



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South
Type of inspection:	Unannounced
Date of inspection:	16 and 17 January 2024
Centre ID:	OSV-004176
Fieldwork ID	MON-0042508

## About the centre

The following information has been submitted by the centre and describes the service they provide.

The centre provides residential care placement for young people who are in the care of Child and Family agency (Tusla) aged 13 – 17 years upon admission. The centre's aim is to provide a safe nurturing environment wherein children/young people live, are cared for, supported and valued. In some circumstances, based on individual needs of a young person, placement beyond 18 years may be considered. This is based on approval by regional manager and will be reviewed as required.

The Centre's objective is to provide a high standard of care and support in accordance with evidence based best practice, in a manner that ensures each child's safety and wellbeing and enables them to access the supports and interventions necessary to address the circumstances of their admission to the unit. This is achieved through a supportive, nurturing and holistic living environment that promotes wellbeing, safety, rights, education and community involvement.

The centre provides medium to long term care which incorporates 24/7 staffing support. The delivery of this programme of care is underpinned by statutory care planning and individually assessed needs.

**The following information outlines some additional data of this centre.**

<b>Number of children on the date of inspection</b>	4
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- Speak with children and the people who visit them to find out their experience of the service
- Talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- Observe practice and daily life to see if it reflects what people tell us.
- Review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

### **1. Capacity and capability of the service**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service**

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

<b>Date</b>	<b>Times of inspection</b>	<b>Inspector</b>	<b>Role</b>
16/01/2024	11:00 hrs to 19:30 hrs	Sarah McGarrigle	Lead Inspector
16/01/2024	14:30 hrs to 16:30 hrs	Erin Byrne	Support Inspector
17/01/2024	09:00 hrs to 17:30 hrs	Sarah McGarrigle	Lead Inspector

## What children told us and what inspectors observed

This centre was subject to a routine unannounced inspection. The inspectors found that the young people in the centre receive support and care from a committed staff team who work to keep the young people safe and promote their rights.

The centre has capacity for up to four young people. At the time of the inspection, there were four young people, aged between 14 and 16 years old, living in the centre. Over the course of the two day inspection, the young people were invited to give their feedback on their experiences of living in the centre. Three of the young people spoke to the inspector and the fourth young person chose not to give feedback.

From what the young people said and what the inspectors observed, it was clear that young people were well cared for in the centre. Inspectors observed how the staff and young people engaged with each other in a relaxed manner, with staff encouraging and supporting the young people. Staff were also observed encouraging young people to have their voices heard by speaking with inspectors.

Two of the young people spoke about being able to speak with staff:

- "The staff I really do like them, most staff I can talk about anything with"
- "I like the staff, I really like my keyworkers"

Three of the young people spoke about being involved in meal planning:

- "I like the food, we get to choose a meal each..."
- "I like the food we all get to pick a dinner every week"
- "They [the staff] know how to actually cook, all brilliant, every Sunday we say what we want for the week"

The young people told the inspector that they were aware of their rights, including how to make a complaint and they were aware of a young people's advocacy service. Inspectors saw posters for the young people's advocacy service on the walls of the centre.

Some of the young people spoke about the centre being very far from their family and having to travel long distances to see their family:

- “..it’s too far away, I travel every weekend it’s a lot”
- “I want to move because it is too far from home”
- “I had been seeing family for four hours but it was six hours travel, it’s now changed (family visits) to Friday to Sunday, much better”

The centre is located on a hospital campus which impacts on the level of privacy for the young people living in the centre. The building layout is not like a ‘typical’ home. It felt more like an office block or institution. This made the premises feel cold and not at all homely. While some of the living spaces on the first floor had been painted in the weeks before the inspection, some of the ground floor rooms were in poor decorative condition. The young people spoke about the condition of the centre:

- “The house was supposed to be done up but it hasn’t happened, it needs it”
- “it’s not great, feels like you are in hospital”

The views of the young people’s families were sought as part of this inspection, and the inspector spoke with three parents. All three of the parents were positive about the quality of care provided to the young people in the centre.

One parent reported that their young person was “very much getting good care” Parents spoke about how good the staff were at keeping them informed about how their young people were doing:

- “I have good relationships with the staff, they are very helpful, they call me weekly with reports”
- “[young person] is doing excellent, they [staff] always keep me up to date with how he is doing”

As part of the inspection, the inspector sought the views of all of the young people’s allocated social workers. Two of the young people’s social workers were available to speak to the inspector and the Guardian ad Litem for one young person also spoke with the inspector.

All of the professionals spoke positively about the care given to the young people in the centre. All of the professionals reported that they are kept informed of any incidents that happened with the young people and that they receive weekly updates on how young people are progressing.

The next two sections of this report will outline the findings of this inspection on aspects of management and governance of the service, and on the quality and safety of care provided to the young people.

## Capacity and capability

Overall, the management ensured that a safe and caring service is provided to the young people. Inspectors found that there were sufficient staff and adequate workforce planning, staff were supported and there were effective information governance and records management arrangements. However, despite the premises being identified as unsuitable for use as a children's residential centre since 2018, the management response has been ineffective to date. There were also some gaps in the oversight of staff supervision and the children's register did not have all the relevant information in line with regulations.

This centre was inspected against eleven of the National Standards of Children's Residential Centres. Inspectors found the service compliant with seven standards, substantially compliant with three standards and not compliant with one of the standards examined.

The management structure was clearly defined and staff were aware of their roles and responsibilities. There were clear lines of accountability as the manager reported to a deputy regional manager who, in turn reported to a regional manager.

There had been a change to the centre manager and deputy manager since the last inspection. The new manager, who previously held the deputy manager role, was appointed in September 2023. The newly appointed deputy manager, took on the post the week prior to the inspection, and was promoted from a social care leader role within the staff team. There were adequate arrangements in place at a regional level to support the manager and deputy manager in their roles. The deputy regional manager maintained oversight of the service through regular contact, supervision, and review of centre records and through regional level meetings.

There was good leadership and managerial oversight of practice was effective. The quality and safety of care provided to young people was reviewed by the management in the centre through the use of audits, review of daily logs and key-work records, as well as through staff supervision.

Staff who spoke to the inspector said that the management team were accessible to them, and they felt supported in their roles. Both the manager and deputy manager were present on the days of the inspection and they were readily available to both staff and young people. The staff had access at all times to management as an on-call system was operational in the centre. The manager and deputy manager rotated the on-call duty on a weekly basis.

There were clearly defined responsibilities and reporting requirements for each of the management team in the centre. These had recently been reviewed with the deputy regional manager. The centre also had a process for supporting the management team in place, whereby certain tasks and duties were assigned to appropriately experienced staff team members.

Risk management required improvement as not all key risks were identified, recorded, and adequately assessed. While, overall, identified risks were well managed in the centre, the risks relating to the premises being not fit for purpose was not recorded on the risk register or escalated to the regional risk register. The manager acknowledged this significant oversight and reported that this would be corrected. The risks that were identified and recorded on the risk register had appropriate actions identified to mitigate the risks. These actions were specific to the risks and included identification of the person responsible for the action. These risks were reviewed every few months and where required, actions were updated.

There was sufficient number of staff with necessary experience to provide safe and effective care. The full team compliment is four social care leaders and ten social care workers. While there were two vacant social care leader posts at the time of the inspection, the manager informed inspectors that these posts were due to be filled in the weeks following inspection. There were appropriate arrangements in place to cover all types of leave, including long-term leave, as the centre used a core group of five agency staff. This ensured a level of consistent care for the young people.

A 24 hour staff roster was in place, which included staff on duty throughout the night. The manager was responsible for the roster and ensured there was always a mix of experienced staff on duty with new and agency staff. The staff roster allowed for four staff on duty during the day and two staff on duty through the night. The manager reported that over the 15 months, prior to the inspection, there had been a turnover of eight staff. However, there was a core experienced staff team and some of the newer staff recruited had extensive experience working in similar care settings.



The deputy regional manager told inspectors that initiatives had been put in place to promote staff retention in the centre, these included facilitating shorter working year and career breaks, where possible.

Some of the support and supervision systems in place for staff required improvement. There were no records of annual appraisals for staff. The manager reported that this was not formally completed but was addressed as part of supervision. There was a system of recorded supervision every six weeks for staff. However, inspectors found that, in the first few months of 2023, a number of staff had gaps of up to 16 weeks between supervision meetings. There was a noted improvement in the frequency of supervision for staff in the final few months of 2023.

Supervision records reviewed showed that a structured approach was taken ensuring key areas, such as the young people, staff training and development as well as staff wellbeing, were addressed at each meeting. However, some improvement was required with these records as agreed actions with timelines were not always clearly recorded. The manager acknowledged the gaps in supervision frequency and reported that factors, such as staff leave, turnover, and the need to ensure adequate cover due to the dynamics of the young people in the early part of 2023, impacted on the frequency of staff supervision. All staff had access to an employee assistance programme and were encouraged through supervision and at staff meetings to avail of this service.

Team meetings were scheduled for every two weeks. While there were a number of meetings cancelled for a variety of reasons during 2023, there was, at a minimum, once monthly team meetings throughout the last twelve months. Records of these meetings demonstrated detailed discussion of each young person's care. The meetings were also used as a forum to promote learning and quality improvement. Some improvement though was required with team meeting records as timelines for actions to be completed and review of actions were not recorded.

Overall, the records in the centre were well maintained and up-to-date. However, the children's register did not have all the relevant details in line with regulations. The names and address of the parents were not recorded on the register. This information was instead recorded in a separate admission/discharge form.

Each young person had a file and these files were kept in a secure filing cabinet, in one of the staff offices. The files were well organised and kept up-to-date. There were regular audits of files and follow up with relevant people, where there

was information missing. The manager outlined the centre retention policy and was observed organising files for archiving on the day of the inspection.

The young people told the inspector that they are encouraged to view their files. The inspector observed one of the social care workers reviewing some key working sessions on file, with one of the young people.

### **Standard 5.2**

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There were appropriate governance and management systems in place which ensured a safe and caring service is provided to the young people. However, in previous HIQA reports the premises was identified as unsuitable for a children's residential centre. This had not been recorded as a risk. The management response to addressing the unsuitable premises had been ineffective to date.

**Judgment:** Substantially Compliant

### **Standard 6.1**

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

#### **Regulation 6: Staffing**

There were appropriate number of staff employed to meet the needs of the young people. There were two team leader vacancies at the time of the inspection which were due to be filled in the weeks following the inspection. Management and staff were knowledgeable and experienced at appropriately responding to the young people's needs. There was effective workforce planning to cover all types of staff leave.

**Judgment:** Compliant

### Standard 6.3

The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

There were support and supervision systems in place for staff. However, there were gaps in the frequency of staff supervision and improvements needed in how actions were recorded in supervision records. There were no formal annual appraisals for staff. Staff team meeting records demonstrated it was used as a forum for learning and quality improvement, but the records required improvement to ensure actions agreed at team meetings were reviewed and followed through in a timely manner.

**Judgment:** Substantially Compliant

### Standard 8.2

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

#### Regulation 21: Maintenance of Register

The children's register did not have all the relevant details required under the regulations. The young people's parents' names and address were not recorded, instead these were recorded elsewhere. However, overall there were effective arrangements in place to ensure good information governance and records management.

**Judgment:** Substantially Compliant

### Quality and safety

The young people living in the centre, at the time of this inspection, received a good quality service. The management and staff ensured that young people received care and support which was respectful of their diversity and promoted their rights. While fire safety measures and equipment were in place and maintained, there were some improvements required. Efforts were made to keep the centre homely, however, the premises was not fit for the purpose of operating a children's residential centre.

Young people's rights were promoted. Staff demonstrated a good understanding of young people's rights and they were aware of their responsibility to support these rights.

Young people were supported to maintain links with family, friends and communities including advocating for increased time spent with their families in circumstances where it was appropriate. While a number of young people's families lived a considerable distance from the centre, staff routinely facilitated transporting them to and from their family homes. Young people's families and professionals involved in their care were kept updated on a weekly basis on their progress.

Young people were encouraged and supported to participate in decision-making about their lives, such as having their views heard at child in care reviews and participating in young people's meetings. However some improvements were required to ensure young people got feedback from issues they raised at young people's meetings.

Young people's right to dignity and privacy were respected. All of the young people had their own bedroom with a bathroom. Some of the young people told inspectors they made choices about how their room was decorated. The inspector observed staff knocking on the young people's bedroom doors and waiting for a response, demonstrating respect for their privacy. There were a number of communal spaces in the centre, which allowed young people to choose to spend time with others living there, or to have space away.

Young people's concerns and complaints were found to be responded to appropriately by staff. The young people, when they moved to the centre, were provided with a guide to living in the centre. This guide includes information on their rights, including their right to be involved in their care planning and access to their files, as well as information about how to make a complaint and how to contact advocacy services.

Young people were encouraged to participate in meetings together. These meetings, which happened every two weeks, were well structured with an agenda and detailed minutes that included a record of those in attendance. On dates when the young people did not want to participate in group meetings, staff met with young people individually and recorded any issues that arose for them. The records of the young people's meetings did not however include how issues were responded to, as the agenda and minutes did not include reviews of issues arising from previous meetings. An example of this was where young people requested that the centre trampoline be fixed, the inspector saw this issue was raised a number of times at the young people's meetings but no clear response to the request was recorded. The manager informed the inspector that currently the trampoline is in storage for the winter and will be fixed when taken out in

springtime. There was no record that the young people had been informed of this arrangement.

The design and location of the premises made it unsuitable for the provision of residential care for young people. While overall efforts were made to keep the centre feeling homely, some of the rooms, at the time of the inspection, were not maintained to an acceptable standard.

The premises is located on a hospital campus which impacts young people's privacy. The premises layout is not that of a typical home, instead it resembles an office block or institution. There were four offices and a staff meeting room as well as a number of other rooms that were not required as part of a home. This means the young people do not experience their home as an inviting or warm place to live in. Furthermore their home is not an inviting place for them to have family or friends visit.

The centre management and regional management had made commitments, since 2018 to identify an alternative premises for the centre. However, despite significant efforts reported by the centre manager and the deputy regional manager, at the time of this inspection, there was no clear plan or timeline for a move to a new premises. There needs to be an immediate focus and action at regional management level to address this and provide a more appropriate premises for the centre.

On the days of the inspection, the first floor, which has the main living areas, bathrooms and bedrooms, was clean and warm. However, on the ground floor inspectors identified areas that were unclean and a general lack of maintenance. The bathrooms on the ground floor required updating. There was a washing machine and three vacuum cleaners stored in one of the rooms which was difficult to navigate. The poolroom, which was reported to be used regularly by young people, was in poor decorative condition and the sofa in this room was worn, there were broken ceiling panels and the room was unclean. The manager acknowledged the condition of the bathrooms on the ground floor, though highlighted that the young people don't use these, as they have bathrooms on the first floor. He further advised the centre normally has a cleaner but have been without one for a month. A cleaner was due to start in the weeks following the inspection.

Each young person had their own bedroom and bathroom, with storage for their belongings. There were multiple communal spaces for young people to relax in as

well as a kitchen with a dining room attached. The young people were involved in the weekly meal planning and food shopping.

The centre had closed-circuit television (CCTV) in use at the front entrance. There was appropriate signage visible in relation to the use of CCTV. The three vehicles used by the centre were maintained and serviced as required, with relevant safety equipment held within each car. The centre had a system of recording staff driving licences and which staff could drive the centre cars.

Inspectors found that fire safety measures and equipment were in place and maintained. However some improvement was required; the first aid container in the staff office needed replenishing and the floor plan at the front entrance was illegible. The issue with the faded floor plan was highlighted by inspectors to the centre manager and was replaced on the day of the inspection. Inspectors found that the 2024 fire register did not contain all necessary details, including the nominated fire safety officer remained blank at the time of the inspection. Signage to direct staff to the presence of an extinguisher remained on the walls despite the location of extinguishers having been moved. Staff had received the required fire safety training.

The safety statement for the centre was up to date and there was an identified health and safety representative. The centre manager and health and safety representative completed walk-through health and safety audits of the centre on a monthly basis. However, at the time of the inspection, these audits had not identified the incorrect signage outlined above or the areas of disrepair on the ground floor.

The service had effective systems in place to safeguard young people. Staff who spoke with the inspector, demonstrated a clear understanding of their safeguarding responsibilities. The centre had a safeguarding statement and all staff had up-to-date training in *Children First: National Guidance for the Protection and Welfare of Children, 2017*.

All child safeguarding concerns were notified by staff in line with legislation. All notifications were recorded on the centre's child protection concerns log, and these were tracked and reviewed regularly to ensure they were completed and closed appropriately. The family members and social workers that the inspector spoke to, confirmed that staff were prompt in contacting them and discussing any concerns that arose for their young people. Young people were supported to develop their skills and knowledge to keep themselves safe. There were

comprehensive safety plans and risk assessments were completed and reviewed regularly for each of the young people.

There was a positive approach taken toward behaviours that challenge. All staff were trained in Tusla's approved behaviour management approach. In the first few months of 2023 there was a period where some young people's behaviour and the group dynamics between the young people was challenging. However the staff were successful in reducing these incidents through the support provided to the young people. The staff team engaged with external professionals, inviting them to team meetings, as well as engaging with the young people's social workers to ensure their approach with each young person was the most appropriate and responsive to their individual needs.

There was an effective system in place that monitored, recorded and reviewed the use of restrictive practices in the centre. The restrictive practices policy ensures that appropriate restrictive practices are in place when required, to address specific risks for the young people, and that the least restrictive practice is used for the shortest period of time. The restrictive practices recorded in the last twelve months were appropriate to the individual young people in managing their presenting risks. These were reviewed regularly and an easing or ending of the restriction was implemented, as appropriate to the young person's level of risk. It was clear from these records and from discussions with staff that careful consideration was given to young people's rights when considering imposing restrictive practices in the centre.

Young people's physical health, emotional wellbeing and development needs were appropriately cared for. Staff supported young people to attend medical appointments as required and medication was managed safely. Some of the young people were attending psychology appointments to support them with emotional needs. In addition the psychologist linked with the team to develop staff skills and responses to specific needs of the young people. Staff supported young people to develop their understanding of the importance of having a healthy lifestyle and encouraged them to address unhealthy choices. There were effective systems in place which ensured safe management and administration of medication in the centre. Staff were trained in the safe administration of medication and there was evidence that medication recording errors were identified by management and appropriately addressed with staff.

On the day of the inspection, the kitchen presses and fridge were well stocked with a variety of food. Young people reported they are involved in weekly meal planning and they enjoyed the meals prepared in the centre.

Young people's right to education was valued and there was an ethos among the team that each young person should reach their full potential. All of the young people in the centre were engaged in education programmes that suited their individual needs. One of the young people told the inspector that when they first moved to the centre, they were a number of months without a school placement. They described how the staff structured their day to replicate the school day and supported them with keeping up with their studies.

There were indications that some of the young people had challenges in sustaining their educational programmes. The staff took a proactive approach by ensuring ongoing communication between staff and the schools. Where staff attended parent teacher meetings they maintained clear records of areas discussed with teachers and this was in turn discussed with the young person. The records kept focused on key strengths the teachers identified in the young person as well as areas they need further development or support with.

### **Standard 1.1**

Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

#### **Regulation 10: Religion**

#### **Regulation 4: Welfare of child**

Young people experienced care and support which respected and protected their rights. They were supported to exercise their rights and to participate in decision making. Staff and management ensured young people understood their rights and had information on their rights.

**Judgment:** Compliant

### **Standard 2.3**

The children's residential centre is homely, and promotes the safety and wellbeing of each child.

#### **Regulation 7: Accommodation**

#### **Regulation 12: Fire precautions**

#### **Regulation 13: Safety precautions**

#### **Regulation 14: Insurance**

The premises layout was not like a typical 'home' it was cold and not homely, and the location on a hospital campus was not appropriate for a children's residential centre. There were a number of maintenance issues on the ground floor of the



premises that needed to be addressed. Fire safety measures and equipment were in place, though, some areas for improvement were identified.

**Judgment:** Not compliant

### **Standard 3.1**

Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Policies and procedures were followed by staff to ensure the safeguarding of young people living in the centre. Staff and management responded appropriately to any child protection concerns in line with Children First (2017). Staff were trained and demonstrated knowledge in how to report child protection concerns.

**Judgment:** Compliant

### **Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

Staff and management took a positive approach to the management of behaviours that challenged. All staff were trained in Tusla's approved behaviour management approach. Restrictive practices were used appropriately and were monitored and regularly reviewed.

**Judgment:** Compliant

### **Standard 4.1**

The health, wellbeing and development of each child is promoted, protected and improved.

#### **Regulation 11: Provision of food and cooking facilities**

The young people's health, wellbeing and development needs were appropriately cared for. Staff supported young people to develop healthier lifestyles. There was a variety of food in the centre on the day of the inspection. Young people were involved in meal planning in the centre and spoke positively about the meals provided.

**Judgment:** Compliant

**Standard 4.2**

Each child is supported to meet any identified health and development needs.

**Regulation 9: Health care****Regulation 20: Medical examination**

The young people's health and development needs were cared for. Young people were supported to attend medical appointments when required and medications were managed safely. Some young people were also supported to attend psychological appointments to support them with specific emotional needs.

**Judgment:** Compliant

**Standard 4.3**

Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Young people's right to education was valued and promoted by the staff team. At the time of the inspection all of the young people were engaged in an education programme that met their individual needs.

**Judgment:** Compliant

## Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 5.2:</b> The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Substantially Compliant
<b>Standard 6.1:</b> The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.	Compliant
<b>Standard 6.3:</b> The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.	Substantially Compliant
<b>Standard 8.2:</b> Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Substantially Compliant
<b>Quality and safety</b>	
<b>Standard 1.1:</b> Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.	Compliant
<b>Standard 2.3:</b> The children’s residential centre is homely, and promotes the safety and wellbeing of each child.	Not Compliant
<b>Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
<b>Standard 3.2:</b> Each child experiences care and support that promotes positive behaviour.	Compliant

<b>Standard 4.1:</b> The health, wellbeing and development of each child is promoted, protected and improved	Compliant
<b>Standard 4.2:</b> Each child is supported to meet any identified health and development needs.	Compliant
<b>Standard 4.3</b> Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Compliant

# Compliance Plan

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

<b>Compliance Plan ID:</b>	MON-0042508
<b>Provider's response to Inspection Report No:</b>	MON-0042508
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Child and Family Agency South
<b>Date of inspection:</b>	16 and 17 January 2024
<b>Date of response:</b>	20 March 2024

## Introduction and instruction

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which Standard(s) the provider must take action on to comply.

Section 2 is the list of all standards where it has been assessed the provider is not compliant. Each standard is risk assessed as to the impact of the non-compliance on the safety, health and welfare of children using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider has generally met the requirements of the standard but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider has not complied with a standard and considerable action is required to come into

compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of children using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of children using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

<b>Standard : 5.2</b>	<b>Judgment: Substantially Compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 5.2:</b></p> <p>The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p> <p>The centre risk register has been reviewed and amended to reflect that the premises has been identified as not suitable for a mainstream residential centre.</p> <p>The acquisition of a suitable alternative property for the centre is included in the regional risk register and was notified to the Regional Manager on 21/2/24.</p>	
<p><b>Proposed timescale:</b></p> <p><b>Q1 2024</b></p>	<p><b>Person responsible:</b></p> <p><b>Centre management, Regional manager</b></p>

<b>Standard : 6.3</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 6.3:</b>	
<p>The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.</p> <p>Two new social care leaders have commenced their posts ensuring a full SCL complement. Supervisor training is currently ongoing and all staff are aware of the new supervision policy and documentation. This policy came into operation in the service on 8/2/24. A new supervision schedule is in place since 26/2/24.</p> <p>There is no formal staff appraisal in operation in children's residential services and this policy deficit has been escalated to the regional manager for review with the national management team CRS on 27/3/24.</p> <p>Management have reviewed how minutes of team meetings are documented and now include clear lines of responsibility in relation to agreed actions. Matters arising will be included in team meeting minutes to ensure that actions and decisions reached are followed through and evidenced clearly, action date 30/1/24.</p>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Q1 2024</b>	<b>Centre manager</b>

<b>Standard : 8.2</b>	<b>Judgment: Substantially Compliant</b>
<b>Outline how you are going to come into compliance with Standard 8.2:</b>	
<p>Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.</p> <p>New centre register has been reviewed and amended to reflect all relevant information including names and addresses of parents as of 1/3/24.</p>	
<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Q1 2024</b>	<b>Centre Manager</b>

**Quality and Safety: Child-centred Care and Support**

**Standard : 2.3**

**Judgment: Non-Compliant**

**Outline how you are going to come into compliance with Standard 2.3**

The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.

The purchase of a suitable property for the centre is detailed in the CRS Strategy 2022-2025 and capital monies have been allocated for acquisition of same.

The service brought two purchases to point of sale agreed in 2022 and 2023 respectively but failed due to a range of planning irregularities on the side of the vendor.

Service building offers for two buildings in the region were turned down as the properties were unsuitable in Q1 2024.

Since this inspection, centre management have viewed two suitable properties in the region and one has been recommended to Estates for their consideration and assessment on 4/3/24.

Maintenance issues on the ground floor have been addressed since the inspection, 7/2/24 and a contract cleaner commenced on 26/1/24 and is employed for 9 hours per week.

Two members of the staff team completed fire safety officer training on 25/1/24 and their names are now noted in the fire register. Fire extinguisher signage was removed from the location cited in the draft report, as of 16/1/24.

**Proposed timescale:**

**Q4 2024**

**Person responsible:**

**Regional Manager, Centre Manager,  
Estates**



## Section 2:

### Standards to be complied with

The provider must consider the details and risk rating of the following standards when completing the compliance plan in section 1. Where a standard has been risk rated red (high risk) the inspector has set out the date by which the provider must comply. Where a standard has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The provider has failed to comply with the following standards(s).

Standard	Regulatory requirement	Judgment	Risk rating	Date to be complied with
<b>5.2</b>	The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Substantially Compliant	Yellow	31/3/24
<b>6.3</b>	The registered provider ensures that the residential centre support and supervise their workforce in delivering child-	Substantially Compliant	Yellow	31/3/24

	centred, safe and effective care and support.			
<b>8.2</b>	Effective arrangements are in place for information governance and records management to deliver child-centered, safe and effective care and support	Substantially compliant	Yellow	31/3/24
<b>2.3</b>	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Non-Compliant moderate	Orange	31/12/24

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