



# 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:	03 and 04 December 2019
Centre ID:	OSV 004165
Fieldwork ID	MON-0028122

## About the centre

The following information was provided by the centre about their service.

This service was a community based residential centre located in the Midlands and it was managed by the Child and Family Agency (Tusla). The centre cared for four children between the age of 13 and 17 years and provided medium- to long-term placements.

The aim of the service was to provide a safe caring environment characterized by good quality relationships with children and young people living in the centre, in which the issues preventing them from living at home would be addressed with a view to facilitating their earliest possible return. Where this was not possible, children and young people were prepared for a successful transition to an agreed placement of choice.

Number of children on the date of inspection:	3
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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
03/12/2019	09:45hrs to 17:00hrs	Jane Mc Carroll Erin Byrne	Inspector Inspector
04/12/2019	08:00hrs to 17:00hrs	Jane Mc Carroll Erin Byrne	Inspector Inspector

## Views of children who use the service

Inspectors met with two children in the centre and spoke to one young person on the telephone. The children told inspectors that they liked the centre and that it was homely. One child said that it was 'friendly' there and that the centre was their 'favourite place to be.' One family member, who spoke to inspectors, said that the staff team 'go out of their way to make everyone welcome.' Another child told inspectors that their experience in the centre 'was good so far' and that they were hopeful for the future there. Inspectors observed warm and caring interactions between children and staff.

Children who spoke to inspectors said that they felt safe in the centre. They said that if they had a problem the staff team supported them to resolve it. Children and young people told inspectors that they had good relationships with the staff. One young person said that 'there was always someone there.' The children told inspectors that they could also seek support from a range of others, including their social workers and family.

Children knew how to make a complaint. One child said that complaints were taken seriously in the centre and as a result, 'things changed and got better.' A social worker and guardian ad litem allocated to the children in the centre spoke very highly of the service that children received.

Each child had their own bedroom. Children who spoke to inspectors were very pleased with their bedrooms and, in particular, the support they received to make it their own. Inspectors observed items of personal memorabilia displayed in children's bedrooms as well as specific items which children specifically chose for their rooms. Children also told inspectors that they enjoyed the food in the centre and one child particularly liked returning from school to a home cooked meal.

Children's hobbies and interests were encouraged. Children told inspectors that they took part in a range of activities which they enjoyed, including boxing, swimming, go karting, drama and fitness classes. One child also said that they were encouraged by staff to do well in school and that staff supported and motivated them to study for their exams.

Children said that they had opportunities to spend time with their families. One family member told inspectors that they felt included and valued by the staff team in relation to a child's care. They said that family time was supported and arranged by the staff team and that there was good communication between the staff, social worker and their family. They said that this had helped their family to build and maintain strong

relationships with the relevant child and also support the child in a way that was consistent with their social worker and staff in the centre.

Children said that they visited the centre before moving in. While, children were provided with an information booklet about the centre, one child said that they would like a better understanding of the rules in the centre. Children were supported in moving from the centre. One young person who was a previous resident in the centre told inspectors that the staff continued to provide support and work appropriately with them and this was of great benefit.

## Capacity and capability

The centre was last inspected by HIQA in October 2018. At that time inspectors found that the centre was complaint or substantially compliant with four out of five standards inspected against. These included planning for children and young people, safeguarding and child protection, management and staffing and monitoring. There was one standard which was not complied with and this was the purpose and function of centre. An action plan to address non-compliances was provided by the centre to HIQA in December 2018. During this inspection, inspectors found that progress had been made to address the majority of deficits associated with non-compliance.

The centre was effectively governed and managed by a competent and experienced management team. Management systems were well established. The centre manager had been in her current role for 18 years. The centre manager was supported by a deputy centre manager who worked alongside her on a daily basis. The centre manager reported to a deputy regional manager, who had overall responsibility for the quality and effectiveness of services provided. The centre manager and deputy centre manager were available to staff to provide on-call support should they require it, outside of normal working hours. Despite the need for a formal on-call system having been highlighted by HIQA previously, this remained outstanding. However, local arrangements were in place.

There was a consistent and familiar staff team providing care to three children in the centre at the time of this inspection. The centre had 12 social care workers and five social care leaders and there were no staff vacancies. The stability of staffing in the centre helped children make meaningful and lasting attachments to adults in their lives. This was also the view of a child and family member who spoke to inspectors. The staff team was experienced and cohesive in the delivery of care to children, and there was a culture of openness, learning and improvement which was well led by the management team. There was clear delegation of duties by the centre manager to the deputy centre manager and to social care leaders.

There was a statement of purpose and function in place which had been implemented in May 2019. The statement of purpose was comprehensive and accurately described the organisational structure, the policies informing practice, services provided in the centre and the model of care delivered in the centre. However, the statement of purpose did not outline the cohort of children the centre had the capacity to provide a service to, and it did not accurately reflect the age range of current residents. It required further review. It stated that the centre had one young person living there over the age of 18 years, however at the time of inspection this young person had left the centre.

The new National Standards for Children's Residential Centres were available in the centre and were discussed and reviewed by the staff team and with children. The staff team demonstrated their working knowledge of Children First (2017) and knew how to manage serious concerns and complaints. While there were policies and procedures in place, many were significantly out of date and did not reflect current national standards or legislation. The absence of up to date policies and procedures did not support Tusla in ensuring that all aspects of the service were provided in line with national standards and current legislation.

Staff maintained care records on each child in the residential centre which contained necessary information to support the provision of child-centre, safe and effective care. Children's records were kept securely and confidentially within the staff office. All children had an up to date care plans. Placement plans were comprehensive and based on the assessed need of children. Children's needs were mapped out thoroughly through appropriate actions to guide staff in the care they provided to children. Actions were clearly delegated that their progress was continuously monitored and reviewed. This ensured that the care provided to children was responsive and dynamic. Inspectors found that the voice of the child was represented throughout children's care records. There was evidence of regular managerial oversight of children's records.

The centre manager and deputy centre manager had good oversight of all documentation and records in the centre. There was evidence of oversight of records in the form of a signature by the centre manager on most of the records reviewed and where necessary follow up actions were identified and recorded for completion or improvement. The centre also had a new systematic approach to auditing practice which was introduced in 2019. This consisted of a 52 week programme of audits of identified areas of practice. Each audit type had supporting documentation which outlined tasks to be completed by the centre management team in conducting the audit. Completed audit tools were then analysed and actions to address deficits identified. Auditing systems were mostly effective but inspectors identified an issue with the quality of medication audits in the centre which had not been highlighted through the oversight and monitoring processes.

The deputy regional manager had good oversight of the centre and there was a good system in place to ensure that information relating to the quality and safety of the service was reported to her from the centre management team. In addition, the deputy regional manager carried out a range of tasks to assure herself of the service being provided in the centre, such as regular systems checks, children's care records reviews and monitoring completed audits sent to her from the centre. Where necessary, the deputy regional manager would follow up directly on actions which required her input.

There were appropriate arrangements in place to improve the safety and quality of the care provided in the centre. There were regular team meetings which were well attended. However the frequency of team meetings required improvement to ensure that they took place in line with the centre's own timeframe. A review of team meeting minutes found that they contained good detail on a comprehensive range of topics discussed. There was evidence of good overview and discussion on progress of each young person. Inspectors also found good evidence of good team planning in relation to the implementation of new initiatives and practices. Children's feedback was a standing item on the staff meeting agenda.

Supervision records were mostly good quality and included discussion of the staff member's individual work with the children. While there was an improvement in the frequency of supervision since the last inspection, and the majority of supervision occurred in line with the centre's own policy, there was some drift in timeframes, particularly in the summer months.

Significant events for children were effectively identified, managed and reviewed as required. Records of these events were well maintained and managers maintained good oversight of these records. Where appropriate, managers commented and provided guidance for staff on further actions required, and inspectors found that these responses were in tune with and responsive to risk. Parents and social workers were informed about incidents and or significant events. However, one external professional stated that while notifications were mostly timely, on one occasion they were not informed that a child was missing from the centre.

Staff members, including the management team were competent at engaging children and young people in exploring reasons for challenging behaviour in order to promote learning and to try to improve skills for managing challenges in their future. When required, alternative or additional interventions were used in response to escalating behaviours and risk. There was independent monitoring of selected significant events in the centre through Tusla's significant event review group (SERG) meetings for the service area. Recommendations from the SERG group were shared and discussed at centre team meetings.

Risks were well managed within the service. Risks registers were overseen by the

deputy regional manager and there were clear procedures in place to escalate risk if necessary. Risk registers were up to date. These were updated regularly as presenting needs and circumstances changed. The control measures in place aimed at reducing risks were appropriate and reviewed as required. Individual and collective risk assessments were in place for each child. They were detailed and of good quality and gave consideration to children's individual needs and vulnerabilities. In the case of a new admission, risk assessments considered how the admission would impact the children already living in the centre.

There was a visit to the centre by a quality assurance officer from the National Quality Assurance and Monitoring service of Tusla, in June of 2019.

**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**

Staff maintained care records on each child in the residential centre which contained necessary information to support the provision of child-centred, safe and effective care. Records were held confidentially in accordance with legislative, regulatory and best practice requirements.

Judgment: Compliant

**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**

Incidents and significant events were effectively managed. There were internal and external systems in place to review all incidents, and recommendations from these were disseminated appropriately to the staff team. There were appropriate systems in place for reporting such events to children's social workers.

Judgment: 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**

The new National Standards for Children's Residential Centres were available in the centre and had been discussed amongst staff and the child resident. Staff had a working knowledge of Children First (2017) and they were aware of their statutory obligations as mandated persons. While there were policies and procedures in place, many were significantly out of date and did not reflect current national standards or

<p>legislation. The absence of up to date policies and procedures did not support Tusla in ensuring that all aspects of the service were provided in line with national standards and current legislation.</p>
<p>Judgment: Substantially compliant</p>
<p><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.</p>
<p>There was a management structure in place with clearly defined lines of authority and accountability. Management arrangements were well established in the centre and the constancy and stability of staffing was exemplary. There was good leadership within the centre. Risk management systems were in place and where risks had been identified there were effective risk assessment and management plans which were reviewed regularly. The frequency of supervision and team meetings required improvement to ensure that these were timely and in line with Tusla policy. While there was no evident impact on the operations of the centre at the time of inspection, the matter of agreeing sustainable on-call arrangements for management of the centre outside business hours remained unresolved for a significant period of time.</p>
<p>Judgment: Substantially compliant</p>
<p><b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>
<p>The statement of purpose was comprehensive and accurately described the organisational structure, the policies informing practice, services provided in the centre and the model of care delivered in the centre. However, the statement of purpose did not outline the cohort of children the centre had the capacity to provide a service to and it did not accurately reflect the age range of current residents and required further review.</p>
<p>Judgment: Substantially compliant</p>
<p><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.</p>
<p>There was a culture of review and learning in the centre. There were mechanisms in place to monitor, improve and evaluate the quality of care and safety provided to the</p>

children in the centre. The centre had a systematic approach to auditing practice which was tracked and reviewed on an ongoing basis. Managers had oversight of all care records generated by staff. There was a monitor's visit to the centre in 2019 and an action plan was devised to address any deficits. However, external line management systems had not ensured that all previous actions to address identified or known deficits were implemented in a timely way, such as a formal on-call system and up to date policies and procedures for the service.

Judgment: Substantially compliant

## Quality and safety

The centre was well maintained and provided sufficient space for the children who lived there. Each child had their own bedroom and bathroom facilities were sufficient to ensure privacy. There were plenty of areas in the centre to facilitate group living, as well as providing a space for children to relax independently of others. The centre was homely and there was thoughtful consideration in how the environment would appeal to children and meet their needs. For example, on a walk around the inspector observed staff putting Christmas decorations around the house. They told inspectors that they decided not to decorate some areas in the house as some children would like a space in the house which did not remind of this time of year.

There were systems in place to ensure the safety and maintenance of the premises and inspectors found that these were effective. Repairs required in the centre were remedied quickly and the centre manager held a detailed log which recorded and tracked maintenance work. There was a safety statement in place as well as procedures for identifying, assessing and managing health and safety risks which included, health and safety checks completed weekly by staff members and overseen by the centre management team. There was an emergency evacuation plan in place and each child had personal emergency evacuation plan on their care files. Inspectors found that one child's personal evacuation plan required updating to reflect the child's particular needs in the event of an evacuation from the centre.

There were appropriate fire safety management systems in place in the centre. Staff were trained in fire safety and children and staff participated in fire drills, although the details of one fire drill were not documented in the appropriate register at the time of the inspection. Weekly and monthly fire safety checks were recorded, they were timely, and there was evidence of managerial oversight. Inspectors found that six-monthly fire door checks had not been completed in the centre and this required action. The centre manager assured inspectors that this would occur as a priority.

Inspectors found that children received good quality care and support from a cohesive

and stable staff team. The care delivered by the staff team had afforded permanency to children living in the centre, as some of the children had lived there for three to four years. Since the last inspection, inspectors found that children's identified needs informed their placement within this centre. From a review of children's files, inspectors found that the centre conducted appropriate risk assessments prior to a new admission of a child, which included the impact of a new admission on children already placed in the centre. Since the last HIQA inspection, there was one potential admission to the centre and inspectors found that this was managed in a planned and child-centred way.

All children had up to date care plans. There were appropriate arrangements in place to ensure that children's care plans were reviewed as required. All children had up to date placement plans which were informed by decisions from their care plan reviews. Placement plans which were sampled by inspectors were comprehensive. The plans set out clear actions, interventions and goals for children which guided staff in the care they provided to children as well as ensuring positive outcomes for children.

A new model of care had been implemented into the centre at the time of the inspection and this provided a structure for measuring outcomes for children. There was an enthusiasm amongst the staff team and management about this new framework. The staff team stated that the framework prompted them to continuously measure the impact of care interventions on children's development and welfare. Inspectors found evidence in children's files to show that this model had been embedded well in practice. Inspectors found that management team had demonstrated effective leadership in implementing these changes across the staff team in a short period of time. Inspectors found that the staff team were invested in achieving goals for children and building upon their aspirations.

The staff team managed behaviour in the centre through reinforcing positive behaviour, actively managing and dealing with conflict and using natural consequences appropriately. They were trained in an approved approach to managing behaviour that challenged, and this training was up to date for all staff. Children told inspectors that they were confident in how the staff team dealt with difficult or challenging situations that had arose in the centre for residents. The staff team and management tried to identify causes for behaviours that challenged with the aim of promoting learning and developing skills to avoid repeating such behaviours.

There were no restrictive practices in regular use in the centre. When practices such as room searches were used this was only when deemed necessary and in response to a presenting risk. These interventions were monitored closely by the centre management team and were recorded and reported to children's allocated social workers.

There were systems in place to safeguard children and protect them from abuse. Children who spoke to inspectors said that they felt safe in the centre. Staff

implemented Children First (2017) by reporting any child protection and welfare concerns to the relevant social work department. The centre management team consistently monitored social work progress in relation to referred concerns and this was recorded and reviewed in the child protection register.

Children received good integrated care which was coordinated effectively within and between services. Inspectors found that there was strong partnership work between the centre, other professionals, social workers, parents and families in order to provide integrated care to children. The centre management team had forged strong relationships with other community services, social workers and external professionals, which contributed to good communication and integrated planning in relation to children's needs.

### **Standard 2.1**

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

Children's identified needs informed their placement within this centre. From a review of children's files, inspectors found that the centre conducted appropriate risk assessments prior to a new admission of a child, which included the impact of a new admission on children already placed in the centre. Since the last HIQA inspection, there was one potential admission to the centre and inspectors found that this was managed in a planned and child centred way.

Judgment: Compliant

### **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**

All children had up to date care plans. There were appropriate arrangements in place to ensure that children's care plans were reviewed as required. All children had up to date placement plans which were informed by decisions from their care plan reviews. Placement plans which were sampled by inspectors were comprehensive. The plans set out clear actions, interventions and goals for children which guided staff in the care they provided to children as well as ensuring positive outcomes for children. Each child had an allocated social worker who visited the centre.

Judgment: Compliant

**Standard 2.3**

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

**Regulation 7: Accommodation**

**Regulation 12: Fire precautions**

**Regulation 13: Safety precautions**

**Regulation 14: Insurance**

The centre was suitable for providing safe and effective care for children. Children had their own bedrooms and there were adequate communal and recreational facilities. There was an up to date safety statement in place. There were appropriate fire precautions and fire management systems in place, but the fire safety checks of all fire doors in the centre had not taken place. Greater vigilance was required in the recording of fire drills in the centre and the updating of personal evacuation plans when required. The maintenance of the premises was managed effectively.

Judgment: Substantially compliant

**Standard 2.5**

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

Each child experienced integrated, individualised care which was effectively coordinated between relevant services. Children's input into their care and decisions relating to their care were routinely sought and reflected within plans.

Judgment: Compliant

**Standard 3.1**

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

Despite policy deficiencies, associated with the absence of up to date national policies and procedures, inspectors found that child protection concerns were reported in line with Children First (2017). All staff had up-to-date training in Children First (2017) and staff demonstrated appropriate knowledge of this aspect of practice. Safeguarding practices were in place in the centre and staff worked with the social worker, the child and their family to promote their safety and wellbeing.

Judgment: Compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behaviour.

There were no restrictive practices in regular use in the centre. The staff team managed behaviour in the centre through reinforcing positive behaviour, actively managing and dealing with conflict and using sanctions appropriately.

Judgment: Compliant

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

Standard 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.	Compliant
<b>Standard 3.3</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	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.	Substantially compliant
<b>Standard 5.2</b> The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Substantially compliant
<b>Standard 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.	Substantially compliant
<b>Quality and safety</b>	
<b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.	Compliant
<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.	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 2.5</b> Each child experiences integrated care which is coordinated effectively within and between services.	Compliant
<b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
<b>Standard 3.2</b> Each child experiences care and support that promotes	Substantially compliant

positive behavior.	
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# 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-0028122
<b>Provider's response to Inspection Report No:</b>	MON-0028122
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DML CRC
<b>Date of inspection:</b>	03 and 04 December 2019
<b>Date of response:</b>	17 February 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 : 5.1**

#### **Judgment: Substantially compliant**

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

Many policies and procedures were out of date and did not reflect current national standards or legislation. Tusla had not updated the full suite of policies and procedures for children's residential centres since 2010.

#### **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 December 2020. In the interim, the centre will be guided by existing policies, 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 December 2020**

**Person responsible: Regional Manager**

### **Capability and Capacity**

**Standard : 5.2**

**Judgment: Substantially compliant**

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

The frequency of team meetings was not in line with the centre's own timeframe.

Supervision of staff was not always timely.

A full suite of up-to-date policies and procedures were not provided to the centre by the Child and Family Agency.

**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 centre manager has reviewed the current rostering system to ensure that centre team meetings are scheduled in line with the young people and centre needs for the year ahead. The centre manager will review this on a monthly basis as timetabling is being reviewed.

The centre manager has completed a supervision schedule on the 16 January 2020 for the year ahead, supervision will be scheduled on the roster. The centre manager will review the supervision schedule each month and will immediately address any gaps identified.

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 December 2020. In the interim the centre will be guided by existing policies, 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 December 2020**

**Person responsible: Regional Manager**

### **Capability and Capacity**

**Standard : 5.3**

**Judgment: Substantially compliant**

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

The statement of purpose did not outline the cohort of children the centre had the capacity to provide a service to.

The statement of purpose did not accurately reflect the age range of current residents.

**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's purpose and function will be reviewed and updated by the deputy regional manager and the centre manager on the 6 March 2020 and it will reflect the capacity of service that can be provided.

The purpose and function was updated on the 10 February 2020. The centre manager will ensure that if any changes are required in the purpose and function, they will notify the deputy regional manager who will in turn implement the changes required.

**Proposed timescale: 6 March 2020**

**Person responsible: Deputy Regional Manager**

### **Capability and Capacity**

**Standard : 5.4**

**Judgment: Substantially compliant**

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

External line management systems had not ensured that all previous actions to address known deficits were implemented, such as a national on-call system and up to date policies and procedures.

**Action Required:**

Under Standard 5.4: You are required to ensure: 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.

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

Policies and procedures are currently being developed and will be implemented in this centre on or before the 30 December 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.

**Proposed timescale: 30 December 2020**

**Person responsible: Regional Manager**

**Quality and Safety**

**Standard : 2.3**

**Judgment: Substantially compliant**

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

Fire safety checks of all fire doors in the centre had not occurred.

The recording of fire drills and the updating of personal evacuation plans required greater oversight and vigilance.

**Action Required:**

Under Standard 2.3: You are required to ensure: The children's residential centre is homely, and promotes the safety and wellbeing of each child.

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

The centre manager has implemented fire safety check on the fire doors on the 4 December 2019. All Fire safety checks have been completed as required. The centre management team will complete monthly checks of the fire register to ensure all checks are being carried out as required, any deficits will be address immediately.

The fire register was updated on the 5 December 2019 to include one fire drill which had not been recorded. Individual young people's peeps have been updated and was completed by the 10 January 2020. Young peoples participation in fire drills will be reviewed after a fire drill has been completed. In the event a young person does not participate, this will be recorded on each young person's peeps and placement support plan. In addition a risk assessment will be completed.

**Proposed timescale: 10 January 2020**

**Person responsible: Centre Manager**