

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA South CRC
Centre ID:	OSV-0004650
Type of inspection:	Announced Full Inspection
Inspection ID	MON-0019090
Lead inspector:	Ruadhan Hogan
Support inspector (s):	Rachel McCarthy, Ann Delany, Sharron Austin

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:
23 May 2017 10:00	23 May 2017 18:00
24 May 2017 08:30	24 May 2017 19:00

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

Summary of Inspection findings

The residential service provided care for up to 15 boys aged 12 to 16 years on admission. Children were accommodated in one of three units located on a large campus style facility which provided a range of services to young people and families. The grounds were extensive and had soccer pitches and horse stables. Additional facilities on campus included an on-site school and a two bedroomed cottage which was used as an independent living facility for young people aged 16 years and over. The campus was located on the outskirts of a large town and a public river walk ran adjacent to the campus. The campus on which the units were located also accommodated other Tusla services, which included: the regional residential services team, an outreach team, a fostering team and an access team. A school linked to the service and public services such as a swimming pool were also located on the campus. The buildings associated with the service, including the accommodation, were not separated from these other services. At the time of the inspection, there were 7 children living in the centre.

During this inspection, inspectors met with or spoke to 5 children, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care

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

While there were seven children living in the units in the campus, six were staying in the campus at the time of inspection. The other child was at home on the day. Inspectors also spoke with other professionals including three social workers, a social work team leader, two Tusla monitoring officers, a psychologist, a nurse and a guardian ad litem (GAL).

HIQA last carried out an unannounced, full inspection of the campus in August 2016 (Monitoring event number 0017923). At that time significant failings were found in relation to the care of young people, safeguarding, premises and safety and management and staffing. These issues were escalated to senior managers within Tusla who committed to implementing a number of actions to address these deficits. HIQA carried out an unannounced follow-up inspection in December 2016 (Monitoring event number 0018200). At this time, inspectors found that insufficient progress had been made to improve the care practices within the campus. These concerns and other issues relating to behaviour management, institutional care practices and the lack of timely progress were escalated to the senior managers within Tusla's national office following the inspection. In response, an oversight group, consisting of national, regional and local managers from Tusla, was established to coordinate the response to the management of the campus and ensure timely implementation of the action plans over a six-month period.

At the time of this announced, full inspection, a strategic review of the service was underway and a number of proposals as to the future of the service were being discussed with the chief operations officer. In the interim, the campus remained closed to admissions.

Children who spoke with inspectors gave mixed feedback on what it was like to live in the campus. Some liked living there while others did not want to. Some said they had good relationships with staff and could go to them if feeling down. Children said they wanted to eat their meals in each of the units and not in the canteen.

Children's basic care and healthcare needs were being met. Each child had an allocated social worker and had up-to-date child-in-care reviews. However, not all children's care plans reflected their current needs or circumstances so were not up to date.

Inspectors found there had been improvements in some areas such as the notification of child protection concerns, some safeguarding arrangements and in some responses to children engaging in risk behaviour. However, in other areas, progress continued to be slow and some of the children continued to engage in risk-taking behaviours. A full

review of care practices in the campus to ensure they were safe had not been completed. Staff in the campus were not able to ensure safe use of mobile phones for all young people. An external independent consultant had been engaged to reflect on principles and practices underpinning modern service provision with management and staff. However, progress in relation to changing how campus staff responded to children's behaviour that challenges was not timely and inspectors found staff were not clear on the approach to take to promote positive behaviour and discourage negative behaviour. This impacted on some children who did not have healthy routines to their days. In addition, there had been little change to the practice of eating meals in the canteen which was institutional.

In relation to the governance and management of the centre, there had been changes to the management structure and personnel within the campus since the last inspection. While the revised structure provided clear lines of authority, accountability arrangements were not sufficient as managers were not always held to account. The oversight group was to meet monthly and provide an update report to the Chief Operations Officer and to HIQA. In addition, the Tusla monitoring service had committed to a plan to monitor the campus and service-delivery improvements. This was to be completed through monthly 'verification visits' to the campus by two monitoring officers for a six month period beginning in November 2016. The oversight group had not been effective at monitoring the progress of changes on the campus, verifying that the changes had been completed and ensuring identified actions to address previously identified deficits were implemented in a timely manner. Of the 20 actions that had been identified following the last inspection, 19 should have been implemented at the time of the inspection. Inspectors found that 13 had been completed, four were delayed and two had not commenced. A number of management systems, including risk management and monitoring and oversight remained poor.

The actions outline the improvements that are required.

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

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

Inspection Findings

There had been changes in some practices on the campus since the last inspection which had a positive impact on promoting children's rights. Actions from the last inspection had been implemented in a timely way.

Children were no longer routinely checked throughout the night in their bedrooms. Records showed each child was risk assessed and if a need arose that justified a child being checked while in their room at night, for example, if they were under the influence of alcohol or drugs, then periodic and time-limited checks took place. One child told inspectors that they slept better with these new arrangements, while another child said they felt safe and understood if there was a reason to be checked at night.

Children had been given information about their rights and told inspectors they understood what their rights were. Children were given booklets on their rights. The units had posters displayed with the UN Convention of the Rights of the Child.

The campus had some child-centred practices in place where children were consulted and encouraged to participate in planning for their placement and in child-in-care reviews. These meetings looked at their care plan and involved the significant people in their life, such as their parents, social worker, guardian ad litem (GAL), unit staff and other professionals. Children told inspectors that they were given the opportunity at these meetings to ask questions and say what they thought. The children's extended family were also consulted at these meetings.

Children were consulted about the day-to-day running of the campus. Two of the three units held weekly unit meetings where children had opportunities to get involved in the running of the centre and could raise issues that were important to them, such as access to the town or computers on the campus. Inspectors reviewed records of these meetings which showed that children attended, or indicated that their opinions were sought if they didn't attend. The third unit did not hold meetings with children as there was only one child living there at the time of inspection.

Children had access to advocacy services and staff acted as their advocates where appropriate. Children were given information about EPIC (Empowering People In Care) - an independent advocacy service for young people in care. Records in the units showed that a representative from this service attended the campus a number of times over the 12 months prior to inspection. Children said that they had a chance to speak with this representative and told inspectors they understood what the service provided. Two children also had GALs appointed by the courts.

Complaints management continued to require improvement. There were a small number of complaints on the register, and while they were managed, there were other complaints that were not recognised or managed appropriately. When the complaints were recognised, they were responded to in a timely manner and outcomes were clearly recorded. The campus had a policy for the management of complaints. Children told inspectors they knew how to make a complaint and would do so if they wished to. Data returned to HIQA prior to the inspection showed that there had been three complaints since the last inspection in December 2016. Inspectors reviewed all of these complaints records and found they had been investigated appropriately. Two complaints were resolved by staff in the centre and the third was investigated by the child's social worker. Each unit clearly recorded the outcome of the complaint and whether the complainant was satisfied or not. However, there were two occasions where complaints that were made were not recognised or managed as complaints and did not receive an appropriate or timely response in line with the complaints policy. Inspectors found that a child complained to staff about the lack of a wardrobe in his room and a parent complained to staff during a child-in-care review about the care their child received while living in the centre. Staff acknowledged that some complaints were not picked up through the various forums and learning therefore, did not arise.

There was no central log of all complaints received. Inspectors found that each unit had its own system for recording complaints. Records showed there was oversight of the complaints process by the interim service manager. One of the centres recorded entries on a complaints log. Another recorded entries on separate sheets and did not collate them in a log. The third did not have any complaints recorded.

Judgment: Non Compliant - Moderate

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

Tusla ceased admitting children to the campus in September 2016. At the time of inspection, seven children were resident in the campus, with six children present on the days of inspection. Inspectors found that actions from the last inspection had been progressed.

Three of the seven children living in the campus were not suitably placed as they were not engaging with the services provided. Some of these children went on regular leave back to their family homes. Inspectors found there were differences of opinion between the social work teams and the managers and staff as to the suitability of some placements. Some staff told inspectors that some children were not suitably placed, while the respective social workers told inspectors that they were. A parent told inspectors that agreement on whether a child was to stay or where the most suitable follow-on placement was, had not been decided.

Two children had been discharged since the last inspection. Records on file for one of the children discharged since the last inspection were incomplete. Inspectors were therefore unable to review the discharge process for this child to see if they were discharged in a planned and appropriate way.

At the time of the inspection, all of the children had an allocated social worker, though one child had only been recently allocated a social worker. The social work visits were carried out within the timeframes laid out in the regulations. Campus records showed that some social work visits took place far more frequently than the regulations stipulated, and often happened every two weeks. Records also showed that social workers were in contact by phone with children. Child-in-care reviews were held within timeframes laid out in the regulations and records showed that these were also often held more frequently than these timeframes.

Tusla had not fulfilled all of its statutory requirements as not all care plans were up to date. In addition, the quality of two care plans was poor. The campus held copies of

care plans on children's files. Inspectors reviewed five children's files and saw that two care plans were not up to date. For example, one of the children referred to in the care plan was regularly staying at their family home and was not attending school, while the other was on home leave. This was not in line with the children's care plans. Two other care plans were poor in quality. One did not specify the reason why a child was in care and did not identify persons responsible for actions with timelines. The other did not adequately outline timeframes against the actions listed.

A new placement plan template had been adopted by the campus but the quality of these plans and the supporting documentation was mixed. This revised placement planning system had been rolled out and were in the process of being embedded. Staff told inspectors that they were happy with the new documents but the new placement planning system was evolving as they adjusted to the new templates. Some records showed good quality placement plans were written following regular reviews of children's placements. These reviews included reports from unit staff, school personnel, the nurse and psychology. Specific needs were set out and the relevant actions to meet these needs were identified, including actions regarding the management of behaviours that challenge for children. However, some placement support plans did not adequately outline how staff could encourage children's attendance at school or change children's poor routines.

Children could maintain relationships with their families. Some of the children were placed within their own community. When children were placed outside of their community, the staff team facilitated family contact and helped with transport arrangements. Inspectors found that children visited their family homes in line with family contact arrangements.

Children were observed by inspectors to be treated warmly and with respect by staff. Children told inspectors they liked some, but not all, staff. Some children said that they joked with staff and could go to them if they felt down. Others, who told inspectors that they were not happy living in the centre, said that they still got on well with key staff and could talk to them if they needed. Social workers said that children had good relationships with staff on the campus.

Children's emotional needs were not consistently met. Records did not show that access to specialist services to meet children's needs was sought and provided. Each child had a key worker and children said they would go to their key worker. A full time psychologist was based on the campus and children were offered and could avail of sessions if they wished to. However, records did not show how staff followed up or encouraged children if they refused to attend an appointment. The psychologist carried out some assessments and individual sessions with children, and attended planning meetings. The psychologist also supported staff and attended team meetings to assist with practice issues. Other children attended a psychologist off campus. Where children required specialist emotional and behavioural supports, records showed that they were provided for some children with high-risk behaviours. For other children who were engaging in self-harming behaviour, their records, including care plans did not show that specialist supports and plans were put in place to address these needs.

Where a plan was agreed for children to leave the campus, children were supported and prepared for leaving care. Two of the six children in the campus were aged 16 or

over and were required to have leaving care and aftercare plans. These children had allocated aftercare workers to work with them on the aftercare plan. The campus had made arrangements for children to be prepared for leaving care, for example, one child had completed a safe pass course to allow them to work on a building site. However, another child was not engaging in preparation for leaving care.

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

Some actions from previous HIQA inspections had not been implemented in a timely manner. These included a review of the ratings system, the re focusing of staff onto new models of engaging with children and changing institutional practices around meal times.

Some children engaged in activities and hobbies, but the staff team were not always timely in facilitating some of the children's interests. Children told inspectors that they were given the opportunity to choose activities that they liked. However, the campus was not always responsive to facilitating some children's interests. Children did have access to a wide range of activities such as horse riding and canoeing. Children could also avail of facilities on campus such as the gardens, stables, a swimming pool and the gym. Staff supported children to engage in activities in the community. However, it was a challenge to integrate children into activities such as local sporting organisations as children frequently went home at weekends when matches and other activities took place. Some children experienced significant delays in organising activities that they liked such as having a personal computer or accessing music lessons, while others said they were frequently offered activities but that they were not of interest to them.

Children's right to maintain their culture was promoted while in the centre. There was a small church located on the campus. The centre also had a pastoral care officer who was available to children if appropriate. Staff were aware of the ethnic and cultural backgrounds of children.

Children were provided with a varied and nutritious diet in the canteen but meal times were institutional and did not resemble a family environment. A review of the use of the canteen was undertaken following the last inspection in December 2016. Inspectors saw that the canteen décor and environment had been upgraded. However, how the canteen was used had not fundamentally changed. Each of the units had cooking facilities but children only ate breakfast and a night-time snack there and continued to eat lunch and dinner in the canteen. Children's food in the units was limited to snacks such as fruit, cereals, noodles and bread. Children told inspectors that they preferred to eat in the units. Inspectors observed lunch on the two days of inspection and one of the evenings. Children and some staff were accommodated for lunch and dinner initially, followed by the remainder of the campus-wide staff, including administrative, maintenance and other staff who were working or visiting the campus. The children and others who used the facility queued up to collect food and to drop off dishes after the meal, which meant there were few opportunities for the children to get involved in cooking the meals and washing dishes.

Senior managers from the children's residential services told inspectors that attempts

had been made to change this practice and expectations had been placed on staff to cook meals in each of the units, to replicate a family environment. However, staff were reluctant to change and as a result this practice remained the same.

There were policies in place on the management of behaviour, the use of sanctions and the use of physical restraint. Some of these policies were in transition to new policies. According to data returned to HIQA prior to the inspection, 90% (86 of 95) of staff had up-to-date training on responding to behaviours that challenge using a Tusla-approved method.

The new model and the approach used to promote positive behaviour and discourage negative behaviour had not been fully implemented. Staff were not clear on what approach to use. A review of the ratings system had been completed and a new consequences policy was drafted, but at the time of inspection it had not yet been implemented. As a result, staff were largely working from the older ratings system. Staff also used a model of positive reinforcement to inform their practice, for which training had been provided. However, an audit by the monitoring office said that this model conflicted with the ratings model and there was a lack of clarity on which approach to adopt. Some staff and managers told inspectors staff in the units were concerned with these changes being implemented and their impact on future service provision.

The lack of a clear approach to appropriately promote and discourage behaviour impacted on some children who did not have healthy routines to their days. Parents told inspectors that the staff were unable to motivate these children and there were few options available to encourage them or to implement consequences for negative behaviours. Inspectors reviewed the daily logs and found that, where children were not in full-time education, they got into the habit of staying up very late and sleeping late into the day. This impacted on children's mental health, education and outcomes for life.

The quality of individual crisis management plans (ICMPs) on children's files had improved. However their effectiveness was not consistent. Inspectors found they were personalised and targeted specific behaviours with an emphasis on de-escalating incidents. The centre psychologist made recommendations on the ICMPs which were incorporated into how staff worked with children. Inspectors found some of these plans assisted staff in managing children's behaviours that challenge. For other children, the ICMPs did not effectively assist staff as children continued to abscond from the campus and engage in risk behaviour.

Physical restraint was used as a last resort on the campus. According to data returned to HIQA, there had been one incident of restraint since the last inspection in December 2016. Inspectors viewed the records of this incident. There was evidence that when physical interventions were used their use was reviewed to ensure that they were necessary and in line with good practice.

Some children were found to be involved in challenging behaviour similar to the behaviour found on the last two inspections thus continuing to place themselves at risk. While there were fewer episodes of children engaging in risk behaviours and some children's behaviour had improved, other children engaged in anti social behaviour,

including absconding, alcohol use and criminal behaviour. This had not changed since the last inspection. There had been some improvements however to the documentation that supported how staff responded to children placing themselves at risk.

No new or different approaches had been implemented with staff. Direct work with staff teams on behaviour management from the external consultant focused on child protection. Since the last inspection, there had been one engagement session with staff to inform and direct their practice in this area. The campus utilised professional meetings as shown by records, which demonstrated that strategy meetings and teleconferences were held with social work departments and plans drawn up to address particular absconding and risk behaviours when they arose. It was not possible to tell if these methods were effective at de-escalating the risk behaviours. During some incidents, some staff had been assaulted and children had been arrested. On some occasions, staff relied on calling the Gardaí as a method of managing risk in the campus. Data returned to HIQA showed that Gardaí were called to the campus 10 times since the last inspection to support the management of behaviour. The staff team relied on sending a child home or to respite foster care for short periods. Three of the seven children in the campus were regularly sent on home leave or to a respite placement. This meant that the capacity of the campus was further reduced and as a result the likelihood of children engaging in absconding and risk behaviours reduced also.

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

Some actions from HIQA's previous inspections had not been implemented in a timely manner. These included ensuring safe use of mobile phones for all young people and completing a full review of practices on the campus to ensure they were safe.

New systems for the reporting of child protection concerns had been implemented on the campus and inspectors found staff were confident in highlighting concerns and making appropriate referrals.

Managers and staff were clear on how and to whom to report child protection concerns. A child protection practice note and local child protection policy had been implemented throughout the campus to inform practice. Managers and staff had attended Children First training and additional training on the child protection practice note, as reflected in training records. There was also a policy on protected disclosure in place and staff demonstrated an insight into whistleblowing. The unit managers were the designated liaison person (DLP) for child protection. The DLP was responsible for reporting child protection concerns to the relevant social work department but had not received specialist training in relation to this role.

Child protection allegations had been identified and appropriately reported to the relevant persons. There were eight child protection allegations reported since the last inspection. Inspectors reviewed all of these allegations and saw that a standard report form (SRF) had been forwarded to the relevant social work department (SWD). Records showed they had been investigated and if they had not received a response from the SWD on the status of the investigation, records showed the unit manager made numerous attempts to find out the status. One allegation was still under investigation and had been open for almost 12 months.

There were some effective measures in place to ensure that children were safeguarded. In addition to policies already stated, there were policies on bullying. Staff were guided by managers on a range of safeguarding issues such as appropriate conduct in their interaction with children and arrangements for travelling with children. Staff met school staff and advocated for children when there were issues arising for them at school. All staff had up-to-date An Garda Síochána (police) vetting. There was adequate staffing in place both day and night and staff were vigilant regarding the protection of children. Children were also made aware of their right to complain and they were facilitated to meet an independent advocate. Some children also had a guardian ad litem appointed by the courts service.

However, inspectors found that an action from the last inspection in relation to a full review of practices within the campus to ensure they were safe had not been completed. In addition, there was a delay in following up on safeguarding concerns raised in 2016 and ensuring the Trust in Care policy, for managing allegations of abuse

against staff members, was followed.

Staff on the campus were not able to ensure safe use of mobile phones for all young people. The campus had a policy for the safe use of phones and electronic media which had been signed off since the last inspection in December 2016. This said that risk assessments on children's access to phones and the internet were to be completed on admission. Monitoring was to be undertaken by staff of the content that children accessed and curtailed if concerns were identified. Some children had their own mobile devices that had full access to the internet. Inspectors found staff monitored some phones and removed the phone from children when serious concerns regarding the content on the phone was established. For other children, staff were unable to monitor and remove phones from children to effectively supervise safe their use. Staff, children and parents told inspectors that children used devices late into the night. In these circumstances, children could potentially access unsuitable internet content on phones. They could also potentially coordinate leaving the centre without permission which in the past lead to an escalation of risk behaviour.

When children went 'missing from care', staff followed the appropriate protocols. According to data returned to HIQA, since the last inspection, there had been 118 episodes of 'missing from care', 25 incidents of children 'absent' and seven incidents of children 'absent at risk'. Missing from care episodes were managed in line with the correct protocol. From review of a sample of incidents, inspectors found that incidents were not classified correctly as episodes of 'missing from care' contained similar information to incidents of 'absent' and 'absent at risk'. The reports on these incidents did not provide clarity on why one classification was chosen over another. The interim service manager said she was aware of this issue and was taking steps to rectify it.

Judgment: Non Compliant - Moderate

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 design and layout of the service was in line with the campus statement of purpose. However, the layout was unsuitable and did not always ensure that children's privacy and safety could be maintained. This remained unchanged since the last inspection in December 2016. Managers told inspectors that a system to verify the identity of people on the campus was undertaken by all service staff. On the day of inspection, inspectors observed a large number of people on the campus grounds. It was not possible to tell who were Tusla employees and who were members of the public. In addition, inspectors observed a number of Tusla staff from another service traversing through the central area of the campus directly outside the front door of the children's living areas on the way to the campus canteen. These Tusla staff told inspectors they were aware of directions issued from their respective manager that they were not to walk in front of the children's living areas. However, they walked across the area regardless. This directly impacted on children's privacy. It also highlighted to inspectors the challenge to contain unauthorised traffic outside children's living areas from the public and from Tusla staff.

The layout of the campus had significant institutional features. This also remained unchanged since the last inspection. Some aspects of the units did have a homely feel. The units had adequate lighting and heating. The communal areas were in good condition. Since the last inspection staff had personalised some elements by adding house plants, large paintings with colour, and book shelves with games and books. One unit had a fish tank and there were adequate private spaces for children. Each of the three units had a similar layout and structure and there was no structural work carried out to individualise this aspect of the units. Each child had their own bedroom which were small. One of the children's bedrooms did not have a wardrobe and parents described the room negatively. A wardrobe was subsequently placed in the room.

Systems for precautions against the risk of fire were adequate. The campus had a health and safety policy and a safety statement in place, both of which had recently been reviewed. Site-specific workplace risk assessments were held on campus. There were sufficient numbers of fire extinguishers and records showed they were regularly serviced. Inspectors reviewed the fire check log and found the fire equipment to be well maintained. The emergency lighting was adequate and along with the fire alarms, had been serviced regularly. Fire exits were unobstructed and there were records of fire drills carried out with both staff and children. Fire exit procedures were clearly displayed throughout the centre. A fire compliance certificate was in place and all staff had received up-to-date fire safety training.

Campus vehicles were well maintained, appropriately taxed, insured, had NCT certificates, (where applicable) and were very well equipped with safety equipment. A care manager had been assigned responsibility for the centre vehicles to ensure they

met all the required safety standards. This included a log which was checked regularly in relation to any issues that arose regarding the vehicles and any issues that arose were addressed in a timely fashion.

The campus had a designated maintenance team, which was managed by a maintenance manager. All maintenance requests were completed by each unit on a daily basis and given to the maintenance manager, who then prioritised requests accordingly. Inspectors found requests were completed in a timely manner.

The campus operated a closed-circuit television system (CCTV) at night time in the corridors of the units. There was signage alerting people to the presence of the CCTV system. There was a CCTV policy in place. Night supervisors were employed and stationed in CCTV rooms which were located in the connections between the units.

Judgment: Non Compliant - Moderate

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 highly valued by staff and children who engaged with the school placement received appropriate education. However, staff were challenged when children disengaged from school. The campus had a school situated onsite which some children attended. Reviews of children's files found that they contained school reports and certificates. Educational needs were outlined in some children's care plans. Some children's files also contained reports from an educational psychologist. Inspectors spoke with the deputy principal and staff who said that communication between the school and centre was of good quality. The school provided reports for reviews and placement meetings.

However, children's educational needs were not consistently met in the centre and some children did not attend school in line with legislative requirements. While some children had made progress in school, three children had disengaged from their school placement and staff struggled to engage them in any education. Inspectors found there was a lack of creativity and fresh ideas to encourage children to attend school. Social workers and parents told inspectors that some children were on reduced timetables and some were not attending school at all. There were few consequences in the units which meant that children could not be motivated to attend school.

Throughout the history of the campus, staff were consistently successful at ensuring children attended school and had limited experience of children disengaging from school. There was a policy in place to guide staff on children's attendance in school. This referred to the ratings system which, at the time of inspection, was in transition to a new system. Therefore staff were ill-equipped to ensure children engaged. A social worker told inspectors that the children were not entitled to home education as the school was based on the campus, beside their home. Staff told inspectors that their practice was challenged when children did not engage. Inspectors reviewed the daily logs and routine plans for children when they were not in school and found that children were spending large amounts of time in bed during the day without interaction with others. In the absence of a school placement, children lacked routine and structure to their day which impacted on their quality of life in the centre.

Judgment: Non Compliant - Moderate

Standard 9: Health

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

Inspection Findings

Children's healthcare needs were appropriately assessed and met. Actions from the previous inspection had been implemented in a timely way. A nurse was based on the campus who was responsible for the overall management of the medical and health needs of the children. Children's medical cards were held on file, and their files contained reports from other healthcare professionals. Efforts were also made to ensure vaccination and other medical details were obtained for the children's care files. The records showed good liaison between the campus and external medical professionals when necessary. Children had access to the nurse when they needed, and a general practitioner visited the campus on a weekly basis. Children also had access to ancillary health services if necessary, such as dental, opticians and occupational therapy. In this way the campus was proactive in meeting children's healthcare needs.

Healthy lifestyles were not always promoted on the campus. Children were supported in relation to health education programmes such as alcohol/substance misuse. Staff were successful in encouraging some children to engage in exercise but were not successful with others. The meals served in the campus canteen were quite large and three course meals were served at lunchtime. As some children struggled to maintain physical fitness, the large portions may have contributed to an unhealthy lifestyle.

Medicines management practices were good. A new policy had been recently developed on the campus which was overseen by the campus nurse. Medicines in each of the centres were managed by the nurse and all medicines were stored securely in a locked cabinet. Medication cabinets were inspected and were found to be appropriately stocked with medications for children. Records of the administration of medication were neat and orderly, with sections for each child. Improvements were required where one record did not show the date on which medicines were discontinued. Staff were familiar with the procedures. A communication book was used when children were on antibiotics or other medication for a specific period. Records also showed that information was provided when children went home with medications.

Judgment: Substantially Compliant

Theme 4: Leadership, Governance & Management

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

Standard 1: Purpose and Function

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

Inspection Findings

The campus had a statement of purpose but it was not up to date and did not fully reflect the day-to-day operation of the centre. The statement had not been updated to reflect organisational structural changes within the service. In addition, the statement indicated that a range of programmes were provided for the children living in the centre but inspectors did not find any record of these programmes. The statement identified that children remained in the centre for six to 18 months, but some children were living in the centre for longer than this.

The staff and managers on the campus were not clear about the purpose and function of the campus as there was so much change happening.

There was no child friendly version of the statement available for children.

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

Management and governance structures and systems were not effective. An oversight group, consisting of national, regional and local managers from Tusla, was established to coordinate the response to the management of the campus and ensure timely implementation of the action plans in the six month period following the last inspection in December 2016. However, the oversight group was ineffective at monitoring the progress of changes in the campus, verifying that the changes had been completed and ensuring actions were implemented in line with the timeframes identified in the previous action plan.

Inspectors found that from January 2017 until the time of inspection, four oversight committee meetings had taken place. The oversight group utilised a tracking tool to monitor the progress of actions and a number of these actions had been identified as completed. Inspectors reviewed minutes of the meetings and found some progress had been monitored. However some meeting minutes reflected the same progress for some actions as the previous minutes, and should have been progressed further to bring to completion. Other actions, such as the implementation of new placement plans, were still evolving, but the action identified it as complete, similarly actions around institutional practices, for example children having all of their meals in their units, had not progressed. The minutes of four oversight meetings were provided to HIQA in April 2017.

The frequency of the monitoring visits to verify the progress of actions was not in line with the commitment made. The campus received four monitoring visits with four corresponding written reports during the period of November 2016 to April 2017. There were no monitoring visits conducted in the months of December 2016, January and March 2017, while two visits, (two weeks apart) were conducted in February 2017. During these visits, the monitors reported on the progress of changes on the campus and contributed to an oversight group which had been put in place to track the campus action plan.

Inspectors found that one cycle of these 'verification visits' to the campus had been completed during the six-month period. Inspectors reviewed the written verification reports and found that, of the 37 actions listed in the tracking tool, 20 had been formally verified by the monitoring officers as to their progress. However, inspectors found that a number of actions from the previous inspections had not been implemented in a timely manner and some of the children remained at risk. Of the 20 actions that had been identified, 19 should have been implemented at the time of the inspection. Inspectors found that 13 had been completed, four were delayed and two had not yet commenced.

Since the last inspection there had been some changes to the management structure of the campus and changes in personnel for some roles. The structural changes related to

care managers being appointed within each of the three units with responsibility for the care provided in each of the individual units. The care managers reported to the service manager who held overall accountability for the day-to-day running of the residential service. In March 2017, a new interim service manager was appointed and inspectors found that while she had some experience relevant to the role and had some management training, she was still getting to know the systems in place on the campus. The stability of this new structure is challenged with a number of these senior posts being interim positions, including the interim service manager, interim regional manager and interim national director.

Accountability arrangements had not been effective but new arrangements were being put in place. The regional manager told inspectors that a review of retrospective child protection notifications had not progressed within the identified timeframe. This issue had not been identified through accountability arrangements or by the oversight committee, but because the person delegated responsibility to complete the review was moving to another role. This has impacted on the timescale for completing the review which was now rescheduled to September 2017. The newly-appointed service manager was in the process of implementing new systems to ensure there were better local accountability arrangements in place.

A strategic review of the service was underway and a number of draft proposals as to the future of the service were being discussed at a national level within Tusla. In the interim, an external consultant was engaged in October 2016 to work with the management team and staff representatives to reflect on the principles and practices underpinning a modern children's residential service provision. This review was expanded by senior Tusla managers in December 2016, to include a full strategic review of the service. Inspectors found that work completed as part of this review focused primarily on leadership and redefining a vision for future service provision on the campus.

Some policies had been reviewed and or implemented locally since the last inspection, for example the medication management policy. Others remained in draft format and inspectors found that this was creating some confusion for staff, for example the ratings policy. However, the service still awaited a full suite of national policies and procedures to guide staff on providing safe quality care to the children.

While communication systems had evolved since the last inspection, communication between the management team and staff continued to require improvement. Inspectors found that each unit was now holding a weekly meeting and staff told inspectors that these meetings were useful in relation to planning for the children, training and receiving updates in relation to changes to some policies, briefing notes or guidance. Minutes of these meetings were recorded and required actions were identified. However, inspectors found that there was no overall staff meeting for all of those working with the children. Staff told inspectors they were not adequately consulted on the status of the service and future service provision. In addition, an external consultant told inspectors that meaningful engagement between managers and staff was needed for the changes in institutional practices to be realistically implemented.

Systems to manage the finances were not always effective. A rigorous process was in place in relation to financial returns to the national office, recording of any expenditure

within the units and checks and balances on all accounts. The relevant staff had received training. All expenditure above certain limits had to be approved by either the service manager or the regional manager. A procurement card system was in place with some petty cash available for staff to use on outings and items for the children. However, social workers told inspectors that the procurement card system led to some delays in children getting approved items, for example a computer, clothing or a wardrobe, or being able to go shopping when living in the semi-independent living cottage.

Information governance arrangements were not robust. While some of the records in the campus were very well maintained, there were some data protection breaches and key documentation was not kept up to date. Inspectors found records or issues relating to other children were recorded or filed on other children's files. Inspectors reviewed the centre register and found that one child who had been discharged was still recorded as being resident on the campus.

Risk management systems were not effective. There had been some improvement in relation to the assessment of some of the individual risks to individual children and control measures had been put in place to mitigate the risks. However, these measures were not always effective, particularly when children absconded, became aggressive and caused property damage or physically assaulted staff, or were at risk of self harm and inspectors found that staff required the assistance of An Garda Síochána on numerous occasions. In addition, inspectors found that the Gardaí attended the campus when other emergency services were called, even though they were not required. While managers had managed this situation well so as not to upset the children, the issue had not been followed up with the Gardaí to communicate that the mix of children within the service had changed.

Records in each of the units showed that individual risk assessments were carried out in relation to the activities of each of the children. Inspectors also saw risk assessments for other areas such as lone working with children. Risk registers had been introduced in each of the three units as part of the centre governance reporting tool but this was not adequate. These risks addressed generic risks such as substance misuse and suicide. However, there was no overall risk register that addressed campus-wide risks. For example, while a risk assessment of ligature points had been undertaken within each of the units, a campus wide assessment had not been completed. In addition, risks that were highlighted in previous inspections, such as people walking across the campus or the proximity of the river, were not sufficiently captured on the completed risk assessments.

Significant event notifications (SENs) were appropriately notified to the relevant persons. Inspectors reviewed the significant event notifications and found that events involving children such as accidents, incidents, and family issues which impacted on the children were recorded and notified to the appropriate people. Social workers and the monitoring officer said they were satisfied that they were notified following significant events. The interim service manager received and reviewed all SENs shortly after they had been notified. Social workers told inspectors they were notified of all incidents.

A review of SENs for the period January 2016 to June 2016 had been undertaken by a Principal Social Worker (PSW) from the local child protection team. This review looked

at 576 SENs for seven children who were identified as engaging in risk behaviour over that period. The review did not identify any concern that put a child at immediate risk. A number of practice deficits were identified in the review along with recommendations. The PSW told inspectors she was satisfied that protocols and training around the deficits had been implemented. However, inspectors found that not all recommendations had been implemented nor had an action plan been developed to address them, for example, following up on safeguarding concerns raised in 2016.

Monitoring and oversight arrangements were not robust. The systems of internal audit were not sufficiently developed and the quality of auditing was inconsistent. An audit on the quality of ICMPs was completed and inspectors found this to be of good quality and informed practice in the units. Another audit of supervision was to be undertaken following the last inspection. Inspectors reviewed this audit and found it to be poor in quality. The regional manager acknowledged that she was not satisfied with the quality of this audit. No exit interviews took place when children were discharged.

A full review of practices on the campus to ensure they were safe, which senior managers had committed to in August 2016, had not been completed. This remained outstanding in December 2016 and Tusla's response was that their monitoring office would undertake a full audit of the service, to include a review of practices throughout the centre. Inspectors found that this audit had been undertaken in April 2017 and a report was issued to HIQA during this inspection. However, not all practices in the centre had been reviewed in this report. For example, the use of mobile phones, managing risk when children left the centre and the practice of calling the Gardaí.

The regional significant event review group (SERG) provided some oversight of the incidents and practices reported in the significant event notification forms. Inspectors found that a number of incidents reported from the campus had been reviewed by the group, who had sought clarification on how particular incidents were managed and then made recommendations on practice issues.

Staffing arrangements required review. There was a generous staff complement to meet the needs of the children currently residing in the centre but it impacted on children whose living environments had disproportionate ratios of young people to staff. Inspectors found that the staffing arrangements remained the same even though the number of children had reduced from a full complement of 15 to six children. Records reflected that on three of the 14 days prior to the inspection all of the children were present. On the other days this fluctuated from one to five children as the other children had gone home to stay with their families. Despite this, six agency staff continued to be used to fill staff vacancies. The reduced capacity and extra staff impacted on care staff who told inspectors they were becoming deskilled. The interim service manager acknowledged that agency staff were not needed and that she intended to review this practice with care managers.

The centre manager completed an audit of staff files as they were not available on the campus on the days of inspection. She confirmed that all relevant documentation, including Garda vetting, was in place for all staff.

Some supervision practices had improved but the frequency and recording of supervision remained an area for improvement. Additional supervisors had been

appointed to undertake supervision of staff in April 2017. At the time of inspection, these changes were being rolled out across the campus with handovers taking place. Inspectors reviewed a sample of the supervision records and found mixed results. The frequency of supervision was not in line with the supervision policy. The format of supervision was always consistent across the campus and actions, and the persons responsible was not always sufficiently recorded. Improvements were required to ensure staff were sufficiently supported and held to account.

A programme of mandatory staff training was in place. Records showed that the majority but not all staff had up-to-date training in child protection, fire safety, manual handling and managing behaviour that challenges.

Judgment: Non Compliant - Major

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

At the time of the inspection the Child and Family Agency monitoring officer had visited the centre in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995 – Regulation 17.

Inspectors interviewed the monitoring officer and a manager from the monitoring service as part of the inspection. The monitoring officer told inspectors that they reviewed monthly reports and significant event notifications, and had regular phone contact and meetings with the interim service manager. They also had periodic meetings with the regional manager. The monitoring officer and monitoring manager outlined a number of concerns they had about the service being operated in the campus and said this had been communicated on an on-going basis to Tusla managers. Following a monitoring visit in December 2016, the monitoring officer had escalated a number of issues to senior managers in the Tusla Quality Assurance Directorate. During this inspection the monitors told inspectors that, in their view, the centre was not fit for purpose. They said they had informed the oversight group of this but inspectors could not find this recorded in minutes of 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.

Action Plan ID:	MON-0019090-AP
Provider's response to Inspection Report No:	MON-0019090
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	23 May 2017
Date of response:	22 August 2017

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

Theme 1: Child - centred Services Standard 4: Children's Rights Judgment: Non Compliant - Moderate
The Provider is failing to comply with a regulatory requirement in the following respect: Not all complaints were identified as such and responded to in line with the complaints policy. The recording of oversight of complaints was not consistent throughout the campus.
Action Required: Under Standard 4: Children's Rights you are required to ensure that: The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.
Please state the actions you have taken or are planning to take: Complaints that were not identified and responded to in accordance with centre policy will be reviewed with the Centre Manager by the Service Manager in the first instance and subsequently with the staff team. Refresher training will be completed by the Centre Manager on the centre policy with the staff team.

An audit system will be established on existing Centre Logs, including complaints, to ensure compliance with Centre Policy. The audit will be completed in the first instance by a designated Assistant Unit Manager, then by the Centre Manager on a monthly basis. The Service Manager will have oversight on a quarterly basis. Review of SEN's at centre level by the Centre Manager and by the Service Manager will ensure complaints are recognized as such and managed in line with policy.

An agreed format will be developed to ensure consistency in the recording of complaints. An agreed schedule and approach to evidence oversight will be discussed and developed by the Service Manager with the Centre Managers.

Proposed timescale:
30/09/2017

Person responsible:
Interim Service Manager

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

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

Not all children living in the campus were not suitably placed as they were not engaging with the services provided in the campus.

Records for some children who were discharged since the last inspection in December 2016 were not kept up-to-date.

Some care plans were of poor quality while other care plans were not up-to-date.

Records did not show that specialist services to meet the needs of children was sought and provided.

Placement plans did not adequately outline how staff could promote children's attendance at school or encourage children out of poor routines.

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:

Suitability of placement will be assured by a new single point referral process for the region. This will place young people consistent with the Centre's Purpose and Function.

Post discharge all placements will be subject to review as standard practice by the service and relevant social work to identify elements of good practice and/or practice deficits. Where deficits are identified a plan to address same will be developed. Exit interviews with young people will be standard practice completed by the Centre and Social Work Department within the first month of discharge to allow young people formal opportunity to comment on the quality of care received.

As part of the service development plan young people's records will be maintained in their entirety in each centre. This will entail de-centralising the current storage arrangements. All young people's records will be reviewed as part of this process and any identified deficiencies identified will be addressed to ensure all records are complete and up to date, prior to moving to the centre or archives as appropriate. The process will be managed by the relevant Centre Manager, Assistant Unit Manager and Keyworker. This action will be completed by October 31, 2017. Priority will be given to the files of those young people in residence.

The Service Manager is in contact with the relevant Principal Social Workers to alert them to the findings of this inspection in relation to Care Plans noting the actions that are identified above to address same. Where identified issues of quality are not resolved the matter will be escalated to the Regional Office for action.

A workshop training will be completed with staff on record keeping to ensure pertinent information is recorded that reflects staff interventions, provision of specialist services and plans.

Refresher training will be scheduled on placement plans to ensure staff are clear on the level, nature and extent of detail required to accurately reflect work completed. The training will include cross referencing of Placement Plans with Care Plans to ensure common understanding and identification of the placement purpose and associated timeframe by the Centre and Social Work Department.

Proposed timescale:
31/10/2017

Person responsible:
Interim Service Manager

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:

The campus was not always responsive to facilitating some children's activities.

Meal times in the campus were institutional and not similar to a family environment.

Staff were not clear on the approach used to promote positive behaviour and discourage negative behaviour.

The lack of a clear approach of appropriately promoting and discouraging behaviour

impacted on some children who did not have healthy routines to their days.

Progress in relation to changing how campus staff responded to children's behaviour that challenges was not timely.

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:

Centre Managers will review the expectations relating to service response to young people's requests and the recording of activities with staff teams to ensure consistency of the team approach. Where there is identified lack or delay in response the reason for same will be recorded in the young person's placement support plan which will then be reviewed with the relevant supervisor in supervision.

All meals will be planned, prepared and eaten in the centres with effect from September 25, 2017. As meals/menus will be planned prepared and eaten in each centre, portion size and dietary consideration will be monitored on an individual basis to safeguard against unhealthy lifestyle.

A schedule of training and /or workshops will be developed commencing September 7, 2017. Workshops scheduled to date include Systems, Missing Child From Care, Complaints, Behaviour Management, Health / Medication Management, NIMS and RAID informed Behaviour Management (x2 workshops). Particular focus will be on enhancing staff's ability to work with challenging youth. Trainings/Workshops will be completed for the general body of staff and additional Workshops specifically for the team identified to work in the new three bed centre.

The team identified to move to the newly refurbished centre designated to care for the young people in residence will be the priority for training and refresher training with the timescale indicated as September 30, 2017. Remaining staff will be scheduled for training with a plan for completion by December 30, 2017.

Areas identified as immediate training needs include but not confined to the following – report writing, manual handling and medication management.

Areas identified for immediate refresher training will include the following – Placement Plans, Complaints Policy, Missing Child from Care Joint Protocol, Behaviour Management informed by the previously completed training in a positive behaviour reinforcement model.

Training will be completed in addition to the establishment of working groups that will be tasked with associated tasks relating to documentation and the decentralisation of existing systems.

In order to support and monitor progress the Service Manager will schedule meetings with the Centre Manager, Deputy and Staff Team of the new three bed centre on a weekly basis. The Regional Manager will then meet with the Service Manager on a weekly basis to support and monitor the development and progress of this centre. Progress reports will issue to the Service Development Group from the Service Manager at the monthly meetings.

Proposed timescale:
30/12/2017

Person responsible:
Regional Manager

Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Non Compliant - Moderate

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

A full review of practices in the campus to ensure they were safe had not been completed.

The campus was not able to ensure safe use of mobile phones for all young people.

Episodes of 'Missing from care' and incidents of 'Absent' and 'Absent at risk' had similar information and records did not justify why they were classified in this way.

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:

An audit of the service was completed by the Monitoring Service in April 2017 which included a review of practices in the campus to ensure they were safe and of quality. A report issued on the findings of the 3 day audit that included an Action Plan detailing any further required actions. The identified areas of mobile phone use, managing risk associated with young people leaving the centre(s) without permission and seeking An Gardaí Siochána assistance will be subject to review by the Monitoring Service to ensure that there are no outstanding practice issues associated with this service. The review will be completed by October 20, 2017.

Mobile phone use will be managed in line with centre policy. Where identified risk is established the extent of the young people's access will be agreed with the relevant social worker, which may in some cases lead to the full removal of access to a mobile phone where identified risk necessitates.

Refresher training on Missing Child From Care Protocol has been completed by the Service Manager with Centre Managers on June 14, 2017 and centre managers are

to complete a full review with their staff team by September 29th, 2017. A review of associated documentation/records will be part of this training to ensure staff are clear on the distinction between the categories and the necessity to ensure that documentation reflects the basis for the determination

Proposed timescale:
20/10/2017

Person responsible:
Interim Service Manager

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

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

The layout of the campus was unsuitable and did not always ensure that children's privacy and safety could be maintained.

The layout of the campus had significant institutional features.

Action Required:

Under Standard 10: Premises and Safety you are required to ensure that:
The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

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

A decision has been made that the centres in their current physical location will be closed and re-located either on or off site further to an option appraisal process. In the future young people will be cared for in individual, independently managed centres with maximum capacity of four. Each centre will have a distinct statement of Purpose and Function.

One of the three existing centres on site was closed on July 2, 2017. A second Centre will close on September 25, 2017 with the third due to close by October 1, 2017.

By the end of 2017 the 3 remaining children will be in a new refurbished building with a new statement of purpose and function.

The Service will remain closed to admission, subject to review as each independent centre is established and registered. The expected timescale for the development of the two new centres is Jan 2020.

Proposed timescale:
01/01/2020

Person responsible:
Regional Manager

Theme 3: Health & Development Standard 8: Education Judgment: Non Compliant - Moderate	
The Provider is failing to comply with a regulatory requirement in the following respect: Two children were not engaged in an educational placement which impacted on their future educational opportunities.	
Action Required: Under Standard 8: Education you are required to ensure that: All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.	
Please state the actions you have taken or are planning to take: A review of the circumstances and response(s) to young people who do not engaged in their educational programme(s) will be completed by the Service Manager, Centre Manager, staff teams and Social Worker to identify learning and inform future practice.	
Proposed timescale: 30/09/2017	Person responsible: Interim Service Manager

Theme 3: Health & Development Standard 9: Health Judgment: Substantially Compliant	
The Provider is failing to comply with a regulatory requirement in the following respect: The meals served in the campus canteen were quite large and did not promote a healthy lifestyle.	
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: From September 25, 2017 young people will not use the campus canteen which will only cater for non-residential services and staff not directly working with the young people from that date forward.	
Proposed timescale: 25/09/2017	Person responsible: Regional Manager

Theme 4: Leadership, Governance & Management
Standard 1: Purpose and Function
Judgment: Non Compliant - Moderate

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

The statement of purpose did not accurately describe the day-to-day operation of the campus as the members of the admissions committee contained roles that were no longer in effect in the campus.

There was no child friendly version of the statement available for children.

Action Required:

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

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

The current Service Purpose and Function will be subject to review and update in light of the plans for the development of this service. In the future each centre will have individual statements of Purpose and Function starting with the 3 bed centre due to open on September 25, 2017.

Each centre on opening will ensure that the young person's booklet includes a child friendly version of the service's purpose and function.

Proposed timescale: 25/09/2017	Person responsible: Interim Service Manager
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Theme 4: Leadership, Governance & Management
Standard 2: Management and Staffing
Judgment: Non Compliant - Major

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

Governance arrangements were not robust.

Management structures were challenged due to the number of interim management positions.

A number of management systems were not effective, for example, policies, procedures, guidelines were not up-to-date, communication systems, risk management, information management and monitoring and oversight.

Not all actions from the last inspection were implemented in a timely manner.

The register was not up-to-date.

Staffing arrangements required review.

Supervision was not occurring in line with the policy.

Recording of supervision was of varied quality.

Not all staff had received mandatory training.

Action Required:

Under Standard 2: Management and Staffing you are required to ensure that: The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

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

A Service Development Oversight Group has been established by agreement with the Office of the Chief Operations Officer. This decision was made in June 2017 on review of the work by the Oversight Group originally formed in December 2016 to support the implementation of the various action plans formulated to address identified practice deficits. This new group is due to have its first meeting on August 23, 2017. Terms of Reference have been agreed with the Chief Operations Officer which will task the group with meeting monthly for an initial six month period to ensure relevant expertise is made available to this service in order to complete the reconfiguration, physical relocation of this service and quality of service provision. The Group will be chaired by CRS National Director. The Regional and Service Manager will be in attendance at all meetings, other areas of expertise will attend as dictated by the agenda item(s)

As each centre closes and relocates work will be completed by the Service Manager with each Centre Manager through supervision, workshops and training to ensure that managers are clear as to expectations regarding governance and oversight and how these are to be evidenced. Tusla are assured that, with the recruitment of a new service manager recently appointed, and her line management, that appropriate governance structures exist

Proposed changes to the management structure and associated roster will allow for increased availability of managers to staff teams and associated requirements regarding oversight and governance. This new structure and roster will be in place on the opening of the 3 bed centre on September 25, 2017. The new staffing structure will see Assistant Unit Managers assigned specific tasks regarding audit and governance of systems and associated documentation. Centre Managers, Deputy Managers and Service Managers will provide additional levels of oversight and governance. Evidence of oversight and governance will be recorded on audit tools, centre governance reports and supervision records.

The issue of continued interim management positions has been escalated via the National Management Team to the Chief Operations Officer. This in turn has been referred by the Chief Operations Officer to Tusla CEO and from there to the Department of Health and Children. The post of National Director for CRS has just been approved and it is hoped the remaining posts will be approved as soon as

possible.

Identified deficits in management systems will be addressed within the context of the re-structuring of this service. The intention is that each centre will be managed, monitored and inspected as individual centres which will allow for more targeted management of deficits specific to each centre. A review of existing policy documents and procedures is scheduled to take place by the Service Manager with each of the Centre Managers and staff teams as part of the reconfiguration of service.

As part of the plan for the de centralising of the existing student documentation system the current register will be reviewed to ensure it is current and complete. This register will be archived on the opening of the refurbished centre on September 25, 2017. From this date each centre will maintain its own individual register on site.

Staffing arrangements will be subject to review as part of the service development plan. It is intended that new roster arrangements and team structures will see Centre Managers work 9/5 Monday to Friday, supported by Deputy Social Care Manager 9/5 and Assistant Unit Managers.

The change to the Centre Managers hours of attendance, the creation of a Deputy Manager position and the increase in numbers providing supervision will ensure supervision occurs within the timeframes outlined in the National policy.

All managers have completed the 3 day training in Supervision as of the 30th June 2017. The supervision audit tool contained within the National policy will be used to ensure recording is of sufficient quality and consistency. It will be the responsibility of the Centre Manager to complete the audit for those supervisors that report to him/her and the responsibility of the Service Manager to complete the audit for the provision of supervision to the centre as a whole. Where deficits are identified by any audit a written action plan to address same will be formulated by the individual completing the audit.

Outstanding mandatory training will be identified via audit and scheduled for completion. Occupational First Aid and Manual Handling is scheduled, and is being rolled out from the Regional Office. Medication Management training is being rolled out commencing September 2017 from the Regional Office.

Proposed timescale:
30/12/2017

Person responsible:
Regional Manager