



**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:	18 - 19 January 2024
Centre ID:	OSV-0004191
Fieldwork ID	MON-0042528

## About the centre

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

The centre provides placements for up to four young people. These young people are aged 13-17 years upon admission to the centre and referrals are open to females with consideration to gender inclusivity. The referrals process for the centre is via the regional referral pathway. Care may be provided to children of 12 years and under where all other options have been explored and exhausted. In some circumstances, based on the individual needs of the young person, placement beyond 18 years may be considered with the approval of the regional manager.

The centre provides a high standard of care and support in accordance with evidence based 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. This is achieved through a supportive, nurturing, and holistic living environment that promotes wellbeing, safety, rights, education and community involvement.

**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:

Date	Times of inspection	Inspector	Role
18 January 2024	10:30 hrs to 18:10 hrs	Bernadette Neville	Lead Inspector
18 January 2024	10:30 hrs to 18:10 hrs	Susan Geary	Support Inspector
19 January 2024	09:30 hrs to 16:45 hrs	Bernadette Neville	Lead Inspector
19 January 2024	09:30 hrs to 16:45 hrs	Susan Geary	Support Inspector

### What children told us and what inspectors observed

Inspectors carried out a routine unannounced inspection and found that the children living in the centre received support and care from a committed staff team who worked to support children to do well at school, to pursue individual talents and interest and form friendships and links in their community. Children's dignity and privacy was respected and they were encouraged to exercise their rights, such as participation in care planning. At the time of the inspection there were four children, aged between 12 and 16 years old, living in the centre. The inspectors spoke with one parent, two social workers and three of the children provided feedback in questionnaires.

The residential centre is a detached house in a suburb of a city. The centre had a large well-maintained garden to the rear which had a basketball court and area for ball games. There were pathways around the centre which allowed for children to cycle around the house. There was also a large trampoline. Close circuit television is in operation outside of the centre for security purposes. There is clear signage at the entrance to the centre informing visitors of this. The centre was renovated in recent years and has been well maintained. It is bright, spacious and homely. There are four bedrooms, all of which are en-suite. Inspectors observed one of the children's bedrooms and found it to be decorated in an age appropriate way. It was a very welcoming space with soft furnishings, toys and a desk area. The children have suitable storage space for their belongings.

The centre has a large kitchen which looks out onto the garden. Most of the children eat meals together and with staff. They were encouraged to participate in food preparation and planning. There are plans to further extend the kitchen into the garden. The centre has two sitting rooms, one of which has a large television

and ample seating areas. The second sitting room is smaller and is used as a study area, music room and games room. These rooms allowed space for the children to be together or to have the option to have some space to themselves. There is a large modern laundry room. Children had their own individual storage baskets and clothes dryers and they were encouraged and supported by staff to learn independent skills.

The main staff office is located inside the front door of the centre. There are additional offices located at the back of the centre which are accessed using a security fob.

Some of the children provided feedback through questionnaires. The children knew why social workers were involved with their family, they understood the care plans in place to support them, however; some children were not asked their opinion on what should happen for them and some felt they were not given an opportunity to make important decisions. Key people the children identified as a source of information and support were the child's social worker, staff, keyworker and parent/family member. All the children had visited the centre prior to moving there and the service had been explained to them by staff and the social worker. Most of the children knew where to get information on their rights. They indicated they could speak with their social worker, staff, keyworker and parent or family member. One child indicated their rights were not always understood and respected by the people and services involved with them and that they did not know what to do or who to talk to if they felt their rights were not being respected.

One parent spoke to inspectors and said they were satisfied with the care their child had received. Communication and consultation with the centre had been poor but once raised by the parent, this improved and they now feel 'part of things'. The centre regularly checked with the parent and involved them in meetings. The child was also included in meetings and according to the parent, this is 'the best thing' for the child. If any difficulties arise staff are 'diligent' in their responses. The child has told their parent they are happy in the centre.

Social workers told inspectors the centre provided good quality care to the children. Social workers spoke positively about staff's ability to recognise the individual needs of children and to make changes to meet these. One social worker noted the child calls the centre 'home'. Overall communication from the centre was good, with updates and notifications sent to social workers.

Social workers identified gaps in staff knowledge relating to the use of technology, in particular identifying and responding to online risks. Inspectors observed gaps in the identification of risks by staff and management and this will be further discussed in the next section, Capacity and Capability. Social workers also queried internal communication and organisation within the staff team as there had been times when there appeared to be a lack of clarity in relation to who was responsible for following up tasks.

The next two sections of this report provide the findings of this inspection on the governance of the centre and how this impacted on the quality and safety of care provided to young people.

## **Capacity and capability**

Overall there were significant improvements required to strengthen governance, management and oversight of the centre. Staff were not receiving supervision and there was no formal system for the identification and management of staff performance issues. The system of recording was poor with records incomplete and not being kept up to date. There were improvements required in areas such as the identification and management of risks, record keeping and staff completing mandatory training as required by national standards.

The previous HIQA inspection took place in January 2022 when the centre was inspected against nine of the national standards for children's residential centres. At that time the centre was found to be compliant with eight standards and substantially compliant with one standard. A decline in practice was found during this current inspection resulting in a lower level of compliance with standards.

The centre had an established and experienced staff and management team. This provided consistency and stability to the children. Those interviewed told inspectors that managers were approachable, supportive of the staff team and set the homely tone of the centre. The centre manager reported to the deputy regional manager, who in turn reported to the regional manager. Both the centre manager and deputy centre manager were present in the centre during the day and were available to staff and children. The deputy centre manager was available when the centre manager was absent. Both the centre manager and the deputy centre manager operated an out-of-hours on call roster to ensure management were always available to the staff team. This arrangement ensured a consistent response to incidents. Inspectors were told there was no written delegation of duties protocol in the centre. As a result, it was unclear how and what

management duties were assigned to the deputy centre manager and social care leaders.

The staffing compliment of the centre consisted of four social care leaders and 16 social care workers, three of whom were on long term leave. Staff operated a 24 hour 7 day a week roster including one staff member awake at night. While the number of social care workers exceeded that recorded in the centre's statement of purpose, not all of them worked full-time hours. This had resulted in the centre experiencing capacity issues on a regular basis. Staff told inspectors the service was operating with the 'bare minimum' of staff and more staff were required. The centre had lost some staff through transfers and at the time of inspection there were two social care leaders due to leave their posts. Gaps in the staffing rota were filled by agency staff and by existing staff working over their work hours. There were plans in place to fill social care leader staff vacancies. However, there was no evidence in management meetings of plans to manage daily staffing issues on a more sustainable and permanent basis.

Staff in the centre did not receive formal supervision, in line with Tusla's national supervision policy and framework. The purpose of supervision is to assist staff reflect and plan their work, review staff work performance, identify learning needs and to plan for ongoing development. Supervision provides assurance to management regarding the quality and effectiveness of the work and promotes consistency of practice across the service. The centre manager received supervision from the deputy regional manager. Inspectors found supervision records were of poor quality and required improvement. There was a standing agenda covering a review of actions from the previous meeting, management and case discussion, professional development, support, and engagement. Matters relating to staffing capacity were discussed and follow-up plans agreed. Records showed there was limited review or discussions in relation to actions agreed at previous meetings, with timelines for completion of actions not always noted. Updates on the children were not always included. There was a lack of discussion and planning on governance matters which meant that the quality of oversight of governance matters was poor. For example, the fact that there had been no supervision of staff in the 12 months prior to the inspection was not identified, and mandatory training gaps were not known.

Improvements were required to strengthen communication within the staff team. Inspectors noted low attendance at staff team meetings, which reflected issues relating to staff capacity. Staff meetings were held fortnightly. Both practice and governance matters were included on the agenda. Governance items included health and safety review, fire safety, finance, quality service and improvement,

medication review and feedback from managers meetings. There had been a system in place where staff could add agenda items but this had drifted and was no longer in place. On review of the minutes of team meetings, inspectors found the meeting chair was not recorded, there were no updates on previous actions agreed, persons assigned an action were not recorded and there were no agreed plans on how actions would be completed. All staff were expected to read the minutes and verify they had done this. However; there was no oversight system in place to ensure this was being completed and that staff were aware of plans for the children and any governance matters arising.

There was a register of children living in the centre. However; the register was not up to date and some of the key information required by regulations was missing.

The provider maintained a child protection register. However, there were no recorded child protection or welfare reports in 2023 or up to the time of the inspection in January 2024. The centre manager told inspectors there had been no concerns to warrant reports being made. Significant event notifications were completed and included the response from the child, and oversight by the centre manager. However, actions agreed were not fully implemented, for example, it was recorded that a review of a significant event was required at the subsequent staff team meeting, however; this did not take place.

Inspectors noted two complaints recorded in the centres complaints register in 2023, both had been resolved and closed. The outcome had been shared with the child. During inspection, inspectors became aware of a further complaint which was not included in the register. The complaint was not categorised as a complaint and was followed up outside of the formal complaints process.

Inspectors found the identification of risk in the centre to be poor. According to the centres statement of purpose the centre operates a risk management system and risks are recorded in the centres risk register and reviewed accordingly. A well maintained risk register enables a service to identify, assess and lessen risks and is an important part of the risk management strategy. However; the centre had no risk register in place for 2023 and there was no risk register created for 2024. Inspectors identified risks in the review of significant event notifications, staff team meeting minutes, case files and supervision records between the centre manager and deputy regional manager that were not recognised and or categorised as risks. The risks identified required updates to the children's placement plans but this was not completed. Where an individual risk assessment was completed on a child, the level of risk was not recorded and there was no system for review. This meant there was no system to ensure the safeguards



identified were sufficient or that additional measures were required to manage the risks.

Audits were completed by the centre manager, with the most recent one covering areas such as risk management, governance, complaints, fire precautions, statement of purpose, healthcare and child protection. This audit was incomplete and did not include plans on how to progress gaps in the service. For example, in the review of the complaints process, it was noted that children's written views on the outcome of the complaint were to be included. However there was no plan who would follow up on this and the timeframe for completion. Oversight of centre audits required strengthening as centre audits had not been reviewed by the deputy regional manager consistently and regularly.

The provider recorded incidents and accidents. There was one accident recorded in the last 12 months and this was appropriately recorded and responded to.

Inspectors found the recording and oversight of the staff training tracker required significant improvement. There was a staff training tracker in place which was maintained and managed by the deputy centre manager. The tracker was used to record mandatory training and essential training. Full staff attendance was recorded for some mandatory modules, such as manual handling, first aid and fire safety. However, there were gaps in the recording of other mandatory training, for example, across a number of training modules there were no completion dates added, which suggested the training remained outstanding. Records in relation to Children First training showed eight staff did not have up-to-date certificates. This was brought to the attention of management during inspection and following the inspection with assurances sought that staff would update this training. A significant number of staff also required updated training on medication management. It was not clear how many staff had completed training on the national model of care as this training was not included on the tracker. There had been no training calendar in place for 2023. These gaps show oversight of the training needs of staff was poor.

Inspectors found the system of record keeping and file management required significant improvement to ensure safe and effective delivery of services. Children's records were not up to date, were incomplete and inconsistent in quality. Not all children had up-to-date care plans or placement plans on file. Some absence management plans required updating to take account of changes to the levels of unsupervised time children had. Behaviour support plans were not completed, even though there were behaviours of concern noted in significant event notifications. There was no clear system for the review of plans, and no

evidence of reviews of the quality of plans at management meetings. Inspectors found the management and recording of the staff rota required improvement also. There were gaps in the recording of staff hours worked, staff names and total hours worked over the week. Total hours worked by staff did not always match actual hours worked.

There were records of individual work completed with children by keyworkers. The meetings were structured and had a clear focus with meeting records signed by both the child and keyworker. However; the records provided very little detail of the engagement with the child or seeking the child's perspective. Inspectors found there were opportunities missed to engage in reflective work to support further learning for the child. There was no evidence of oversight of the quality of direct work records by management.

### **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.

Oversight and governance of the service was poor. Service audits lacked action plans. The system for the identification and management of risk required strengthening.

**Judgment:** Not 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**

Staffing levels for social care workers were insufficient and fell below that noted in the centre's statement of purpose. Whilst there were plans to fill social care leader posts, the over reliance on agency staff and existing staff to work additional hours was not being addressed.

**Judgment:** Not 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.

Staff were not receiving supervision. As such there was no formal process for the evaluation of staff practice and the management of staff performance.

**Judgment:** Not 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 provider's data management system required improvement. Key documents such as care plans and placement plans were missing from children's files. The children's register was not in date and was missing key information.

**Judgment:** Not Compliant

**Quality and safety**

Overall, inspectors found the day-to-day care provided to children was child centred. There was a strong focus on supporting children to build links in their community, to pursue individual's talents and interests and to develop friendships. Improvements were required in the recording and review of children's plans.

Children were provided with an information booklet on admission. The booklet outlined the structure of the team, the role of the keyworker, house rules, and details of what living in the centre was like on a daily basis, and how the centre promoted children's rights and responded to complaints. Children were informed of their right to confidentiality in relation to the sharing of personal information and their right to access information written about them. The booklet was written in a child friendly way and provided key information about what to expect when living in the centre.

Children visited the centre prior to admission. Inspectors found that, in a review of house meeting records, there was evidence of new admissions being discussed with children already residing at the centre. However, there was no collective risk assessment completed to take account of the impact of the admission both on the child and those already living in the centre. In its statement of purpose the centre

can consider the admission of children younger than 12 years of age once it is satisfied that all other options have been explored and exhausted. One of the children in the centre was younger than 12 years at the time of admission, however; inspectors found insufficient evidence to demonstrate that residential care was the only and preferred option for the child in order to meet their assessed needs. This was not an appropriate admission and was outside the centre's statement of purpose.

The provider promoted children's right to be consulted and participate in decision making. Children were supported to participate in their child-in-care reviews and there was evidence on files reviewed by inspectors of follow up by staff in relation to decisions made at reviews. There were weekly house meetings attended by most of the children. Issues relating to the running of the centre from the children's perspectives were discussed and this included discussions regarding daily routines. Children were provided with information on how to make a complaint, with details given on the national advocacy service for children in care. Matters raised by the children at the house meetings were included in the agenda for staff meetings. There was evidence of follow up by staff in relation to a specific request made by the children. However, it was unclear how repeated issues raised by children, which staff felt had been managed, were discussed with the children as there was no follow on action noted in staff meeting records.

Inspectors found staff were active in advocating for the children in respect of family contact. Attention was given to maintaining relationships children had prior to their admission to the centre, for example with previous foster carers. The centre enabled children to meet up with their siblings regularly and this helped to support the child's sense of identity.

Children were supported in the choices they made and were linked in with additional supports when the need arose. The development of life skills was important and opportunities were given to children by staff to learn and practice new life skills.

The health and wellbeing of the children was promoted and supported through a healthy diet, recreation, exercise and physical activities. Inspectors observed a diverse range of foods available for the children, including fresh fruit. Mealtimes were social events with the children and staff eating together. Inspectors observed children were relaxed in the company of staff at mealtimes and engaged freely in conversation. Some of the children had an interest in baking and this was done with the support of staff. The centre had sufficient facilities to support children learn to cook and develop this important life skill. Children were engaged in a

number of physical activities outside of the centre such as gymnastics and horse riding and these were included in children's weekly schedules.

All children had access to a doctor. The provider kept a record of children's contact with a range of medical and other health professionals including dentist, ophthalmologist, psychologist and sexual health clinics. These records showed good follow up with both routine and non-routine appointments. There was evidence of consent being sought from children in relation to specific medical appointments and notes made when children declined appointments. Medical records on the children were comprehensive and included a history of childhood vaccinations, recent vaccinations, copy of children's medical card and contact with social workers regarding attendance at specialist services. Inspectors found evidence of good working relationships between staff and specialist services, with updates provided to the children's social worker. Staff followed up on actions agreed which related to children's medical and health needs at child in care reviews.

Medicines in the centre, both prescribed and over the counter, were stored securely and were clearly labelled with each child's name. However the key to the medicine cabinet was not held securely and was in an open cabinet next to the medicine cabinet, in the staff office. There were clear administration of medication records kept which included the appropriate sign off by staff when medication was given. There was a system in place for the review and monitoring of safe medication management practices with monthly audits being completed by the centre manager and a designated staff member. The most recent audit found no concerns in relation to the how staff were managing medication. In the past 12 months there had been two medication administration errors. Although the errors were appropriately recorded, there was poor follow up with staff and no evidence of learning from the errors or any additional safeguards identified to prevent a reoccurrence. A number of staff required updated medication management training, however there was no plan in place for this.

Some of the children experienced a change in school when they moved to the centre. Children were in full time education and attended school regularly. Inspectors found evidence of staff advocating for children in respect of identifying appropriate education placements. Records of educational progress were found in some of the children's files. Improvements were required in relation to the quality of children's individual education plans. A review of one child's education plan showed that the plan had not been reviewed since the start of the child's school placement. It indicated a plan to work with a specialist support service should school issues rise. However, the service was no longer working with the child, so

this part of the plan was irrelevant. There was no detail in relation to proactive strategies staff would use to support the child's engagement in school, or how the child would be supported with their academic work.

A restrictive practice register was maintained in the centre with oversight by the centre manager. There was one restrictive practice recorded relating to limiting a child's free time which was closed off at the time of inspection. Restrictive practices are to be used for the shortest period of time however; inspectors found restrictive practices in place for long periods due to the absence of a review process. From the review of children's files there was evidence of other restrictive practices in place but these were not included on the register, for example, handing up of mobile phones and mobile phone activity being checked by staff. Staff were trained in the approved behaviour management model. The provider promoted positive behaviour by having a consistent daily routine, recognising positive behaviour and efforts made, providing opportunities for children to exercise choice and building positive relationships with staff. Consequences were put in place as a response to behaviour, however; some of these consequences constituted restrictive practices but were not documented in this way.

Staff supported children to keeping safe online. Safeguards were in place to monitor and restrict on line access and direct work had been done with children on internet safety. However; children accessed inappropriate material and staff did not have adequate training to ensure they had the required knowledge to ensure children's safety. As placement plans were missing from some of the children's files, it was difficult to determine the system of review and oversight regarding the effectiveness of safeguarding strategies in place. In addition, there were no behaviour support plans in place for the children detailing the management of behaviour.

There were no child protection reports made by the provider in 2023 or in the period before the inspection. Significant event notifications were completed in a timely way with appropriate notifications made. Staff who spoke to inspectors were knowledgeable of their responsibilities in reporting child protection concerns. However; inspectors found many of the staff did not have up-to-date training in Children's First and there was no action plan in place to address this. Assurances were sought, at the time of inspection, from the centre manager that staff would update children first training.

The provider had a designated staff member who has responsibility for fire safety. In the centre there were smoke alarms, carbon monoxide alarms and excellent evacuation signage. There was a fire blanket in the kitchen. The servicing of fire

equipment and the alarm was all in date. Emergency and evacuation plans were clear and there were Personal Emergency Evacuation plans on children's files. There were four fire drills recorded in the fire safety register since April 2023. It was noted in an audit of fire precautions provided to inspectors that seven staff have not participated in fire drills in the past 12 months. However; there was no action plan recorded to address this gap. Inspectors observed some fire doors wedged open and were provided with written confirmation that this had been assessed by Tusla fire warden and permission given for same.

Most of the staff had attended fire safety training in the previous 12 months. Staff were also expected to attend fire training online, however; this training had not been fully attended. Nine staff, including the centre manager had yet to complete the training. Two agency workers required updated fire safety training. As not all regularly used agency staff were recorded on the training tracker, it was difficult for inspectors to evidence fire safety training completed by all agency workers. There was no evidence managers had completed specific health and safety training related to their role and which was mandatory. The provider did not have a fire safety book in place for 2024 which meant there was no system in place for recording of daily checks. Inspectors were told there had been no health and safety audits completed in 2023. The safety statement provided to inspectors was not in date.

The centre has four cars, three were available for inspection. All cars were clean and had in date tax and insurance. All safety equipment was securely kept in the car boot. One car did not have a first aid kit. There is no system in place for the auditing of car safety equipment. There was no designated staff to maintain oversight of general car safety.

**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**

Staff members treated children with dignity and respect. Children were supported and encouraged to express their views, to participate in care planning, and their right to choice was respected.

**Judgment:** Compliant

**Standard 2.1**

Each child's identified needs informs their placement in the residential centre.

The admission of one child was outside the scope of the centres statement of purpose. As such this was not an appropriate admission. There was no collective risk assessment completed to assess the impact of each child's vulnerabilities and behaviour on each other and how to mitigate against these.

**Judgment:** Not 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 centre provided a comfortable, safety and homely environment for children. There was appropriate firefighting equipment which was maintained. However, not all staff had up-to-date fire safety training, there was no health and safety audits completed in 2023 and no designated staff member to maintain oversight of car safety. The centre's safety statement was not in date.

**Judgment:** Substantially Compliant



**Standard 3.1**

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

Safeguards were in place to protect children in relation to identified risks. However, there was a need to strengthen the system on review of these. Not all staff had up-to-date Children First training.

**Judgment:** Substantially Compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

Children were supported to engage in positive behaviour through the use of positive reinforcement and consequences. The provider used restrictive practices and there was a poor system of review around these. There were no behaviour plans in place for children.

**Judgment:** Substantially 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**

Appropriate healthcare was provided to the children in line with their care plans. Children were supported to develop important life skills and personal independence.

**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 provider was meeting the health needs of children. Children had access to a healthy diet, recreational opportunities and medical services. Key medical information was held on children's files. Some staff required updated medication management training.

**Judgment:** Substantially Compliant

**Standard 4.3**

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

There was a strong culture of school attendance in the centre. The progress of children was recorded on files and their views included in identifying appropriate education placements. Children's individual education plans were not comprehensive and required more regular review.

**Judgment:** Substantially 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.	Not 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.	Not 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.	Not 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.	Not 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 2.1:</b> Each child's identified needs informs their placement in the residential centre.	Not Compliant
<b>Standard 2.3:</b> The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Substantially Compliant
<b>Standard 3.1:</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially Compliant
<b>Standard 3.2:</b> Each child experiences care and support that promotes positive behaviour.	Substantially 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.	Substantially Compliant
<b>Standard 4.3</b> Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Substantially 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-0042528
<b>Provider's response to Inspection Report No:</b>	MON-0042528
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	South
<b>Date of inspection:</b>	18 and 19 January 2024
<b>Date of response:</b>	08/03/2024

## 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>Capacity and Capability: Leadership, Governance and Management</b>
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<b>Standard: 5.2</b>	<b>Judgment: Not compliant</b>
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<b>Outline how you are going to come into compliance with Standard 5.2:</b>
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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.

The Regional Manager will appoint a Project Officer from 01 Apr 2024 to assist the team with improving leadership, governance and management arrangements at the centre for a period of three months. This will involve improvements to centre governance and implementation of the revised governance systems in CRS South. They will assist Centre Management and the team in implementing the actions as outlined in this compliance plan by the scheduled date for completion.

The Deputy Regional Manager and Centre Management will review staff attendance at meetings by 30<sup>th</sup> April 2024.

The Centre Management will review the structure of staff meetings to ensure all necessary details are included in the recording of staff meetings. There will be clear lines of responsibility in respect of the chairing of these meetings and agreed actions assigned to designated persons with aligned timeframes for completion. Matters arising will be included in team meeting minutes to ensure that actions and decisions reached are followed through and evidenced clearly. Staff not in attendance will be required to sign to evidence reading of the meeting minutes and the centre manager will maintain oversight of this. This will be completed on a monthly basis and evidenced by initials and date. This will be completed by 30<sup>th</sup> April 2024.

A risk workshop was convened by the Regional Manager on February 6<sup>th</sup>, 2024, to review Risk Systems and Risk Registers. An up-to-date Risk Register is now in place with an identified schedule of contents. A review schedule is also planned with calendar reminders in place for the remainder of 2024. Reviews of the risk register are scheduled to take place on the 15<sup>th</sup> April 2024, 15<sup>th</sup> June 2024, and 14<sup>th</sup> October 2024. Any review of an unexpected change will take place as needed outside of the schedule. Identified risks will be consistently reviewed at staff meetings. Governance of the Risk Register will be reviewed through the risk section of the National Audit Tool. The DRM will ensure a review of the audit tool action plan takes place and these reviews have been scheduled for 10<sup>th</sup> June and 11<sup>th</sup> November 2024 with reminders built into calendars for the Deputy Social Care Manager, the Social Care Manager, and the Deputy Regional Manager. This action plan will be reviewed with centre management through supervision and governance meetings. The actions from the audit tool action plan will be verified by the Deputy Regional Manager and Project Officer by signature and a retained record of a site visit and verification of actions completed. This will be completed in line with the scheduled review timeframe of the audits.

A governance workshop was convened by the Regional Manager on February 8<sup>th</sup>, 2024. There is now a governance framework for this Centre. The Managers have been provided with the framework system for immediate implementation and this covers audits, training needs, QIF's and with accompanying trackers for each area of governance including HIQA and PASM compliance plans. The Manager has a file contents schedule for Governance Systems to provide clear guidance on what is required. There is a Governance schedule in place for 2024 and these dates have been calendarized with reminders. An action plan tracker has been developed for HIQA, PASM, Audit Tool and QIF actions. These action plans will be reviewed with centre management through supervision and governance meetings. The actions from action plans will be verified by the Deputy Regional Manager by signature

and a retained record of a site visit and verification of actions completed. This will be completed on an ongoing basis in line with the governance schedule.

Young people’s risk is captured initially through referral information and discussion with the social worker and other professionals involved with the young person and the Collective Risk Assessment. This risk is reflected on the young people’s Placement Support Plans or individual risk assessments. Placement Support Plans are reviewed monthly as part of staff meetings. Individual risk assessments will be reviewed according to the review date specified. The Centre Manager will undertake a review of young people’s risk and ensure each young person’s Placement Support Plans and individual risks accurately reflects the young people’s current risks. This will be completed by 30<sup>th</sup> April 2024.

The Centre Manager and Deputy Centre Manager will undertake a review of roles and responsibilities within the centre and establish clear lines of areas of responsibility and delegation. This system will be documented and included in the new Governance File. This will be completed by 30<sup>th</sup> April 2024.

The training log will be reviewed to establish the level of compliance with Mandatory Training. This will include fire drills, medication management and child protection. Centre Management will ensure that the log is updated in line with policy. Any outstanding training will be completed as a priority with a timeframe for full training compliance by 10<sup>th</sup> June 2024 in line with the scheduled review of the audit tool. Any shortfalls associated with Children’s First training will be advanced by 31<sup>st</sup> March 2024. The level of training compliance will be evidenced in the audit tool which will be reviewed on the 10<sup>th</sup> June 2024 and 11<sup>th</sup> November 2024 as per the schedule.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Q2 2024</b>	<b>Centre Manager, Deputy Regional Manager and Regional Manager</b>



**Capacity and Capability: Responsive Workforce**

**Standard: 6.1**

**Judgment: Not compliant**

**Outline how you are going to come into compliance with Standard 6.1:**

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

A Need-to-Know dated 1<sup>st</sup> March 2024 has been submitted to the Regional Manager in respect of the staffing challenges at the centre and this is reflected on the Risk Register. There is an existing interim process in place for cover including filling through agency, offering overtime, engaging with SCM with direct responsibility for agency liaison and finally escalating to the Deputy Regional Manager who would put out a regional request for support.

All business cases pertaining to vacancies are being submitted to the EMG for consideration without delay as vacancies arise.

Another agency has now been engaged with sufficient cover being provided by a number of staff local to Cork and a Social Care Leader from another centre is going to transfer into the vacant post.

A bespoke campaign has now been agreed on 27<sup>th</sup> February 2024 between regional management and national recruitment specifically for Social Care Worker vacancies at the Centre as area panels have been exhausted.

**Proposed timescale:**

**Person responsible:**

**Q3 2024**

**Regional Manager**

<b>Standard: 6.3</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 6.3:</b></p> <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>All supervisors will complete the new online supervision training including the Social Care Leaders, Deputy Centre Manager, Centre Manager and Deputy Regional Manager.</p> <p>The Centre Manager and Deputy Centre Manager undertook a review of the supervision arrangements in the centre. Supervisors and supervisees were re-allocated following discussion within a senior staff meeting on 19<sup>th</sup> February 2024.</p> <p>All supervisors will submit a supervision schedule for 2024 to the manager following their first supervision session with their new supervisees by 30<sup>th</sup> April 2024.</p> <p>The Deputy Regional Manager and the Regional Manager reviewed the deficits identified in supervision policy and mandatory training and are satisfied the new governance systems will address these issues. The Deputy Regional Manager will also issue a schedule of supervision for 2024 in line with policy.</p> <p>The Audit Tool will also capture compliance of the Supervision Policy and mandatory training. The Deputy Regional Manager will conduct a mid-year review of supervision in June 2024 to evaluate the frequency and quality of supervision in the centre. This review will be documented, and details submitted to the Regional Manager. The findings of this review will be discussed with centre management through governance meetings and any identified actions will be added to an action tracker for completion.</p>	
<p><b>Proposed timescale:</b></p> <p><b>Q2 2024</b></p>	<p><b>Person responsible:</b></p> <p><b>Centre Manager and Deputy Regional Manager</b></p>

<b>Standard : 8.2</b>	<b>Judgment: Not compliant</b>
<p><b>Outline how you are going to come into compliance with 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.</p> <p>All Care Plans that were pending on the day of the inspection have been received from Social Work and are now on file. An Escalation Process has been re-issued by the Regional Manager to support Centre Management in ensuring a more prompt response to compliance with file requirements in the future.</p> <p>The Centre Register has been updated to reflect all relevant current information. This was completed on the 6<sup>th</sup> March 2024.</p> <p>Placement plans will be completed to reflect updated care plans and this will be completed by 31<sup>st</sup> March 2024</p> <p>The Centre Management are undertaking a review of the filing system. A new filing system to be introduced for the young people’s files where all information will be contained in the one file. This will be completed by the 31<sup>st</sup> May 2024.</p> <p>The centre manager will ensure admission documentation in line with CRS South admission system is completed and received in full within one month of a young person’s admission. The young people’s “live file” such as keywork, placement support plans and risk assessments will be reviewed by centre management monthly, evidenced by initials and date. The quality of children’s records will subsequently be captured through the audit tool and any gaps will be reflected as a follow up action on the audit tool action plan.</p> <p>Centre management and the Deputy Regional Manager will conduct a review of recent rotas and establish a plan to address any deficits in management or recording of same. Any identified actions will be added to an action tracker for completion. This review will be completed by 30<sup>th</sup> April 2024.</p>	
<b>Proposed timescale:</b>  <b>Q2 2024</b>	<b>Person responsible:</b>  <b>Centre Manager</b>

**Quality and Safety: Effective Care and Support**

**Standard: 2.1**

**Judgment: Not compliant**

**Outline how you are going to come into compliance with Standard 2.1:**

Each child's identified needs inform their placement in the residential centre.

Any future admissions for Young People aged 12 years or younger to the service will include a detailed written account of all efforts to secure alternative care placements such as foster care, relative foster care or reunification with family. This detail will be included in collective risk assessments that are completed as part of the admission process with effect from 8<sup>th</sup> March 2024.

**Proposed timescale:**

**Person responsible:**

**Q1 2024**

**Centre Manager**

**Standard: 2.3**

**Judgment: Substantially 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 Health and Safety Statement is now in date as of 1<sup>st</sup> March 2024.

All staff will have participated in a fire drill within the next month, including new agency staff.

As part of the Governance Workshop a file schedule has been issued for the Health and Safety folder to ensure it contains all relevant documents. The necessary auditing documentation has been circulated and the Quarterly Safety checks have been scheduled and calendarized to ensure increased governance and oversight. A QRSI Manager has recently been appointed and will support the

centre with managing risk and supporting and ensuring compliance with policy. Additionally, the Deputy Regional Manager will be conducting a site visit in April 2024 to ensure the governance folder is established with all necessary documentation in place.

**Proposed timescale:**

**Q2 2024**

**Person responsible:**

**Centre Manager**

**Quality and Safety: Safe Care and Support**

**Standard: 3.1**

**Judgment: Substantially compliant**

**Outline how you are going to come into compliance with Standard 3.1:**

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

Young people's risk is recorded on Risk Assessments or in Placement Support Plans and stored on the young person's file with appropriate review. A review of the centre risk register has been completed and is scheduled and calendarized for the remainder of the year.

The Centre Manager will undertake a review of young people's risk and ensure each young person's Placement Support Plans and individual risks accurately reflects the young people's current risks.

Young people's placement support plans and risk assessments will be reviewed at staff meetings or in line with scheduled review dates as required.

Staff members who do not have up to date Children First Training will complete this as a priority by 31<sup>st</sup> March 2024.

**Proposed timescale:**

**Q2 2024**

**Person responsible:**

**Centre Manager**

<b>Standard: 3.2</b>	<b>Judgment: Substantially compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 3.2:</b></p> <p>Each child experiences care and support that promotes positive behaviour.</p> <p>The restrictive practice register has been updated to reflect the restriction of young person's phone use.</p> <p>The restrictive practice register will feature as a standing item on staff meetings with effect from 8<sup>th</sup> March 2024. Centre Management will review restrictive practice policy and procedures with the staff team by April 30<sup>th</sup> 2024 and this will be cascaded through the supervision process in the centre.</p> <p>Further governance of the restrictive practice register is captured in the national audit tool.</p> <p>Placement Support Plans will be reviewed in respect of routine and behaviour management plans for the young people by 30<sup>th</sup> April 2024. Subsequently, young people's placement support plans and risk assessments will be reviewed at staff meetings or in line with scheduled review dates as required.</p>	
<p><b>Proposed timescale:</b></p> <p><b>Q2 2024</b></p>	<p><b>Person responsible:</b></p> <p><b>Centre Manager</b></p>

<b>Standard: 4.2</b>	<b>Judgment: Substantially compliant</b>
<p><b>Outline how you are going to come into compliance with Standard 4.2:</b></p> <p>Each child is supported to meet any identified health and development needs.</p> <p>All staff who do not have up to date on-line medication management training for residential care will complete this by 30<sup>th</sup> April 2024.</p>	

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Q2 2024</b>	<b>Centre Manager</b>

<b>Standard: 4.3</b>	<b>Judgment: Substantially compliant</b>
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**Outline how you are going to come into compliance with Standard 4.3:**

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

All four young people are in full time education and reviews are completed through parent teacher meetings, regular correspondence with the school, contact with the social work department, child in care reviews and team discussion.

When all young people are engaged in education their education plan is captured through care-planning and placement planning. In the event a young person disengages from education or has no educational placement there is a designated template for putting an individual educational plan in place. Centre management will ensure the young people's education plans are reflected in their placement plan and that an individual plan will be implemented as required. Centre management will ensure placement plans accurately reflect the young people's current educational needs. This will be completed by 31<sup>st</sup> March 2024. Subsequently, placement plans will be reviewed in line with process at 6-monthly intervals by centre management and the team.

<b>Proposed timescale:</b>	<b>Person responsible:</b>
<b>Q1 2024</b>	<b>Centre Manager</b>

## 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
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.	Not compliant	Orange	Q2 2024
6.1	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and	Not compliant	Orange	Q3 2024



	effective care and support.			
<b>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.	Not compliant	Orange	Q2 2024
<b>8.2</b>	Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.	Not compliant	Orange	Q2 2024
<b>2.1</b>	Each child's identified needs informs their placement in the residential centre.	Not compliant	Orange	Q1 2024
<b>2.3</b>	The residential centre is child-centred and homely, and the environment promotes the safety and wellbeing of each child.	Substantially compliant	Yellow	Q2 2024

<b>3.1</b>	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant	Yellow	Q2 2024
<b>3.2</b>	Each child experiences care and support that promotes positive behaviour.	Substantially compliant	Yellow	Q2 2024
<b>4.2</b>	Each child is supported to meet any identified health and development needs.	Substantially compliant	Yellow	Q2 2024
<b>4.3</b>	Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.	Substantially compliant	Yellow	Q1 2024

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