

Health Information and Quality Authority Regulation Directorate

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



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| Type of centre: | Children's Residential Centre |
| Service Area: | CFA DNE CRC |
| Centre ID: | OSV-0004177 |
| Type of inspection: | Unannounced Full Inspection |
| Inspection ID | MON-0019601 |
| Lead inspector: | Caroline Browne |
| Support inspector (s): | Niamh Greevy |

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:

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| From: | To: |
| 23 May 2017 10:00 | 23 May 2017 18:00 |
| 24 May 2017 10:00 | 24 May 2017 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.

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

Summary of Inspection findings

The centre was a detached seven bedroom house with a front and rear garden in a busy Dublin city suburb. The centre provided medium to long term care for four children from the ages of 13 to 18 years. The aim of the centre was to work with children using a relationship model of care, to enable them to meet their full potential and to equip them with life skills for the future. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 4 children, 3 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.

Following the inspection, inspectors also spoke with the Alternative Care Manager, a guardian ad litem, three social workers and a Social Work Team Leader.

Children had a good quality of life. At the time of the inspection, there were four

children placed in the centre. Staff acted as positive role models to children and inspectors observed warm and respectful interactions between children and staff. Children told inspectors that they liked living in the centre and that their lives had improved since their admission. Parents and social workers also told inspectors that the staff team were very committed and supportive of the children.

Children's rights were respected and promoted and complaints were well managed.

All children had an allocated social worker. However, not all children had an up-to-date care plan in the centre. This was highlighted to the Centre Manager and an up-to-date care plan was subsequently provided to the centre by the allocated social worker.

The quality of emotional and physical care provided to children was good. Children were referred to and attending specialist services. The staff team provided emotional support to children and staff were trained in specialised areas in order to support children with complex needs.

All children were attending educational programmes and the staff team encouraged and supported children to attend their educational placements. Parents also told inspectors that the staff team supported children to reach positive educational outcomes.

Young people's access to an aftercare service had been delayed. Three of the young people were eligible for aftercare services. However, there was a delay in all of these young people receiving an aftercare service. One young person was due to leave the centre in the coming months, however there was no clear plan in place for this young person. A young person told inspectors that they were concerned about the lack of certainty about their onward placements. Following the inspection, inspectors requested assurances from the Area Manager that an appropriate onward placement would be identified as a matter of priority and that an appropriate transition plan would be put in place for this young person.

Safeguarding practices were effective in keeping children safe. All children had an allocated social worker. The staff team responded appropriately to ensure that children were safeguarded. The staff team worked closely with all relevant professionals when required and safety plans were in place to reduce any risks to young people.

There was a good management structure in place and managers provided good leadership to the staff team. However, monitoring and oversight mechanisms required improvement in order to assess the quality of the service provided.

The staff team were experienced and qualified. There were some gaps in mandatory training.

Further details of the findings of this inspection are contained within the body of this report.

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

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

Inspection Findings

Children's rights were respected and promoted. Children had been provided with child-friendly information packs when they were first placed in the centre, relating to the centre, advocacy groups and their rights. Inspectors found that the children were aware of their rights. Children were also made aware of the advocacy group, Empowering People in Care (EPIC), which is a national agency that advocates for young people in care. All children had their own bedrooms and their right to privacy was respected.

Children were encouraged to participate in decision-making about their lives. Staff and social workers supported them to be involved in the care planning process and they attended their child-in-care reviews. Inspectors reviewed individual work in which staff had discussed children's care plans with them. Staff had also discussed with children the reason why they were in care and the aim of their placements. Children told inspectors that they were made aware of their care plan and the overall objective of their placement. Inspectors reviewed plans which reflected that children were consulted and that they were empowered to make decisions about their lives. Children told inspectors that they knew that they could access their own daily logs but they didn't always wish to do so.

There was a good level of consultation with children about the day-to-day running of the centre. Inspectors observed children being asked what they wanted for dinner and about their plans for the day. Children told inspectors that they chose the colour of their bedroom when redecorating. Children's meetings were held bi-weekly and were attended by children and staff. On review of these meeting minutes, inspectors found that there was generally good attendance and children signed meeting minutes. Issues discussed included meal planning, household routines, group living and the house rules. Records indicated that issues discussed at these meetings were discussed on the same day at staff team meetings. Following this, there was feedback provided to the children.

Children told inspectors that their requests were always followed up and they were satisfied with this process.

Complaints were effectively managed. Children were informed of the complaints process and were aware of how to make a complaint. There were two complaints recorded on the complaint logs in the 12 months prior to the inspection, both of which had been made by children. Complaints made were taken seriously by the Centre Manager, were well managed and responded to in a timely way. Both complaints had been closed. Staff recorded the outcome of complaints on the log and indicated whether children were satisfied with the outcomes. Children told inspectors that they were satisfied with how their complaints were managed.

Judgment: Compliant

Theme 2: Safe & Effective Care

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

Standard 5: Planning for Children and Young People

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

Inspection Findings

Admissions to the centre were managed in line with policy. Admissions were approved by the Regional Central Referrals Committee of which the Alternative Care Manager was a member. The Centre Manager and staff team were consulted as part of the admission procedure to determine a child's suitability to the service. Children were provided with age appropriate information prior to and on admission to the centre.

Prior to admission, collective risk assessments were completed in order to consider the risk and impact of new admissions on other children already placed in the centre to ensure their compatibility. While these risk assessments were completed, inspectors found that there were children placed in the centre who were not compatible with each other due to complex behaviours displayed. As a result, one child was discharged from the centre.

Children were offered the opportunity to visit the centre prior to admission. However, in one case, a decision was made following a strategy meeting that a visit to the centre prior to admission would not be in the best interest of the child. This child was placed without an introductory visit to the centre as part of the transition period. However, the staff team facilitated regular visits from this child's siblings and family members in order to promote a successful transition. This child was placed in this centre where they would be close by to a sibling in order to ensure they maintained their relationship.

All children had an allocated social worker and they were visited by their social worker in line with the regulations. Children told inspectors that they met with their social worker both in the centre and from time to time in the community. Children were satisfied with the level of contact they had with their social workers.

Not all children had up-to-date care plans on file. One child had their child-in-care review two months previous and had not received an up-to-date care plan to date. This

was received on the day of the inspection. However, on review of this care plan, inspectors found that some information had not been updated as required, for example a child's educational information and decisions made regarding aftercare had not been updated. Inspectors highlighted this issue to the Centre Manager and this child's care plan has been updated since the inspection. Other care plans reviewed were comprehensive and outlined specific details relating to the child's needs, person's responsible and timelines for completion of agreed actions.

Child-in-care reviews were carried out in line with the regulations. However, not all minutes of child-in-care reviews had been provided to the centre in a timely way. Inspectors found from minutes which were on children's files that reviews were effective and monitored previously agreed actions and considered changes in the child's life. Children were consulted and attended their child-in-care reviews. However, inspectors found that minutes of one child's review which was held 12 months previous had not been provided to the centre to date. While this had been escalated by the Centre Manager, it required further follow up.

Not all placement plans were up-to-date. The majority of placement plans reflected children's care plans and guided staff in ensuring positive outcomes for them. Placement plans focussed on the development of children's independent living skills, and social, emotional and educational development. Placement plans were regularly reviewed and identified goals, daily routines, person's responsible and timelines for achieving goals. However, one placement plan had not been updated due to the absence of an up-to-date care plan.

Children maintained positive relationships with their parents and siblings, where appropriate. Visits with family and friends were facilitated in order to ensure children maintained links with their communities. Children told inspectors that their family and friends visited the centre. On the days of inspection, one child was being visited in the centre by their parent. Centre logs also reflected regular visits by family members.

The quality of emotional and physical care provided to children was good. Inspectors observed staff interact positively and warmly with children. Staff spent time with children when they needed emotional support. Children's emotional and psychological needs were assessed and staff were aware of and sensitive to these needs. Children were attending specialist services such as mental health services, community services, psychological services and medical appointments and staff supported them to attend these services. Staff had received specialised training in order to help them support children with complex needs. Each child was assigned to a keyworker who provided emotional support to them through individual work. Issues discussed in individual work related to healthy relationships, emotional supports, healthy eating and independent living skills.

Aftercare plans were not adequate. One of the young people was aged 17 years of age and met the criteria for accessing aftercare services. This young person had an allocated aftercare worker who visited the young person regularly. The aftercare worker was completing a piece of work with the young person in order to enable them to successfully complete their educational modules.

While this young person had an aftercare plan, there was no clear plan in place for their

onward placement once they turned 18. This young person had an identified education programme following their education placement, however, they expressed concern about the uncertainty of an onward placement. The Centre Manager had identified that a strategy meeting had been held and they were awaiting a response to a request for a placement. Following the inspection, inspectors requested assurances from the Area Manager that an appropriate onward placement would be identified as a matter of priority and that an appropriate transition plan would be put in place for this young person.

Young people's access to aftercare services had been delayed. Two other young people had turned 16, but there had been delays in their referrals to aftercare services. One of these young people had recently been referred to aftercare services, however this had not been recorded on their care plan. Another young person who had turned 16 five months previous had not been referred to aftercare services at the time of the inspection. The allocated social worker told inspectors that this young person has since been referred to aftercare services.

An assessment of young people's aftercare needs had not been completed. The staff team were working on developing the young people's skills and keyworkers did specific work around their needs. Young people were assigned household tasks such as completing their own laundry, assisting with grocery shopping, meal preparation and budgeting and were being encouraged to save a certain amount of money in a savings account in order to develop their budgeting skills. However, some of young people's aftercare programmes were in the early stages of implementation.

Children's records were securely stored and there was a system in place to archive old files. Children's files contained the majority of information required by regulations. For example, information relating to children's progress at school, significant events and records of visits by social workers were kept on file. However, as outlined above, child-in-care review minutes were not provided to the centre in a timely way.

Judgment: Non Compliant - Major

Standard 6: Care of Young People

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

Inspection Findings

Children were cared for in a manner that respected their choices and recognised achievements. Inspectors observed interaction between staff and children which was warm and respectful. Children's individual achievements and significant events in their lives such as birthdays, exam results and graduations were celebrated. Children were involved in outdoors leisure activities, community activities and pursued their own personal interests.

Care practices took into account children's individual needs. Staff were aware of these needs and completed one-to-one work with children in relation to these specific needs. Staff encouraged and supported children to develop their own identities. All children had a keyworker assigned to them and children were aware that there were staff available to support them. Children told inspectors that staff have helped them a lot and their lives have improved since their admission to the centre. Children also told inspectors that they were listened to by the staff team.

Children were provided with a healthy and nutritious diet. Inspectors observed meal times which were positive and sociable events. Records relating to meal planning confirmed that children were offered nutritious and appetising meals. Children were encouraged to maintain healthy diets.

Some of the children's behaviours placed them at risk. There were 156 notifications of significant events in the previous 12 months. Significant events recorded related to incidents of behaviour that challenged, health and safety, absences and episodes of children reported as missing child in care. There were 13 child protection and welfare notifications, 16 episodes of children absent at risk and 23 episodes of children missing from care. On review of significant events, inspectors found that they were well managed by the staff team with appropriate follow up. Records identified that the number of significant events had reduced in recent months. Staff had identified that some children's behaviours had escalated in previous months due to the compatibility of the children placed together at that time. However, these incidents had recently reduced due to the current mix of children in the centre and the interventions staff had in place.

There was an effective approach to the management of behaviour. There were good quality behaviour management plans in place for each child. Behaviour management plans were reviewed monthly. Staff were aware of children's behaviour management plans and had received training in behaviour management. Staff were also provided with specific training to provide care for children with particular complex behaviours and were aware of the underlying cause of inappropriate behaviours.

Absence management plans were of good quality. All young people had absence management plans which took into account their age and personal circumstances. The majority of absence management plans were reviewed appropriately when there was a change in circumstances. However, inspectors found that a specific plan had been agreed for a child in the event that they were absent from the centre, and while this plan was clearly recorded on the child's file, the child's absence management plan had not been updated to include this new plan.

Consequences and incentives were reasonable and appropriate. Children told inspectors of the rules within the centre and they were aware of the behaviour expected of them. There was a policy on the use of sanctions and there was a consequences log which recorded both positive and negative consequences. Examples of consequences used were withdrawal of pocket money and early curfew times. The consequences log recorded the reason and the child's views of consequence they had been given. Consequences were reviewed and discussed during team meetings in order to evaluate their effectiveness. Records of sanctions indicated how the sanction was used to address behaviours. Inspectors also found that there was consultation with the child about the most appropriate sanction to use.

There were two restrictive practices used in the centre. One of these restrictive practices related to the increased supervision of 2 staff to 1 child. This intervention was required in order to manage inappropriate behaviours. Inspectors found that this practice was well managed to ensure that it was implemented on the basis of risk, was well monitored and reviewed. There were regular meetings which were attended by a multidisciplinary team in order to review the effectiveness of this intervention. Therefore, this restrictive measure was under regular review in order to ensure that it was the least restrictive for the shortest duration necessary. While this restrictive practice was in place in order to ensure children's safety, this practice was on-going and affected children's day to day lives while living in the centre.

There was also a restrictive practice of a child protection alarm system on children's bedrooms doors. These alarms were used in order to mitigate risks to children. The use of alarms on children's bedroom doors was recognised as a restrictive practice and was also on the risk register which was reviewed regularly. The risk register identified that the alarm alerted sleeping staff if children woke at night and required supervision. However, inspectors found that the use of these alarms was a routine restrictive practice and there was no evidence that efforts were made to reduce the use of this restrictive practice. The Centre Manager told inspectors that children were informed of this restrictive practice when there were admitted to the centre. However, there was no record of this on one of the children's files.

There were no physical restraints used in the centre.

Judgment: Non Compliant - Moderate

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 staff team followed Children First: National Guidance for Protection and Welfare of Children (Children First 2011). While there was an interim child protection practice notice for children's residential centres, there was no national policy for child protection for residential care. Safeguarding measures were effective in protecting children from abuse. There were safeguarding policies in place, however some of these policies required review. Safeguarding practices included absence management plans, social work visits and a complaint procedure available to children. Staff completed good quality key-working sessions on issues relating to healthy relationships, internet safety and provided children with emotional support.

All child protection concerns were reported in line with Children First (2011). The Centre Manager was the designated liaison person for child protection. Staff were trained in Children First (2011). Staff were aware of the types of abuse and the steps to take in reporting a child protection and welfare concern.

There were 13 child protection and welfare concerns in the previous 12 months. There was a good level of communication between staff and social workers. As a result of a number of concerns reported, strategy meetings were held on a regular basis with relevant professionals in order to facilitate the sharing and evaluation of information. Staff members also liaised with members of An Garda Síochána in the process of ensuring children's safety. Risk assessments and safety plans were put in place to protect children. Inspectors found that those risk assessments and safety plans were of good quality and provided clear guidance for staff and children. They were also reviewed and updated regularly. Staff were aware of safety plans and inspectors observed safety plans being implemented on the days of inspection.

However, inspectors found that there were some delays on behalf of the relevant social work departments in formally responding to some of the child protection concerns notified. The Centre Manager had followed up on this issue with the relevant social work department. Eleven child protection concerns had been closed and one child protection concern was under investigation at the time of inspection. While one child protection concern was closed it required formal confirmation of this by the allocated social worker.

There was a whistle blowing policy and staff were aware of this policy.

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 the children was protected and promoted. However, some areas required improvement. The centre had policies and procedures relating to health and safety and there was an up-to-date health and safety statement. There was a designated health and safety officer who carried out monthly health and safety checks.

The centre was adequately insured and there was one vehicle which was adequately insured and taxed.

The premises was homely and had suitable heating, lighting and ventilation. The design and layout of the centre was in line with the statement of purpose and function. At the time of the inspection, the premises was being redecorated. Children told inspectors that they were consulted in relation to the redecoration of the centre. There was adequate space in the centre for children to have visits from friends, family members and social workers. There were two living rooms, a kitchen and seven bedrooms. There was also a large garden at the rear of the premises which had plenty of recreational space for children to use.

Not all maintenance requests were addressed in a timely manner. On review of the maintenance log, inspectors found that there were some delays in responding to maintenance requests. In one case, it had taken almost two months to repair a fire door following three requests by the staff team. There was limited evidence of oversight of the maintenance records by the Centre Manager.

Records of maintenance requests were not complete. While maintenance requests were recorded and there was evidence of follow up by the staff team. Inspectors found some maintenance issues which had not been recorded as complete. While the Centre Manager had confirmed these requests had been addressed, this was not reflected on the maintenance log.

There was an external closed circuit television (CCTV) system outside of the centre and there was a CCTV policy.

Fire precautions were adequate. However, there were some gaps in fire records and some delays in the past in the repair of fire doors. All staff members had been trained in fire safety. There was a written letter of confirmation from an engineer that the centre complied with fire safety and building control regulations. The fire evacuation plan was displayed in the centre.

There was suitable fire fighting equipment which was serviced regularly. The staff team

completed daily, weekly and monthly checks of fire fighting equipment. However, inspectors found some gaps in these fire checks which had not been identified by the Centre Manager.

All children had participated in a fire drill in line with policy. Three fire drills had taken place in the previous 12 months. There were adequate means of escape and staff and children knew what to do in the event of a fire and where the fire assembly point was located. Records of fire drills included the names of those who participated, the time and duration of the fire drill. Records of fire drills also recorded whether there was any learning from the fire drill in order to improve practice.

There was a secure cabinet in order to store medicines appropriately.

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

Education was valued in the centre. All children were in full-time education or training programmes.

One young person had recently completed the leaving certificate year and was due to start a third level course. External professionals told inspectors that the staff team were very supportive and encouraged children to achieve positive educational outcomes. Another child was completing the junior certificate examination. While inspectors did not see formal individual education plans on file, there was a good level of communication between the staff and educational professionals in order to ensure positive outcomes for children's education. The staff team had also put additional supports such as grinds for young people when required. Children told inspectors of what courses they would like to pursue once they completed secondary education.

Inspectors found school reports, timetables and mock exam papers on children's files. Social workers and care staff, through the care planning process maintained a focus on the children's educational placements. While some children had education assessments on file, individual education plans were not on files where appropriate. Staff celebrated children's educational milestones. Inspectors observed staff praising children for their achievements.

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 needs were appropriately assessed and met. Children had access to a general practitioner (GP) of their choice, therapeutic supports and specialist services such as psychology, mental health services and specialist professionals. Records confirmed that children visited the GP, the dentist and opticians when required.

Referrals to appropriate health services were made in a timely way by social workers and social care staff. The majority of children were medically examined upon admission to the centre and their medical reports were available on file. One child was not medically examined on admission, but since admission a medical examination had been arranged and a record of this was on file. Medical cards were also on children's files. However, inspectors found that one child's medical card was out of date. Inspectors also found that one child did not have medical consent on file.

Staff endeavoured to promote children's health. Staff encouraged healthy lifestyles for children, for example, by promoting healthy food and exercise. Staff also provided age appropriate health education sessions in areas such as smoking cessation, sexuality and relationships. There was a no smoking policy in the centre and on centre grounds. Some of the children smoked and staff had started to complete one to one sessions with them in relation to smoking cessation. However, not all staff had been trained in a specific smoking cessation programme. Staff also completed one-to-one sessions in relation to sexual health and substance misuse in order to raise young people's awareness.

Medication management practices required improvement. While the centre did not have a medication policy, there was a medication guidance document available to staff, which gave brief guidance on the administration of medication. One staff member was an assigned medical officer in order to ensure medication management practices were reviewed. Inspectors reviewed medication administration template sheets. Medication administration sheets specified the name of the child, the prescription, and when medication was administered. However, while one staff member signed administration sheets once medication was administered, a second staff member did not co-sign these sheets in line with good practice. Inspectors also found that some medication administration sheets did not record the dosage of medication required. Records showed that medication was counted regularly. However, inspectors found that there were a number of medications which did not reconcile, for example administration records stated that 12 tablets were stock, however, inspectors found that there were only 4 in stock. Some medications were out-of-date and not disposed of in a timely manner.

The Centre Manager also reviewed medication management practice on a monthly

basis. However, some gaps identified by inspectors had not been identified by the Centre Manager. There were two reported medication errors in the previous 12 months. The Centre Manager reported these errors under the significant events notification system and completed a review of these errors in order to promote learning among the team. While the Centre Manager had received training, the staff team had not received training in medication management practices.

Judgment: Non Compliant - Moderate

Theme 4: Leadership, Governance & Management

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

Standard 1: Purpose and Function

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

Inspection Findings

The centre had a statement of purpose and function and it was identified during the last inspection that it needed to be reviewed to clearly reflect the level of complex needs the centre had the capacity to meet. The statement of purpose and function was reviewed in August 2016. However, it did not sufficiently specify the cohort of children it could provide care for, or whether it accepted mixed gender. Inspectors also found that there were further gaps in the revised statement of purpose and function, as it did not list the key policies in place and their availability.

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 were clear lines of authority and accountability. Staff were aware of their roles, responsibilities and the reporting structure. The Centre Manager was experienced, had a relevant social care qualification and had some line management training. The Centre Manager was present in the centre Monday to Friday during office hours. There was also a Deputy Centre Manager who supported the role of the Centre Manager and deputised in her absence. The Centre Manager reported to the Alternative Care Manager who in turn reported to the Regional Manager for Residential Care. There were four team leaders who were assigned the role of shift coordinator and organised daily tasks for the staff team.

There were effective communication systems in place. Team meetings were held bi-weekly and there was a standing agenda for these meetings. Minutes of meetings showed good discussions about issues including the children, health and safety, risk management and a review of significant events. Following each meeting a list of action plans were developed which had identified a person responsible and a timeframe for completion. These actions were reviewed at the next team meeting in order to monitor the progress and to ensure actions were completed among the team. However, not all meeting minutes were signed by staff who had not attended. There was also a handover meeting held daily in which staff shared information about the children and tasks required to be completed. Staff outlined that the handover meeting provided clarity among the team in relation to tasks which needed to be completed during their shift. Inspectors observed staff completing their specific duties on the day of inspection. There was also a diary in the centre which was used as a communication tool among the staff team.

Regional team meetings were held monthly and were attended by the Regional Manager, alternative care managers and centre managers. The Centre Manager told inspectors that information was shared at these meetings and there was good guidance provided to centre managers in relation to practice, for example items discussed included risk management, training and budget.

The majority of policies were in place to guide staff, but some had not been revised in line the identified revision dates. Some recently reviewed national policies and procedures on risk management, complaints and aftercare were available to staff.

The risk management framework was effective. There was a risk management policy and the risk register had identified all risks within the centre. Risk assessments completed included general risks to children and environmental risks within the centre. The Centre Manager identified that the risk of exposing children to complex behaviour was the main risk in the centre. As a result, there was a safety plan in place and the

staff team were aware of the risks, the relevant risk assessments and measures in place to control these risks. Inspectors observed staff following this safety plan on the day of the inspection. Other risks in the centre included the risk of fire and use of restrictive practices. While inspectors found that some controls identified to reduce risk were not being implemented by children as required, staff had taken additional steps to address this issue with children.

There was a prompt notification system for significant events which occurred in the centre. There were 156 notifications in the previous 12 months. Significant events recorded related to incidents of behaviour that challenged, health and safety, absences and episodes of children reported as missing child in care. There were 13 child protection and welfare notifications, 16 episodes of children absent at risk and 23 episodes of children missing from care. On review of significant events, inspectors found that they were well managed by the staff team with appropriate follow up, and notifications were made to the relevant parties which included social work departments, the monitoring officer and the significant events review group (SERG). Incident reports were reviewed internally by the staff team in order to gain learning in relation to how the incident was managed and also to review any discrepancies in paperwork and to guide the team.

Incident reports were also reviewed externally by the SERG group. SERG reviewed these events and, as appropriate, feedback was provided through meeting minutes which were made available to the staff team. The meeting minutes from this review were discussed at team meetings with the staff team in order to promote learning among the team.

Monitoring and oversight mechanisms required improvement in order to assess the quality of the service provided. The Centre Manager told inspectors that she observed day-to-day practice. The Centre Manager also attended daily handover and team meetings which were held on a bi-weekly basis. The Centre Manager reviewed medication management practices, complaints, health and safety, supervision, incident reports, and individual work completed between the staff team and the children. However, some issues identified by inspectors for example, gaps in fire checks, medication management and recording of maintenance requests had not been identified by the Centre Manager.

The Centre Manager also reviewed files to assess the quality of recording. However, records did not reflect how some gaps were identified and addressed with the staff team. For example, the Centre Manager wrote comments on records which required amendments. However, it was unclear whether these were recurring issues or how these issues were addressed. Inspectors reviewed centre records which reflected some oversight by the Centre Manager. However, there was no formal system in order to audit children's files to ensure they were up-to-date.

Monitoring and oversight by the Alternative Care Manager also required improvement. There was no systematic or regular monitoring in order to fully assess the quality of the service provided. The Centre Manager told inspectors that the Alternative Care Manager visited the centre approximately every two months. The Alternative Care Manager observed practice and completed reviews of supervision. The Alternative Care Manager also told inspectors that he completed spot checks of children's plans and central logs

when he visited the centre. However, centre records did not reflect oversight by the Alternative Care Manager.

There was also a national reporting tool in place but it was not fully implemented within the centre. As a result, there was no formal system in place in order to ensure the Alternative Care Manager had effective oversight of the centre on a range of issues including the availability of young people's data relating to care planning and management of specific risks on a monthly basis.

The register of children was up-to-date and complete. The register contained all required information such as the date of all discharges and where children were discharged to.

There was a clear financial management system in place. Both the Centre Manager and the deputy centre manager had procurement cards. These cards were used to purchase items over a certain budget. There was also a petty cash available to the staff team when the Centre Manager and deputy were not available in the centre. The Centre Manager had an effective system in place to ensure that all purchases required for the centre were made in a timely way. Petty cash was used for some small purchases such as activities. Each procurement card holder kept receipts and completed a log of petty cash and purchasing card transactions. The Centre Manager reviewed these financial records on a monthly basis. All financial records were also sent to the finance department at the end of each month.

There was a sufficient number of staff in place to deliver the service. There was a good skill mix of experienced and qualified staff on the team. Inspectors reviewed rosters and found that, in general, there were four staff members who worked each shift based on four young people in the centre. The Centre Manager advised that they used agency staff as a contingency when required.

Staff members had been recruited in accordance with legislation, standards and policies. However, some staff members required updated Garda vetting. Two staff members had been recruited in the last 12 months. While the Centre Manager was informed that all necessary documentation including Garda clearance relating to these staff members was held in the National Office, she had not reviewed this documentation in order to assure herself that all staff had been recruited in accordance with legislation, standards and policies. Since the inspection, the Centre Manager has assured inspectors that she has reviewed this documentation.

The quality of supervision was good. However, some records identified that supervision was not provided in line with timeframes identified in the supervision policy. The Centre Manager, Deputy Centre Manager and one social care leader provided supervision. All supervisors were trained in supervision. Records reflected that personal development, health and safety, risks to children in the centre and child protection concerns were discussed. There were good records of discussions and decisions made at supervision. However, records indicated that agreed actions were not always clear and were not always followed up at subsequent supervision. Staff told inspectors that they found supervision supportive and that it provided them with clear guidance and accountability for their workload.

There were gaps in mandatory training. All staff members had received the required up-to-date training in Children First (2011), fire training and managing behaviour. However, the majority of staff did not have training in first aid. There were also some gaps in mandatory training, for example, manual handling training, medication management and smoking cessation. While the Centre Manager had requested this particular training it had not been provided to date.

The majority of additional training needs identified had been provided. However, some identified training needs had not been provided in a timely way. A training audit had been completed in 2016. This audit was based on the needs of the children and the learning and development needs of the staff team. On the day of inspection, training was being provided to the staff team in relation to specific behaviours of children within the centre. Staff told inspectors that they found this training very beneficial and informed how they managed specific behaviours of children. While a number of the identified training had been provided, some training identified by the staff team and not been provided to date. For example, a number of staff had requested training and report writing skills which had not been provided to date.

Administrative files are well maintained.

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 had an assigned monitoring officer whose role was to monitor the centre on a regular basis to ensure compliance with the regulations, standards and best practice. The monitoring officer had visited the centre in April 2017. Significant events were reviewed by the monitor as part of the monitoring visit and found that they were notified promptly by the centre as required. The Centre Manager had completed a self assessment report prior to the monitoring visit. This self assessment report was drafted as part of a pilot project initiated by Tusla. The Centre Manager had received a draft monitoring report and had identified actions in order to address deficits identified and timeframes for completion. Some of the issues identified were also identified in this inspection.

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.

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| Action Plan ID: | MON-0019601-AP |
| Provider's response to Inspection Report No: | MON-0019601 |
| Centre Type: | Children's Residential Centre |
| Service Area: | CFA DNE CRC |
| Date of inspection: | 23 May 2017 |
| Date of response: | 15 August 2017 |

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

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| Theme 2: Safe & Effective Care Standard 5: Planning for Children and Young People Judgment: Non Compliant - Major |
| The Provider is failing to comply with a regulatory requirement in the following respect: Not all children had and up-to-date care plan. Not all child-in-care review minutes had been provided to the centre in a timely way. Not all children had an up-to-date placement plan. Young people's access to an aftercare service was delayed. There was no clear plan in place for the onward placement of one young person who was due to turn 18. An assessment of young people's aftercare needs had not been completed. Action Required: Under Standard 5: Planning for Children and Young People you are required to |

ensure that:

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

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

1) All young people have now an up to date care plan –completed on 07/07/2017. In future if an updated care plan has not been furnished to the centre within one month of the Child in Care review, the key worker will write to the social worker seeking the Care Plan. After two weeks if the care plan has not been received, the centre manager will escalate the request to the social work team leader. If the care plan has been received by ten days after this request, the matter will be escalated to the ACM, who in turn will raise the issue with the Principal Social Worker.

2) Where the minutes of a young person's child in care review have not been furnished to the centre within one month of the review, the key worker will write to the social worker seeking the minutes. After two weeks if the minutes are not provided the centre manager will escalate the request to the social work team leader. If after one week no response is received, the manager will again request a response for the social worker team leader. If no response is received by ten days after the second attempt, the matter will be escalated to the ACM.

3) The centre manager will ensure that all young people have an updated placement plan. Completed by 31/08/2017

4) The young people in the centre have been referred to aftercare services. Completed on 17/07/17.

In future the Centre Manager will liaise with the allocated social worker to ensure that aftercare provision and an aftercare referral is discussed as part of the young person's child in care review prior to their 16th birthday.

At least 3 months before the young person turns 16 years old the Centre Manager will liaise with the allocated social worker to ensure that a referral to aftercare is discussed and submitted before the young person reaches 16 years of age. Where there are any delays/deficits in the process, the centre manger will liaise with the social work team leader. Any further issues will be escalated through the line management system.

Where there are any delays in excess of 2 months in the appointing of an aftercare worker, the centre manger will liaise with the aftercare coordinator and social work team leader. Any further issues will be escalated through the line management system.

5) An appropriate aftercare service has been identified for a young person who is due to turn 18 years old. Completed on 31/07/17

In future the Centre Manager will liaise with the allocated social worker and aftercare worker to ensure that an appropriate aftercare placement has been identified for young people. Any delays/deficits in the identification of an aftercare placement will be escalated by the centre manager through the line management system at least 6 months before the young person reached 18 years.

When an aftercare placement has been identified the centre manager will liaise with the allocated social worker, aftercare worker, young person and the manager of the identified placement to plan and agree a transition plan. This plan will at a minimum include; the timeframe of the transition, dates and times of day visits, dates of overnights and the move in date. This plan will be agreed at least 2 months prior to the young person's move. Any delays/deficits in the transition plan will be escalated by the centre manager through the line management system.

6) The centre manager will ensure that the aftercare needs assessment for two young people is completed by the young people's key workers. Completed by 31/08/17

In future, at least one month before the young person reaches 16 years of age; the Centre Manager will liaise with the allocated social worker, aftercare worker to ensure that an appropriate plan is in place for the commencement of the aftercare needs assessment. The aftercare needs assessment will be completed no later than 6 months after the young person turns 16. Where there are any delays/deficits in the process, the centre manager will liaise with the aftercare coordinator and social work team leader. Any further issues will be escalated through the line management system.

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| Proposed timescale: 31/08/2017 | Person responsible: Centre Manager |
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Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Non Compliant - Moderate

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

Not all children's absence management plans had been updated as required.

Alarms were routinely used on bedroom doors at night.

Records did not indicate that children were informed of all restrictive practices.

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:

1) The centre manager will ensure that all the young people's absence management plans are reviewed and updated fortnightly at the team meetings. Completed by 18/08/2017

2) The centre manager will conduct risk assessments on the use of the child protection alarm system which are specific to each young person. These risk assessments will be conducted on the admission of a new resident and subject to monthly review. Where indicated by the risk assessment the use of the system will be reduced.

Evidence of this will be found on the centre risk register. Completed by 31/08/2017

3) The centre manager will ensure that all young people who are admitted into the centre are informed of the door alarm system and the child protection reason for the system being in place. The young person's booklet will be updated to include this information.

Completed by 31/08/2017

Proposed timescale:
31/08/2017

Person responsible:
Centre Manager

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

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

There was no national policy for the protection and welfare of children.

Not all children protection concerns were formally closed by the relevant social work department.

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:

1) A CRS Interim Child Protection Practice Note was issued in October 2016. A National Policy for the protection and welfare of Children will be issued by 31st March 2018.

2) The centre now has a system in place where, two weeks after the initial report,

the key worker will request a response from the social work department. If after a further week no response is received the worker will again request a response from the social worker. If this proves unsuccessful the Social Care Manager will request a response from the Social Work Team Leader. If no response is received by ten days after the second attempt, the matter is escalated to the Alternative Care Manager. To be completed by 31/08/17

The centre manager has contacted the relevant social work team leader requesting closure on the outstanding child protection referrals. Completed on 17/07/2017

Proposed timescale:
31/03/2018

Person responsible:
Director of CRS, C&FA

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:

There were gaps in fire records.

There were gaps in records of maintenance requests.

There were some delays in response to maintenance requests.

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:

1) The centre manager will ensure that the daily fire duties are assigned to a staff member for competition per shift. The health and safety officer will conduct monthly audits on the fire records to identify gaps and identify recommendations to address the gaps in the fire records. A record of these audits will be evidenced in the Health and Safety Audit. To be completed by 31/08/2017

2) The centre manager will conduct monthly audits of maintenance requests as part of the Health and Safety Audit to ensure there are no gaps in raising maintenance requests. These audits will be recorded on an audit form. The audit form will record what issue was identified, the action planned, timeframe and person responsible. Where issues are identified during the audit, these issues will be raised by the centre manager at the next team meeting. The centre manager will verify that these actions have been completed, at the next audit.

To be completed by 31/08/2017

3) The centre manager will conduct a monthly audit of maintenance requests to ensure that there are no substantial delays in getting requests responded to. These audits will be recorded on an audit form. The audit form will record what issue was identified, the action planned, timeframe and person responsible. The centre manager will verify that these actions have been completed, at the next audit. Any issues outstanding for more than 2 months will be notified to the Alternative Care Manager by the Centre Manager. To be completed by 31/08/2017

Proposed timescale:
31/08/2017

Person responsible:
Centre Manager

Theme 3: Health & Development

Standard 9: Health

Judgment: Non Compliant - Moderate

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

Medical consent was not on children's files as required.

One child's medical card required updating.

There was no medication management policy.

Medication management practices required improvement.

Staff were not trained in medication administration.

Action Required:

Under Standard 9: Health you are required to ensure that:

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

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

1) The centre manager will seek medical consent for all young people from both the allocated social workers and parents of the young people. To be completed by 31/08/2017

2) Where the centre does not receive an up to date medical card upon admission, the key worker will contact The National Medical Card Unit regarding the issuing of a new card. If no card is issued within 4 weeks the centre manager will write to the unit. After 8 weeks if the card has not been issued the matter will be escalated to the Alternative Care Manager by the Centre Manager. To be completed by 31/08/2017

3) An interim guidance note on the management of medication will be issued by 30th September 2017. A national policy on Medication Management will be issued by 31st March 2018.

4) The centre manager will conduct a monthly audit of medication management practices to identify errors and make recommendations in this area to improve

practice. These recommendations will be addressed at the team meeting. To be completed by 31/08/2017

5) Training regarding the management and administration of medication has been identified and will be delivered to the team by 31st October 2017.

Proposed timescale:
31/03/2018

Person responsible:
Director of CRS, C&FA

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 clearly define the population it caters for.

The statement of purpose and function did not list the key policies or their availability to young people, their families' and social workers.

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:

1) The centre manager has updated the purpose and function to clearly reflect the population that the centre caters for. Completed on the 04/08/2017

2) The centre manager has updated the purpose and function to reflect the key policies. Completed on the 04/08/2017

Proposed timescale:
04/08/2017

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:

Some policies required review.

Monitoring and oversight required improvement in order to ensure a quality service was provided.

The national reporting tool was not completed as required.

Supervision was not always provided in line with policy.

Records of supervision did not always indicate how agreed actions were implemented.

There were gaps in mandatory training.

Some additional training had not been provided in a timely way.

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:

1) The child & Family Agency has commenced a tendering process for the development of an updated suite of national policies. The tendering process is due to be completed by 30/9/17 with National policies implemented by the 31st March 2018.

In the interim the Regional management team will provide additional Interim guidance notes in relation to restrictive practice, and national medication management by 31st September 2017.

2) The Alternative Care Manager will audit the centre to ensure compliance with National Standards. Following each audit the ACM will provide the centre manager with an action plan. The Alternative Care Manager will verify that these actions have been completed by the centre manager at the next audit. The Alternative Care Manager has scheduled a yearly calendar of oversight visits to the centre. To be completed by 15/09/2017

3) The centre manager will ensure that any outstanding elements of the Governance Report are completed. To be completed by 28/09/2017

4) The centre manager will review the supervision schedule to ensure that the scheduled dates are within policy. If scheduled supervision is cancelled the supervisor will schedule another supervision to occur within ten days. To be completed by 31/08/2017

5) The centre manager will ensure that supervision records will reflect how the agreed actions were implemented. To be completed by 15/09/2017

6) The centre manager will conduct a training audit to identify any outstanding mandatory training needs and address these training needs. To be completed by 15/10/2017

7) The centre manager will conduct a training audit and ensure that any additional

training required will be provided in a timely manner in conjunction with Workforce, Training and Development. Any difficulties in obtaining such training will be notified to the Alternative Care Manager by the Centre Manager. To be completed by 01/11/2017

Proposed timescale:
31/03/2018

Person responsible:
Director of CRS, C&FA