be escalated for the attention/action of the centre/deputy manager.

**Proposed timescale:**  
30/09/2020

**Person responsible:**  
Regional 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 and function did not reflect the provision of a respite placement for a child who had recently been discharged.

**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 reviewed and updated by the centre manager and staff team to include detail on the potential for provision of shared care arrangements being agreed with social work pending discharge of young people who are transitioning from the centre. This document will be forwarded to the Deputy Regional Manager/ Regional Manager for approval on 27/09/2018

**Proposed timescale:**  
27/09/2018

**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:**

Onsite management arrangements in the absence of the centre manager were inadequate.

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

Risk assessments in relation to individual children were undated.

Supervision was not provided in line with policy for eight staff.

Professional development plans in place for staff were incomplete.

Training records did not demonstrate all the required mandatory requirements.

A comprehensive training needs analysis had not been undertaken.

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 deputy manager is due to commence on 26/11/2018. The deputy will be expected to cover the management function in the absence of the manager as detailed in the job specification. In the event that manager and deputy manager are both absent from the service at the same time for an extended period the regional manager will ensure alternative oversight and governance arrangements are put in place.

All policies in relation to children's residential centres are currently being reviewed at national level. A working group has been established and is expected to produce a suite of policy documents for briefings, training and implementation by 30/11/2018. As an interim measure the centre manager and social care leaders will review existing policies in the centre to ensure they comply with best practice and are current. This piece of work will be completed on 08/10/2018.

Risk assessments that relate to individual young people have been reviewed by the centre manager and staff team on 20/09/2018. An identified social care leader will be given responsibility for checking these risk assessments on a monthly basis to ensure all are appropriately dated and current. This responsibility will be delegated on 08/10/2018 at a social care leader meeting.

The risk register which details responses to generic risks associated with young people who may engage in risk taking behaviour has been reviewed and dated. All individual risk assessments are dated and signed.

A review of existing arrangements regarding the provision of supervision to ensure it occurs in line with national policy has taken place on 13/09/2018. Guidance has been given by the centre manager to the social care leaders on the importance of adjusting the existing roster to allow for supervision. Audits of supervision will be completed by both centre and deputy regional managers to ensure compliance with national policy. The audit tool contained within the policy will be used for this exercise.

The centre manager will ensure all professional development plans for staff members are completed, dated and signed as part of the supervision process. An audit has been completed by the centre manager on existing professional development plans to ensure all are signed and dated. All members of the centre team will have these in place signed and dated as of 30/10/2018.

A review of mandatory training requirements has been completed by the centre manager and a training schedule agreed with the regional office to address identified deficits. First Aid training is scheduled to commence on 21/11/2018. Fire training is scheduled to take place on 11/10/2018. The Tusla approved behaviour management programme refresher is scheduled for November 2018 (specific date to be confirmed). An annual audit of training requirements will be completed by the centre /deputy manager which will inform the training schedule for each year.

A Training Needs Analysis will be completed by the centre manager, due for completion by 31/10/2018.

A system for auditing files has been established as of 20/09/2018. A designated member of staff has been assigned this task on a monthly basis. The audit will check that files are complete and up to date. Any deficit in files checked will be escalated for the attention of the centre/deputy Manager.

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

**Person responsible:  
Centre Manager**