

## 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 West CRC
<b>Centre ID:</b>	OSV-0004201
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0023723
<b>Lead inspector:</b>	Lisa Horgan
<b>Support inspector (s):</b>	Grace Lynam

## **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:
19 February 2018 11:30	19 February 2018 18:00
20 February 2018 09:00	20 February 2018 18:00

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>Standard 4: Children's Rights</b>	Compliant
<b>Standard 5: Planning for Children and Young People</b>	Non Compliant - Moderate
<b>Standard 6: Care of Young People</b>	Substantially Compliant
<b>Standard 7: Safeguarding and Child Protection</b>	Substantially Compliant
<b>Standard 10: Premises and Safety</b>	Substantially Compliant
<b>Standard 8: Education</b>	Compliant
<b>Standard 9: Health</b>	Compliant
<b>Standard 1: Purpose and Function</b>	Compliant
<b>Standard 2: Management and Staffing</b>	Non Compliant - Moderate
<b>Standard 3: Monitoring</b>	Compliant

### Summary of Inspection findings

The centre was on the outskirts of a town in the West of Ireland. It was located in a two storey detached residence consisting of six bedrooms. There was a garden to the front of the house and parking to the rear. The centre provided residential care for up to four children from the age of 13 to 17 years of age on admission and a child under the age of 12 in exceptional circumstances. At the time of the inspection there were three children, all female, living in the centre including a child under 12 years of age. 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, 2 parents, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

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

Overall, the children received good quality care provided by an experienced and committed staff team and manager. All children in the centre had the stability of a good routine combined with educational and recreational activities. Children told inspectors that they felt safe, supported and liked living in the centre.

There was good quality communication and the interaction between staff and the children was characterised by care and attention based on an understanding of the children's individual needs. The centre had some homely touches but some areas would

have benefitted from re-decoration. Children's rights were promoted by staff and children had access to advocacy from their court appointed Guardians ad Litem and the staff team. Children's complaints were managed effectively.

This was a well run service with an experienced manager and staff team. There was adequate safeguarding systems in place and children were safe with no reported child protection and welfare concerns since the last inspection. The health, emotional, behavioural and educational needs of the children were facilitated and promoted by staff in the unit, but there was a delay in accessing a specialist external service for one child. While the majority of the action plan from the last inspection had been implemented, the plan to address shift leaders had not yet been implemented.

## Inspection findings and judgments

### **Standard 4: Children's Rights**

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

### **Inspection Findings**

The rights of children were respected and promoted. Information about children's rights was prominently displayed on noticeboards. Children told inspectors they knew what their rights were. Inspectors found from review of files that children were given written information about their rights on admission to the centre. This included information on how to make a complaint, on EPIC: a national organisation that provides support and advocacy to children in care and information on the role of the monitoring officer. Children were asked to participate in the revision of the information booklet about the centre so that it was child friendly. One child told inspectors they knew what records were kept about them in the centre and they had read them on occasion.

Staff were strong advocates for the children. Inspectors found from file reviews that when children expressed a strong opinion about a particular issue the staff team acted on the child's view and represented their opinion to their social worker. One staff member had particular responsibility for advocacy and was developing this role to ensure the staff team were aware of organisations that promoted children's rights and integrated this information into their practice. They also sourced information on rights for children and conducted individual work with children on issues relevant to them. Two children in the centre also had special advocates appointed by the district court called guardians ad litem who are appointed by the courts to represent the child's views to the court.

Children were consulted and encouraged to participate in decision making about their lives. Children told inspectors they had a say in important decisions about their lives such as their care plans and were involved in planning at the centre, including activity planning and making suggestions about meal planning. Children attended house gatherings where they discussed with staff any issues they had in relation to the running of the centre. These meetings were well organised with an agenda prepared in advance. There was evidence that children prepared for the meeting in advance and participated fully in the discussions, including giving their own views and presenting suggestions. Minutes of these meetings were signed by the children.

Complaints and concerns were effectively managed. Children told inspectors they knew how to make a complaint. There was a system in place whereby staff maintained a log of children's complaints and there was one complaint recorded in the 12 months prior to the inspection. The child had initiated the complaint in writing and all steps taken to address it were recorded in the log including the child's satisfaction with the resolution of the complaint.

**Judgment:** Compliant

### **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 and discharges were well managed in line with policy and procedure to ensure placements were suitable and safe. Admissions were managed through the Tusla central referrals committee. There had been two admissions since the last inspection. Inspectors reviewed the admission procedures and found they had followed the procedures for admission of children to residential centres. The social care leader told inspectors the centre manager involved the team in the matching of children prior to taking new admissions and in doing so, they carried out a collective risk assessment to ensure they got the balance of needs of the children. Inspectors observed the children in the unit were appropriately matched and their needs were well balanced. Inspectors found that despite the age disparity of children in the centre, that staff encouraged the children's relationships and supported the children to understand each other in order to live safely together.

Discharges were well planned. There were well documented records of one care leaver who had been discharged from the centre as part of an aftercare plan in July 2017. The records showed that the aftercare plan had been well co ordinated and planned. Inspectors found the records reflected staff's commitment to this care leaver and there was an overview of the young persons development during the course of the placement that showed the depth of knowledge and fondness the staff had for this young person. Staff told inspectors that they maintained contact with this care leaver upon discharge from the unit and were still providing a level of support to this care leaver at the time of inspection.

Not all statutory requirements in relation to children in care were in place. While the majority of child in care reviews had been held within the requirements of the Child Care (Placement of Children in Residential Care) Regulations, 1995, one child's first review had not yet taken place at the time of inspection though she had been in the placement since November 2017. A date was scheduled for April 2018, four months after the child's admission which was not in line with the regulations. In addition there was no up-to-date care plan for one child. In this instance, the child-in-care reviews were taking place monthly in line with Tusla's policy on the placement of a child under 12 years in residential carer and following the inspection, the updated care plan was sent to the centre. In addition, one of the requirements of this policy was that a member of the senior management team in Tusla provided oversight of a child placed in residential care. Inspectors found the placement of a child under 12 in this centre was governed by the interim regional manager, but that a recording system was not in place to assure Tusla this was regularly reviewed.

Children were consulted in relation to their views about their care plans and they chose whether they would attend their child-in-care review. One child had chosen to attend her child-in-care review during the week of the inspection. Appropriate consents were sought when children were in voluntary care.

Not all children received the appropriate therapeutic intervention. Inspectors found that while children were supported by staff in the centre during periods of crisis, that one child who had experienced a long period of uncertainty regarding her care plan had not received professional emotional support outside of the unit. This was despite an agreement in 2017 by professionals involved to put a plan for therapeutic intervention in place.

All the children had an allocated social worker who visited and reviewed the children's records in line with the regulations. Children told inspectors they had a social worker and one child said their social worker took time to listen to them. Social workers confirmed that they had good communication with the staff team regarding the care and progress of the children. Care plans were appropriately amended to reflect the changing needs of the children and all staff were committed to implementing these plans. Good quality placement plans supported the implementation of care plans by outlining the day to day care of the children in all areas of their lives.

Children maintained positive relationships with their families friends and significant others where appropriate and beneficial to them. Parents confirmed that they could telephone the centre to discuss the care of their child and some had visited the centre. Siblings were welcome in the centre and some had overnight family visits.

Children received the emotional and physical care they required. Inspectors observed staff interacting warmly and respectfully with the children and noted that they were attentive to the individual needs of the children. Social workers told inspectors that staff demonstrated a high level of emotional support to the children and that they consistently provided good quality care to the children.

There were a number of records maintained on the children's care files including care plans and placement plans. These records were fully completed and guided the staff in their care of the children.

There were no children over the age of 16 years in the centre. Inspectors observed from review of the children's files and through observations on the days of inspection that children were supported by staff to gain independence appropriate to their stage of development. For example, children were responsible for their own space in their bedrooms, and were encouraged to develop skills such as cooking and grocery shopping.

**Judgment:** Non Compliant - Moderate



**Standard 6: Care of Young People**

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

**Inspection Findings**

Children were cared for in a manner that respected choice and recognised achievements. The children were involved in many extra curricular activities according to their individual interests. These included dancing, musical theatre, sports and physical activities and socialising with friends as appropriate. Inspectors saw from the records that staff attended the children's events, where appropriate.

There was some evidence of the children's achievements, such as, attaining student of the week displayed in the centre. However, inspectors found through observations throughout the centre that the display personalized items on behalf of the children could be improved.

Inspectors observed that fresh food was available in sufficient quantities and mealtimes were social occasions where staff and children sat together to eat and talk. The advice of dieticians was sought and implemented with the children as appropriate. Children told inspectors that food they liked was prepared for their dinner. In addition to this one child told inspectors that she enjoyed being involved in the preparation of meals and baking activities. Inspectors observed that mealtimes were organised around the various activities the children were involved in.

Children told inspectors they liked living in the centre. Parents told inspectors their children were well cared for in the centre and were happy there. Social workers told inspectors that the centre was meeting the needs of the children and that the care had provided emotional stability and consistency for the children because of their high level of emotional support provided to the children.

Children were encouraged and facilitated to have contact with family and friends where appropriate. Some of the children's siblings visited the centre and staff facilitated family visits external to the centre. Staff and social workers were respectful of the wishes of children in relation to whether they chose to attend visits with family members.

The staff team had a good understanding of the behavioural needs of the children and minimized escalating behaviors. Inspectors found the children placed in the unit had a range of complex needs and behaviors that challenge. According to the center's statement of purpose the staff team use a range of behavior management techniques that helps guide staff to support children to move in a positive direction away from behavior that has been shown to produce negative outcomes. Inspectors reviewed the rewards and sanctions book that is referred to in the statement of purpose as a system to record achievements and the particular reward given to the children. There were no entries in this book, however, inspectors observed staffs interactions with the children that showed they were consistent in their approach to reinforcing positive behavior.

Despite some of the behavioural challenges in the centre, inspectors found that there were no significant events recorded or areas of concerns in relation to behaviour that challenges within the centre in the 12 months prior to inspection. In addition to this, there was a sanctions log maintained in the centre but there had been no use of sanctions recorded since the last inspection. Children told inspectors that their pocket money would be docked but only if they damaged property. There had been no unauthorised absences from the centre since the last inspection.

There was a system in place during the night that alerted staff in the staff room when children left their rooms. However, inspectors did not see this practice on the risk register and there was no evidence that this was regularly reviewed. In addition, there was no recording on the children's files that explained the rationale for this arrangement.

**Judgment:** Substantially Compliant

#### **Standard 7: Safeguarding and Child Protection**

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

#### **Inspection Findings**

Children were safe in the centre. There were measures in place to safeguard children such as good quality placement plans, absence management plans and restricted access to the internet. Children told inspectors that they felt safe in the centre and parents said their children were safe.

There was a child protection and safeguarding policy which outlined for staff the steps to be taken in the event of bullying and disclosures of abuse. The policy guided staff in safeguarding the children in their care. Inspectors spoke with staff members some of whom were clear on their mandated role and understood the steps they should take if they had a child protection and welfare concern about a child. The centre manager was the designated liaison person but not all staff were clear about who the designated liaison person was in the centre. Updated An Garda Síochána (police) vetting had been applied for on all the staff team. ten of the 11 staff had completed up-to-date training in Children First (2017).

There were no child protection and welfare concerns reported since the last inspection.

**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 health and safety of children, staff and visitors was promoted and protected in suitable accommodation. The design and layout of the centre was in line with the centre's statement of purpose and function. Each child had an en-suite bedroom and there was adequate space for facilitating visits from family and friends. The centre was clean and tidy and was adequately lit, ventilated and heated. However, whilst some areas of the centre were homely, other areas would have benefitted from re-painting, updating and the addition of soft furnishings and personal items such as photos of shared activities.

There were adequate precautions in place against the risk of fire but the fire alarm and emergency lighting systems required updating. The centre had a named health and safety officer who was responsible for ensuring that annual fire training and quarterly fire drills took place with all staff. All children had taken part in a fire drill since coming to live in the centre and all staff had participated in a fire drill in the 12 months prior to the inspection. There were adequate means of escape from the building both upstairs and downstairs. Inspectors reviewed the fire safety register and found that weekly and monthly checks were conducted on fire safety equipment and fire fighting equipment was serviced. However an upgrade of the emergency lighting and fire alarm systems had been recommended following an inspection of the premises by the fire officer in May 2017. The interim regional manager told inspectors that while recommendations were made to upgrade the fire alarm system and emergency lighting, she was assured that the building was deemed fire compliant and the emergency lighting was deemed fit for purpose.

The health and safety statement provided to inspectors on the day of inspection was not site specific and was out-of-date. Inspectors found that the health and safety statement provided during the inspection was dated October 2014, it was unsigned and stated it related to Dublin North East. Following the inspection, the centre manager told inspectors the centre had a centre specific health and safety statement and a copy of same was provided.

Repairs to the centre were not always dealt with promptly. Inspectors reviewed the maintenance log and found that there were some delays in responding to reports of maintenance issues requiring attention. For example, a broken gutter reported in June 2017 was not repaired until August and an issue reported on 11 December 2017 remained outstanding at the time of the inspection. In addition, an email to the maintenance department in July requesting the fitting of thumb screw locks to external doors had not been actioned.

The centre was monitored by an external closed circuit television system for which signs were prominently displayed.

Inspectors viewed documents that showed, the centre had a recently registered vehicle which was taxed and insured and there was insurance certification in respect of the centre.

**Judgment:** Substantially Compliant

**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 received appropriate education and support in order to maximise their potential. All three children were attending school and doing well. They were supported by the staff team to reach their full educational potential. The staff team were in contact with the schools in relation to the children's progress and school reports were held on the children's files. Children were encouraged to sit state examinations such as the Junior Certificate examination. Inspectors observed children being assisted to complete their homework. Files reflected plans that were being made to ensure that the children could take part in all school activities with their peers including taking trips abroad.

**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 healthcare needs were assessed and met and children attended specialist appointments appropriately. These included attendance at opticians and dentists. Children also attended their general practitioners when required.

The staff promoted a healthy lifestyle for the children by encouraging and modeling healthy eating choices and regular exercise. Inspectors reviewed records which reflected that children went for walks with staff in addition to the other activities they were involved in.

Children newly admitted to the centre were medically examined in line with the regulations and staff were knowledgeable about children's particular dietary needs and preferences.

The staff team provided age appropriate education on such topics as alcohol misuse and comprehensive medical records were maintained on each child.

There was a new medication administration policy and procedure in use in the centre. This policy guided staff in the management, recording and administration of medication. Staff had received training to ensure they implemented the policy that commenced on 01 February 2018. Inspectors reviewed medication administration records and found assessments were conducted when children looked to self administer their medication and there was appropriate measures in place when children had periods of time at home. However, the centre manager told inspectors that the new procedure was not clear in some areas of practice such as the requirement to review each child's medication on a monthly basis. The centre manager planned to seek clarification about monthly reviews of childrens medication from senior management.

Children had access when required to a range of allied health professionals such as therapeutic supports and play therapy. While staff advocated on behalf of the children to ensure they received the necessary interventions to support their specific needs, one of the children in the centre had no plan to address the emotional needs of this child, this was despite professionals identifying a need for therapeutic intervention for this child in 2017.

**Judgment:** Compliant

**Standard 1: Purpose and Function**

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

**Inspection Findings**

The centre had an up-to-date written statement of purpose and function which described the service provided. The statement of purpose reflected that the centre provided residential care for up to four children between 13 and 17 years on admission. In exceptional circumstances, a child of 12 years or under may be placed and in such circumstances the national policy on placing children aged 12 or under in residential care would, be implemented. The statement further outlined that the care provided would address the individual needs of the children by encouraging and enabling them to reach their full potential in a safe and caring environment.

**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 were some management and governance systems that were developed in the centre and others were evolving. The centre's policies and procedures were not all up to date. While some of these policies had been updated, the majority had not been reviewed for a number of years.

There was a governance structure in place with lines of responsibility and accountability. The centre was managed by an experienced manager and the staff team that were committed to providing a good quality service to the children. While there was a management structure in place with the centre manager and interim regional manager, during the centre manager's periods of absences, there were no clear lines of accountability that identified a shift leader. The social care leader told inspectors that while she assumed responsibility when she was on shift, that this was not a formal arrangement. On the second day of inspection, an experienced social care worker told inspectors that she was taking charge but that this was not formalized. This deficit had been identified in previous inspections of the centre.

There was no formal on-call system in place to provide support to the staff outside of office hours. Staff said managers were available by telephone outside of their working hours. This informal on call system was deemed unsustainable in the 2017 HIQA inspection report. HIQA were informed in 2017 that this would be reviewed by Tusla's National Director of Children's Services. The interim regional manager told inspectors that whilst there was no formal system in place, both herself and the centre manager were available to staff if emergencies occurred.

There was a prompt system for notifying significant events and all appropriate people were notified of these events. The centre kept a log of significant events and eight significant events had been recorded since the last inspection. Inspectors reviewed records of these events and found these events were well managed, the relevant stakeholders were notified and all significant events had been concluded.

There were effective systems in place to ensure communication in the centre. Communication was good between the centre manager and the staff team. There were systems in place to ensure information was communicated to staff members on each shift. These included daily handover meetings, weekly staff meetings and informal consultation with the centre manager. Inspectors observed a daily handover meeting and found these meetings were effective. In addition inspectors sampled minutes of staff meetings and found these meetings were well attended by the manager and staff and had an agenda to include relevant service updates, children first legislation, staff training and an update of each child in the unit.

The centre manager had some management oversight systems in place. These included reviewing records and identifying where improvements were needed. Inspectors reviewed files and found that the centre manager had signed some records. Staff told inspectors that, following the review of files, the centre manager would identify areas of practice where improvements were required such as the completion of certain forms.

There was a system in place to ensure accountability in relation to expenditure. Inspectors reviewed the records of expenditure and found that receipts were kept and expenditure accounted for.

The ratio of staff to the number of children placed in the centre including an 11 year old child was not always sufficient. During the course of the inspection, inspectors observed there were three staff on duty during the day on both days of inspection. However, staff told inspectors that while they aim to ensure continuity in relation to having three staff on duty, that this did not always happen. Inspectors sampled the staff rota and found that there were four days in January 2018 where there were two staff on duty throughout the day. This meant that there wasn't always sufficient staff on duty to meet all of the children's needs all of the time.

The centre maintained a register of children which was accurate and up-to-date and contained the information required by the Child Care( Placement of Children in Residential Care) Regulations, 1995.

There were some measures in place to control risk but they were not sufficient. Risk management systems were in place and there was a risk register. Risk assessments were carried out in relation to risks associated with individual children as well as environmental risks and they were being managed in line with the organisations policy. Inspectors saw a copy of the risk management policy and procedure dated July 2017. The social care leader on the day of inspection told inspectors that the unit manager and the health and safety officer were due to review the risk register in April 2018. The centre manager told inspectors that the risk register was reviewed annually and any risks that were eliminated were removed from the register. Inspectors found that the systems in place to manage this register was not adequate as it did not address

operational or current risks.

Staff were supported and supervised appropriately. The centre manager reported to the interim regional manager. Inspectors reviewed records of supervision between the interim regional manager and the centre manager and found that supervision took place regularly and records showed that these meetings fulfilled their purpose. Records reflected that staff received regular good quality supervision. Each file had a copy of the staff's supervision contract that outlined supervision take place for one hour every eight weeks and a standard template was used to record supervisions sessions. The social care leader told inspectors that she supervised four social care workers and the centre manager supervised herself and five social care workers. Staff told inspectors that they received good quality supervision from the centre manager and the social care leader. They said they were challenged at supervision to improve their practice and to try various approaches with the children.

Staff files were not well maintained. Staff files were available for review in the centre. Inspectors reviewed a sample of staff files and found that the information they contained was not consistent. The centre manager told inspectors that this was because there were different recruitment practices in place when some staff were employed. Inspectors found that all files sampled contained the qualifications of the staff member but there were no standard documents kept on each of the staff files. Inspectors saw evidence that the centre manager had sought updated garda vetting on all staff.

The staff team were experienced and provided stability to the delivery of the service. The staff team comprised of an experienced centre manager, one social care leader and nine social care workers. Additional staff were employed since the last inspection. Inspectors reviewed the information provided to the new staff and found it included information about policies, child protection practices guidelines on recording, fire safety and other information necessary to carry out the duties of the position. Inspectors found there was good induction processes in place for new staff.

Not all staff had received all the mandatory training required by Tusla. Inspectors reviewed the staff training records and found that 10 of the 11 staff had completed an elearning module in Children First child protection and welfare between October and December of 2017. The majority of staff had attended fire safety training in 2018 but two staff were due to attend this training later in the year. Ten staff were up to date with their manual handling training. However, there were no records of staff having attended occupational first aid training or dignity at work training.

**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 September 2017 under a Quality Improvement Framework introduced in January 2017. The framework identified that high quality services are characterised by being safe, child-centred and well-led. The monitor had reviewed a self assessment conducted by the centre manager and validated the information provided through interviews, review of files and observations. A report had been completed on the visit identifying some gaps in staff training and the need to implement a plan for outside buildings adjacent to the centre by the end of 2018.

Inspectors sampled copies of the minutes of the significant events review group attended by the interim regional manager and noted this centre had no significant events to report on at these meetings.

**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-0023723-AP
<b>Provider's response to Inspection Report No:</b>	MON-0023723
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA West CRC
<b>Date of inspection:</b>	19 February 2018
<b>Date of response:</b>	11 May 2018

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

<p><b>Theme 2: Safe &amp; Effective Care</b>  <b>Standard 5: Planning for Children and Young People</b>  <b>Judgment: Non-Compliant - Moderate</b></p>
<p><b>The Provider is failing to comply with a regulatory requirement in the following respect:</b>  One child's statutory child in care review had not yet taken place at the time of inspection.</p> <p>The under 12 policy was not implemented in full as there was not a clear process around senior management oversight.</p> <p>One child's plan for additional professional emotional support had not been implemented.</p> <p><b>Action Required:</b>  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</p>

practical contact with families and, where appropriate, preparation for leaving care.

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

All young people resident in the Centre have been reviewed in line with the regulations and this is evidenced on their files. Should a deviation occur from this schedule the Centre Manager will escalate to the Regional Manager who will address immediately with the relevant Area Manager.

Prior to any placement of a child under 12 in the service the Regional Manager will confirm with the relevant Area Manager who will undertake the Senior Management oversight in line with policy.

Any assessed requirement for additional emotional support for a young person in the centre that cannot be secured within an agreed timeframe will be escalated by the Centre Manager to the Regional Manager who will address immediately with the relevant Area Manager for resolution.

**Proposed timescale:**  
**31/05/2018**

**Person responsible:**  
**Provider**

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

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

The display of the children's personal possessions in the centre could be improved.

The use of alerts on bedroom doors had not been individually risk assessed.

**Action Required:**

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

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

The Young people will be consulted and involved in improving the display of personal items in the communal living areas in the centre.

A risk assessment has been undertaken for each young person reviewing the requirement for the alert to be operational on bedroom doors. The outcome is that at this time there is no requirement and they are deactivated. This will be reviewed if a specific risk is identified at night time.

**Proposed timescale:**  
**31/05/2018**

**Person responsible:**  
**Provider**

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

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

Not all staff had received up to date training in Children First (2017).

Not all staff were clear about the designated liaison person was in the centre.

**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:**

All staff in the centre have completed the three e-learning modules for Children First 2017 as is required by Tulsa. The certificates are available on the training file.

It was clarified at the staff meeting on 25/04/2018 that the Centre Manager is the designated liaison person under Children First 2017.

**Proposed timescale:**  
**10/05/2018**

**Person responsible:**  
**Provider**

**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:**

Some areas of the centre required re-painting and updating.

An upgrade of the emergency lighting and fire alarm systems recommended by the fire officer in May 2017 had not been actioned.

Repairs to the centre were not always dealt with promptly.

**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:**

Tusla Estates are currently agreeing a package of minor capital works with a designated contractor to undertake the painting and refurbishment as well as the upgrading of the

emergency lighting and fire alarm system. This will include any outstanding planned maintenance issues. This to be completed by September 2018.

The outstanding urgent maintenance issues were attended to on the 8th and 9th of May 2018 with assurances urgent matters will be addressed locally as required. Should a future issue arise that is not addressed the Regional Manager will escalate immediately through Tusla Estates.

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

**Person responsible:**  
**Provider**

#### **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:**

There was no shift leader identified in the absence of the centre manager.

Not all management systems were effective, for example policies and procedures, risk management.

There was not always sufficient staff on duty to meet the children's needs all of the time.

Not all staff had received the mandatory training required by Tusla.

#### **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:**

Tusla is in the process of recruiting a Deputy Social Care Manager and three additional Social Care Leaders to address cover arrangements in the absence of the Centre Manager.

A National Policy Group has been established to formulate and implement a revised suite of policies and procedures for mainstream residential care. There is West representation on this group. The completion date for this work is end of September 2018. In the interim the Regional Manager will continue to ensure that any developments to care practices required in keeping with good practice and changes in regulations will be discussed with the Centre Manager and implemented as appropriate in the Centre.

The National Management Team are to review the Tulsa Risk Management Policy and processes to make them relevant to Residential Child Care. This will then be devolved down through the Regional Areas. In the interim current risk management systems in

the Centres in the West will be examined at the May 2018 West Management Meeting to identify and plan for any improvements required.

Additional Social Care Workers are in the process of being appointed to ensure there are adequate staffing levels at all times in the centre.

The outstanding mandatory Fire Safety training for two staff is due to take place on July 4th 2018.

**Proposed timescale:**  
**31/12/2018**

**Person responsible:**  
**Provider**