



# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin Mid Leinster
Type of inspection:	Unannounced
Date of inspection:	21 and 22 November 2019
Centre ID:	OSV-004163
Fieldwork ID	MON-0027920

## About the centre

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

This was a community-based children's residential centre managed by the Child and Family Agency (Tusla). The centre was a two storey detached house in a Dublin suburb with good amenities and access to public transport. The centre provided care for up to four children both male and female, between the ages of 13 and 17 years on admission, who needed medium to long-term residential care. Children were referred to the centre through the central referrals committee of Tusla's Dublin Mid-Leinster region.

The aim of the centre was to provide a safe and caring environment characterised by the quality of the relationships developed with the children in their care, in which they can address the issues that are preventing them from living at home.

The objective of the centre was to ensure that the care practice was always young person centred, maintaining a needs-led multidisciplinary approach to looking after the children in their care, while complying with the requirements of the National Standards for Children's Residential Centres 2018 and the Childcare (Placement of Children in Residential Care) Regulations, 1995.

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

Number of children on the date of inspection:	3
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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
21 November 2019	10:00hrs to 17:00hrs	Erin Byrne Pauline Clarke Orohoe	Inspector Inspector
22 November 2019	08:00hrs to 17:00hrs	Erin Byrne Pauline Clarke Orohoe	Inspector Inspector

## Views of children who use the service

Inspectors observed and spoke with three children in the centre.

Children told inspectors that 'it's a good centre' and a very nice place to live. The children agreed that while they do not get on with all staff, they have certain staff that they would talk to if they had a problem. The children knew that the staff would be there for them, and there was evidence that staff had helped them to get back into education. Children were supported by the staff team to access information about their rights through an independent advocacy service. The children said that they could cook for themselves within the centre, and could add foods to the shopping list that they liked.

The children explained that they were confident that they could sort out any inter-personal issues with staff members directly, and that the centre manager was always there to support them in this regard. One child said that they felt there were times when managers sided with staff members. A parent who talked with inspectors held a similar view, and said that they would like to see the staff team listen to children more, when issues arose.

Children told inspectors that they were involved in relevant decisions about their care. The children took part in children's meetings every two weeks, where they raised issues and made suggestions. The children said that, in this context, they felt listened to. They gave the example of asking for a trampoline for the garden, and it was agreed that this would be purchased after the winter. The children were happy about this.

When asked what they would like to change, one child said that they would like to have more certainty for their future, and know if they were going to be staying in the centre on a long-term basis. Another said that there were times when new rules were introduced, and the children did not know why. One of the children said that they would like to get involved in more activities, and possibly help younger children that are in care. Children told inspectors that when they made friends in the area, they would be comfortable bringing them to the house.

Parents who spoke with inspectors said they were contacted by the centre when incidents occurred with their child, but that this was more frequently by social workers than centre staff. Parents were not satisfied with the level of information they were provided with about the centre. Those who talked with inspectors agreed that the centre seemed to manage incidents well, but that they would like to see their child involved in daily activities which would keep them occupied. Parents told inspectors that they felt the centre was meeting their child's needs.

Inspectors talked with each child's social worker, and they said that there was a good level of communication with the staff. They were satisfied that they were regularly updated on the children they were allocated to.

### Capacity and capability

The governance arrangements in this centre ensured that a good quality and safe service was provided to the children who were living there at the time of the inspection. There was an organisational structure in place for the centre which provided clear lines of accountability and transparency in decision-making. The centre was managed by a suitably qualified and experienced centre manager, who was supported by a deputy centre manager. The centre manager reported to the deputy regional manager, who had overall responsibility for the quality and effectiveness of services provided. However, the centre manager was on a temporary contract, while the deputy manager was assigned temporarily from another centre. This created uncertainty for the future management of the centre. The centre manager worked from Monday to Friday during office hours. While the current on-call system ensured that a manager was available by phone to advise the centre at times of emergency, there was no formal system in place at the time of inspection for on-call outside of office hours

The centre had a written statement of purpose that adequately described the service being provided and the age range of children it catered for. The statement of purpose was reviewed and signed by the members of the management team, and approved by the interim regional manager. The centre was acting in line with the statement of purpose and function at the time of inspection.

Inspectors found that there were sufficient experienced staff in the centre to meet the needs of the children. While the centre had no vacant posts, they had used agency staff to maintain adequate staffing levels. The centre had endeavoured to use three consistent agency staff to provide continuity of care for the children. At the time of inspection, expressions of interest had been sought for the deputy centre manager and social care leader posts which were to become vacant in January 2020. The deputy regional manager told inspectors that they would develop a bespoke recruitment campaign to fill vacant posts if necessary.

The Child and Family Agency (Tusla) had not ensured that the centre's policies and procedures were up to date. Staff had received training to keep them updated on relevant policy and legislative changes such as child protection and data protection. However, daily practice within the centre could not be assessed by managers as being

in line with up-to-date and current policy and Tusla could not be assured of the quality of practice in this context.

The centre had a system in place to manage complaints in line with Tusla policy. Children were listened to, and their rights were explained to them appropriately at children's meetings. Children living in the centre were aware of how to make a complaint and had exercised this right. Complaints were recorded, investigated and managed in a timely manner, including discussions with the child to ensure they knew and understood the outcome.

Inspectors sampled the children's care records and found that they were well maintained. Key working reports were detailed and addressed key issues including health, education, nutrition and the child's overall needs. Two children did not have up-to-date care plans. The centre had developed placement plans and placement support plans to address the needs of the children, while they followed up with the relevant social work departments for the updated care plans. However the children had not been involved in the development of their individual placement plans or placement support plans, and were unaware that they existed.

There was a centre register in place which recorded the details of all children living in the centre. At the time of the inspection the centre was holding a bed for a child who was temporarily placed in another state facility. This arrangement was to ensure this child could return promptly to mainstream care, and this was reflected on the register. However, inspectors found that the register was not accurate, as it did not record children staying in the centre for overnights as part of their admission process. Inspectors were told that the child's name would not be added to the register until they were fully admitted. This was not adequate, as a register is a formal, live record of all children placed in the centre, temporarily or otherwise.

Inspectors found that the local process in place for admitting children was not functioning effectively. This process involved a child's previous placement remaining open until a successful transition and admission to this centre took place. However, inspectors were told that one child's previous placement had not been held open for them. While concerns had been raised about the suitability of the new admission to the centre, and the potential impact on the stability of current children, the child was living in the centre at the time of the inspection, and there was no possibility of their return to their previous placement if the transition period identified that this centre was not going to work for the child. This was not a safe process.

There were systems in place for the management and identification of risks within the centre but not all risks were identified. Inspectors found that the staff team did not always identify and report risk appropriately. There were gaps in the recording of administration of medication to children, and where medication had been discontinued

for a child, the prescription sheet had not been updated. Inspectors found that medication administration sheets had not been completed in full, and situations where a child refused to take their medication had been recorded in the daily log, but not consistently recorded on the medication record.

The centre had a risk register system that was used to record and track risks within the centre. There were systems in place to escalate risk to the deputy regional manager, and these escalations were recorded on the risk register. Risk assessments sampled by inspectors were thorough. However, actions to minimise the identified risks were not consistently implemented, such as the need to engage children in individual activities so as to reduce the amount of free time they could spend together. Furthermore, the potential risk associated with flaws in the admission process were not included on the centre's risk register.

There were effective systems in place that provided managerial oversight of practice within the centre. The centre had a systematic approach to auditing practice, and this was reported to the deputy regional manager. The system consisted of a 52 week programme of audits across 21 identified aspects of practice. The regional deputy manager compiled quarterly reports based on these audits, and had also validated audits completed by the centre manager during on-site visits. Staff handovers involved the presence of the centre manager or deputy centre manager. Inspectors found evidence of managerial oversight on centre registers and logs from both the centre manager and the the deputy regional manager.

The centre had been visited by a Tusla monitoring officer to assess compliance with national standards and regulations. The centre was visited in February 2019 and had a follow-up six-monthly review in September 2019. The centre had developed an appropriate action plan in response to areas of non-compliance.

Significant events had been notified promptly and managed in line with Tusla's national centralised notification system. Inspectors found evidence that the National Incident Management System (NIMS) was implemented in the centre. Complaints, concerns and incidents were recorded, acted upon and monitored. There was evidence that these incidents were discussed with staff, and areas of learning had influenced practice within the centre.

**Standard 2.4:** The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

**Regulation 16: Records**

The centre had established and maintained care records for each child living within the centre. Care records were stored securely in locked filing cabinets. Information recorded about children was of a good standard and accessible to those who needed it.

Inspectors found that the documents required by the Child Care (Placement of Children in Residential Care) Regulations 1995 were not all available in the centre. Two children did not have up-to-date care plans. While the centre had a system in place to escalate the lack of timely receipt of information from the social work departments, this was not always successful.

Judgment: Non-compliant moderate

### **Standard 3.3**

Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

#### **Regulation 15: Notification of significant events**

The centre had internal and external systems in place to review incidents, with evidence of managerial oversight available on care records during the inspection. Inspectors found that team discussions had taken place to review incidents, and areas of learning had influenced practice within the centre. Inspectors found that while incidents and complaints made by children were addressed in a timely manner, staff did not consistently inform parents of these events.

Judgment: Substantially compliant

### **Standard 5.1**

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

#### **Regulation 5: Care practices and operational policies**

Inspectors found that staff had a good working knowledge of Children First (2017), and were aware of how to manage allegations and serious concerns. There was a system in place to ensure that staff were familiar with existing and updated policies and procedures. While there were policies and procedures in place, many were significantly out of date and did not reflect current national standards or legislation. The lack of up-to-date policies and procedures did not support Tusla's ability to ensure all aspects of the service were provided in line with national standards and current legislation.

Judgment: Non-compliant Moderate

### **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 was a management structure in place with clearly defined lines of authority and accountability. Centre managers were experienced and competent. Staff and managers

were clear about their roles and responsibilities. However the centre manager was on a temporary contract, while the deputy manager was temporarily assigned from another centre. The lack of sustainable on-call arrangements for the management of the centre outside of business hours remained unresolved, and continued to be a risk for the centre. While systems were in place to identify and manage risk, inspectors found that pre-admission collective risk assessments contained standard information for all children, with limited individual risks or actions identified. Greater managerial oversight was required in relation to the recording of medication management. The centre's risk register was not being utilised effectively.

Judgment: Non-compliant Moderate

### **Standard 5.3**

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre had a written statement of purpose which described the specific care and support needs that the residential unit intended to meet. The aims and objectives of the centre were outlined appropriately, and it reflected day-to-day practice. There was a children's information booklet which gave details of the daily running of the centre, but lacked information on how their needs would be met. Inspectors found that information on the centre was not shared consistently with all parents.

Judgment: Substantially compliant

### **Standard 5.4**

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There were effective internal and external mechanisms in place to monitor and evaluate the quality, safety and continuity of care provided to the children. Complaints, concerns and incidents were recorded, acted upon and monitored. There was evidence that these incidents were discussed with staff, and influenced future practice. The centre had a systematic approach to auditing practice, and this was reported to the deputy regional manager. The centre had an external monitoring visit to assess compliance with national standards and had responded appropriately, implementing actions to address areas of non-compliance.

Judgment: Compliant

## **Quality and safety**

Children living in the centre received child-centred care and support. Children were encouraged to take part in activities relevant to their interests, and activities were planned in line with the child's placement plans. Staff encouraged children to take part in baking and cooking activities within the centre. Inspectors found that staff had completed educational activities with one of the children who was awaiting approval for educational support. One child who was transitioning into the centre did not have an educational placement at the time of inspection, and staff included the young person in these educational activities.

Two children did not have up-to-date care plans. The centre had developed placement plans and placement support plans to address the needs of these children, while also following up with the relevant social work departments for the updated care plans. However the children were unaware that they had placement plans or placement support plans, and had not been involved in their development.

The centre provided a comfortable, homely, warm environment for the children. There were good facilities in the centre for recreation, and each child had their own bedroom which gave them space to store their personal belongings. The children moved freely throughout the communal areas within the centre.

Children were encouraged to share their views with staff. Inspectors found evidence of good consultation with children through children's meetings, where there was discussion on their rights, possible activities, food for the centre, activities to mark World Children's Day and the introduction of a new child to the centre.

The centre had appropriate measures in place to ensure the safety of the children. Staff responded appropriately to child protection concerns, and referred them to the relevant social work department in line with Children First (2017). The centre manager held a register of these concerns and followed up with the social work department as required. Absences from the centre were well managed in line with the child's absence management plan.

Restrictive practices in the form of room searches were not routinely used in the centre and when they were, they were appropriate and proportionate. These were implemented only when required, and were appropriately risk assessed. Children living in the centre were told about this practice.

There was a new model of care being implemented within the centre, which emphasised the individuality of each child, and the need for interventions that suited their needs. Inspectors saw evidence of regular individual and key working sessions taking place with children. These sessions and activities were in line with the child's placement plan, and their identified needs.

Inspectors found that there was good communication between the staff and relevant services involved in the children's lives. Staff communicated with social workers, schools and specialist services in order to address the needs of the children. The centre supported family contact and facilitated access arrangements. Parents who spoke with inspectors agreed that the centre was meeting their child's needs, however said that they had not received regular communication from the staff.

All vehicles used by the centre were maintained and serviced appropriately. The fire register and safety statement were up to date. While inspectors found that the first aid equipment was out of date, centre management provided assurance that up-to-date supplies would be purchased without delay. Inspectors found that there were effective systems in place to ensure the centre was well maintained.

### **Standard 2.1**

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

Two of the children transitioned into the centre in a planned way. Children had a comprehensive assessment of need on admission. Pre-admission collective risk assessments had been completed for each child. Inspectors found that they contained standard information for all children, and had limited individual risks or actions identified. Concerns had been raised about the suitability of a new admission to the centre, and the potential impact on the stability of current children. At the time of inspection, this child had moved into the centre on local process. However, this admission was not in line with the admission policy of the centre.

Judgment: Non-compliant moderate

### **Standard 2.2**

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

**Regulation 23: Care Plan**

**Regulation 24: Supervision and visiting of children**

**Regulation 25: Review of cases**

**Regulation 26: Special review**

The centre did not have up-to-date care plans for all children living in the centre. Child in care reviews had taken place for the two children concerned, and staff had requested the care plans from the allocated social workers. In the case of one of the children, staff had escalated this to regional management as they had not yet received the care plan. While the centre had developed interim placement plans and placement support plans for two children, the children had not been involved in making these plans, and were not aware that they existed.

Judgment: Non-compliant moderate

**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 and surrounding areas were homely. The children had adequate recreational and communal space. Each child had their own bedroom, with good storage for their belongings. Reasonable measures were taken to prevent accidents and reduce the risk of injury. Incidents that had occurred were appropriately recorded. Necessary maintenance works had been carried out and were recorded in the maintenance log. Centre records showed that vehicles used by the centre were appropriately serviced and maintained.

Judgment: Compliant

**Standard 2.5**

Each child experiences integrated care which is coordinated effectively within and between services.

There was evidence of good communication between the centre, the allocated social workers and the services involved with the children. The policy and procedure for new admissions had created uncertainty for one child in relation to the longer term plan for their care. At the time of inspection they were living in the centre while on local admission process.

Judgment: Non-complaint moderate

**Standard 2.6**

Each child is supported in the transition from childhood to adulthood.

Aftercare planning and preparations for leaving care had been supported by the staff through key working and individual work sessions. At the time of inspection, there was evidence of communication between the staff and the aftercare worker to begin to prepare the child for leaving residential care.

Judgment: Compliant

**Standard 3.1**

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

Children told inspectors that the centre was a good place to live. Despite the absence of up-to-date national policies and procedures, inspectors found that child protection concerns had been reported to the social work department in line with Children First (2017). Inspectors saw evidence that the manager had oversight of the external progress of these reports. Safeguarding practices were evident within the centre. The children had been supported to develop self-care and protection skills through individual and keyworking sessions.

Judgment: Substantially compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

Staff had been trained in an approved approach to managing behaviour that challenged. The centre manager provided assurance that one staff member was scheduled to attend the training two weeks following the inspection. There was a new model of care being implemented at the time of the inspection which provided a framework for positive behaviour support. Children had been supported to understand their behaviour through individual work sessions. Restrictive procedures, which had been used in the centre, were the least restrictive option and were used for the shortest duration necessary. They had been appropriately risk assessed and reviewed.

Judgment: Substantially compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 2.4:</b> The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Non-compliant moderate
<b>Standard 3.3</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially compliant
<b>Standard 5.1</b> The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Non-compliant moderate
<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.	Non-compliant moderate
<b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially compliant
<b>Standard 5.4</b> The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Compliant
<b>Quality and safety</b>	
<b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.	Non-compliant moderate
<b>Standard 2.2</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Non-compliant moderate
<b>Standard 2.3</b> The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Compliant
<b>Standard 2.5</b> Each child experiences integrated care which is coordinated effectively within and between services.	Non-compliant moderate

<p><b>Standard 2.6</b> Each child is supported in the transition from childhood to adulthood.</p>	Compliant
<p><b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Substantially compliant
<p><b>Standard 3.2</b> Each child experiences care and support that promotes positive behavior.</p>	Substantially compliant

# Action Plan

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

<b>Action Plan ID:</b>	MON-0027920
<b>Provider's response to Inspection Report No:</b>	MON-0027920
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin Mid Leinster
<b>Date of inspection:</b>	21 & 22 November 2019
<b>Date of response:</b>	28 <sup>th</sup> January 2020

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

## Capability and Capacity

**Standard : 2.4**

**Judgement: Non-compliant moderate**

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

Documents required by the Child Care (Placement of Children in Residential Care) Regulations 1995 were not all available in the centre. Two children did not have up to date care plans.

### **Action Required:**

Under Standard 2.4: You are required to ensure: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

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

The centre manager received all outstanding care plans by the 24<sup>th</sup> January 2020.

In the event that care records are not received to the centre within a two week time

period the centre manager will address the issue. If no progress has been made after a further five working days, the issue will be escalated to the deputy regional manager, who will address with the appropriate principal social worker. In the event the records remain outstanding the deputy regional manager will escalate to the regional manager who in turn will address with the appropriate area manager.

**Proposed timescale: 24<sup>th</sup> January 2020**

**Person responsible: Centre Manager**

### **Capability and Capacity**

**Standard : 3.3**

**Judgement: Substantially compliant**

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

While incidents and complaints made by children were addressed in a timely manner, staff did not consistently inform parents of these events.

**Action Required:**

Under Standard 3.3: You are required to ensure: Incidents are effectively identified, managed and reviewed in a timely manner, and outcomes inform future practice.

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

The centre manager has implemented a procedure to ensure staff inform parents of incidents and complaints within a twenty four hour period, or when a parent is available. The centre manager will ensure staff are aware of the procedure in the centre team meeting on the 29<sup>th</sup> January 2020. In the interim, the centre manager has inputted a note on the shift planner. The centre manager will review this procedure in the centre team meeting on the 26<sup>th</sup> February to ensure it is being effectively implemented.

**Proposed timescale: 26<sup>th</sup> February 2020**

**Person responsible: Centre Manager**

### **Capability and Capacity**

**Standard : 5.1**

**Judgement: Non-compliant moderate**

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

Policies and procedures in place were significantly out of date and did not reflect current national standards or legislation.

**Action Required:**

Under Standard 5.1: You are required to ensure: The registered provider ensures

that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

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

A suite of CRS specific policies and procedures are being developed that will reflect the current national standards and legislation. The new policies will be in situ and operational in the centre following a period of training by 30<sup>th</sup> December 2020. In the interim, the centre will be guided by existing policies and procedures and legislation. Centre staff continue to attend all mandatory training and training in the model of care. All new Tusla policies that are developed/updated by Tusla will be reviewed with all staff members through team meetings and supervision as required.

**Proposed timescale: 30<sup>th</sup> December 2020**

**Person responsible: Regional Manager**

**Capability and Capacity**

**Standard : 5.2**

**Judgement: Non-compliant moderate**

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

The centre manager was on a temporary contract and the deputy manager was assigned temporarily from another centre.

The lack of sustainable on-call arrangements for the management of the centre outside of business hours remained unresolved.

Pre-admission collective risk assessments contained standard information for all children, with limited individual risks or actions identified.

Greater managerial oversight was required in relation to the recording of medication management.

**Action Required:**

Under Standard 5.2: You are required to ensure: 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.

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

The regional manager has escalated the issue regarding temporary contract and this is being addressed at a national level. It is anticipated the outstanding permanent position will be filled by the last quarter of 2020. There has been a bespoke internal expression of interest campaign for the deputy position which will be concluded by

the 14<sup>th</sup> February 2020. It is anticipated a person will be appointed and in post by the 6<sup>th</sup> March 2020.

National on-call arrangements for management of the National Children's Residential centres has progressed and is currently being reviewed and discussed in a National forum. A regional on-call system is currently under development. In the interim, the Centre will continue to be supported out of office working hours by the Regional Management team.

The centre manager and deputy regional manager will review the pre-admission risk assessments prior to admission to ensure there are adequate individualised information and sufficient actions identified. All current collective risk assessments will be reviewed and updated by the 31<sup>st</sup> January 2020.

The centre manager has implemented a weekly check on the medication file, any gaps identified will be addressed immediately. The centre manager and deputy regional manager will review this in the next centre manager's supervision.

**Proposed timescale: 6<sup>th</sup> March 2020**

**Person responsible: Regional manager and centre manager**

### **Capability and Capacity**

**Standard : 5.3**

**Judgement: Substantially compliant**

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

Information on the centre was not shared consistently with all parents.

**Action Required:**

Under Standard 5.3: You are required to ensure: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

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

The centre manager has forwarded the centres information booklet to one parent who did not receive this previously. Centre manager will ensure that the parents receive information on the centre as part of a young person's local process.

**Proposed timescale: 31<sup>st</sup> January 2020**

**Person responsible: Centre Manager**

**Quality and Safety****Standard : 2.1****Judgement: Non-compliant moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Pre-admission collective risk assessments contained standard information for all children, and had limited individual risks or actions identified.

Concerns had been raised about the suitability of a new admission to the centre, and the potential impact on the stability of current children. At the time of inspection, this child had moved into the centre on local process. However, this admission was not in line with the admission policy of the centre.

**Action Required:**

Under Standard 2.1: You are required to ensure: Each child's identified needs informs their placement in the residential centre.

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

The centre manager and deputy regional manager will review the pre-admission risk assessments prior to admission to ensure there are adequate individualised information and sufficient actions identified. All current collective risk assessments will be reviewed and updated by the 31<sup>st</sup> January 2020.

The centre manager and deputy regional manager will review the local process of that young person in conjunction with the policy and implement any learning gained for future admissions. This will be completed by the 14<sup>th</sup> February 2020.

**Proposed timescale: 14<sup>th</sup> February 2020****Person responsible: Deputy Regional Manager****Quality and Safety****Standard : 2.2****Judgement: Non-compliant moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

The centre did not have up to date care plans for all children living in the centre.

While the centre had developed interim placement plans and placement support plans for two children, the children had not been involved in making these plans, and were not aware that they existed.

**Action Required:**

Under Standard 2.2: You are required to ensure: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

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

The centre manager received all outstanding care plans by the 24<sup>th</sup> January 2020.

In the event that care records are not received to the centre within a two week time period, the centre manager will address the issue. If no progress has been made after a further five working days, the issue will be escalated to the deputy regional manager, who will address it with the appropriate principal social worker. In the event the records remain outstanding, the deputy regional manager will escalate to the regional manager who, in turn will address with the appropriate area manager.

The centre manager has implemented a plan for the young people's key workers to go through their placement plans and placement support plans. This will be completed by the 7<sup>th</sup> February. The centre manager will also ensure that the young people are included in their future plans and in the event the young people choose not to be involved they will be periodically updated.

**Proposed timescale: 7<sup>th</sup> February 2020**

**Person responsible: Centre Manager**

**Quality and Safety**

**Standard : 2.5**

**Judgement: Non-compliant moderate**

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

The policy and procedure for new admissions had created uncertainty for one child in relation to the longer term plan for their care.

**Action Required:**

Under Standard 2.5: You are required to ensure: Each child experiences integrated care which is coordinated effectively within and between services.

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

The young person moved onto their long term placement on the 9<sup>th</sup> December 2019. The centre manager and deputy regional manager will review the local process of that young person in conjunction with the policy and implement any learning gained for future admissions. This will be completed by the 14<sup>th</sup> February 2020. The centre manager will also ensure any young person starting a local process is fully aware of the process and is kept up to date on its progress.

<b>Proposed timescale: 29<sup>th</sup> February 2020</b>	<b>Person responsible: Deputy Regional Manager</b>
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<b>Quality and Safety</b> <b>Standard : 3.1</b> <b>Judgement: Substantially compliant</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> Policies and procedures in place were significantly out of date and did not reflect current national standards or legislation.	
<b>Action Required:</b> Under Standard 3.1: You are required to ensure: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	
<b>Please state the actions you have taken or are planning to take:</b> <p>A suite of CRS specific policies and procedures are being developed that will reflect the current national standards and legislation. The new policies will be in situ and operational in the centre following a period of training by 30<sup>th</sup> December 2020. In the interim, the centre will be guided by existing policies and procedures and legislation. Centre staff continue to attend all mandatory training and training in the model of care. All new Tusla policies that are developed/updated by Tusla will be reviewed with all staff members through team meetings and supervision as required.</p>	
<b>Proposed timescale: 30<sup>th</sup> December 2020</b>	<b>Person responsible: Regional Manager</b>

<b>Quality and Safety</b> <b>Standard : 3.2</b> <b>Judgement: Substantially compliant</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> One staff member was scheduled to attend training in the centre's approved approach to managing behaviour.	
<b>Action Required:</b> Under Standard 3.2: You are required to ensure: Each child experiences care and support that promotes positive behavior.	
<b>Please state the actions you have taken or are planning to take:</b>	

The centre manager had rearranged and secured training for one staff member in managing behaviour. This will be completed by the 29<sup>th</sup> February 2020

**Proposed timescale: 29<sup>th</sup> February**

**Person responsible: Centre Manager**