

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA DNE CRC
Centre ID:	OSV-0004171
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0024611
Lead inspector:	Una Coloe
Support inspector (s):	Erin Byrne

Children's Residential Centre

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

The Authority is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011, to inspect children's residential care services provided by the Child and Family Agency.

The Authority monitors the performance of the Child and Family Agency against the National Standards for Children's Residential Services and advises the Minister for Children and Youth Affairs and the Child and Family Agency. In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- assess if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- seek assurances from service providers that they are safeguarding children by reducing serious risks
- provide service providers with the findings of inspections so that service providers develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of the Authority's findings.

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

From:	To:
14 August 2018 09:30	14 August 2018 17:00
15 August 2018 08:00	15 August 2018 16:00

During this inspection, inspectors made judgments against the *National Standards for Children's Residential Services*. They used three categories that describe how the Standards were met as follows:

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

Substantially compliant: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-compliant: means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

The table below sets out the Standards that were inspected against on this inspection.

Standard	Judgment
Standard 4: Children's Rights	Substantially Compliant
Standard 5: Planning for Children and Young People	Substantially Compliant
Standard 6: Care of Young People	Compliant
Standard 7: Safeguarding and Child Protection	Non-Compliant - Moderate
Standard 10: Premises and Safety	Non-Compliant - Moderate
Standard 8: Education	Compliant
Standard 9: Health	Compliant
Standard 1: Purpose and Function	Substantially Compliant
Standard 2: Management and Staffing	Non-Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

The centre is based in a two-storey detached building in a housing estate in the Dublin North East region. It has a small garden to the rear and is close to amenities such as schools, shops, churches and has access to public transport links. The centre provided a residential based support service for pregnant teenagers and young people up the age of 18 with their babies. A residential respite option was available for young people up to the age of 21 and their babies. In addition, an interim placement can be provided for a period of 16 weeks for young people after the birth of their child if they are over 18, but required a support service. The service has capacity for up to five young people and their children, three on a full-time basis. At the time of the inspection, there were three young people and two infants (who were not in the care of the State) living in the centre. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 3 children, 1 parent, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

In addition, Inspectors spoke with two social workers, the monitoring officer and with two adults who lived in the centre previously. The staff team provided the young people with good quality care and adequately supported them in their parenting roles. Young people said they knew their rights, had a good relationship with staff and felt safe living in the centre. The young people had access to a variety of supports in the area and their emotional and health needs were met. The rights of the young people were promoted by the staff team and complaints were managed effectively. The young

people were well helped to develop skills for independent living and the staff team continued to support them when they left the service, on an outreach basis. However, aftercare services were not in place for all of the young people who required them.

All of the young people who were under 18 had an allocated social worker, and were visited in line with the requirements of regulations. The needs of the young people were identified and recorded on their care plans and behaviours were well managed. Safeguarding systems were in place.

The service was well managed and the staff team were supported and guided in their roles, despite the absence of up-to-date national policies and procedures. Centre specific procedures had not been developed to guide the team on issues specific to the centre. Some management systems required improvement to ensure effective action was taken to resolve issues identified. Inspectors escalated a concern in relation to fire safety which had been identified by the centre but had not been satisfactorily addressed. Inspectors were provided with assurances that immediate safety measures were put in place and actions were taken to reduce the risks involved.

There was sufficient staff to provide the level of care required by the young people. Communication and morale was good on the team. The provision of supervision was not adequate and not all of the training requirements of the team had been met. The centre was maintained to a high standard but risk management systems required improvement.

These and other findings are outlined further in the report.

Inspection findings and judgments

Standard 4: Children's Rights

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

Inspection Findings

The rights of the young people were respected and promoted. Information about their rights was prominently displayed throughout the centre. Young people told inspectors they knew what their rights were and their babies' rights. Inspectors found from a review of files that young people were given written information about their rights during their induction to the centre. This included information on how to make a complaint, on EPIC: a national organisation that provides support and advocacy to children in care, and information on the role of the monitoring officer. This information was also visible throughout the centre. The young people were aware that information was kept about them in the centre and that they could read this. This had been discussed during a recent young person's meeting. Inspectors found that the young people regularly read their records and addressed any queries with staff.

Young people were consulted and encouraged to participate in decision-making about their lives. They told inspectors they felt listened to, had people in whom they trusted to talk and that they had a say in decisions about their lives. However, some young people told inspectors that they felt staff were over-involved in some of their parenting decisions. Inspectors found that this was discussed with the young people, staff and professionals involved and resolved to the satisfaction of the young people.

Young people's meetings were held weekly and their views including positive and negative aspects of their week were acknowledged. Young people and staff were positive about this process and said that there were opportunities to come up with solutions to difficulties identified. Inspectors found that recent meetings were well organised with an agenda prepared in advance. It was evident that feedback was given to young people following discussions of their agenda items at team meetings.

There was a system to record, manage and resolve complaints but this required improvement. Tusla's national policy for the management of complaints was in place and the young people were aware of how to make a complaint. Complaints were recorded on a register but this was found to require updating to ensure it reflected if the young person was satisfied with the outcome of their complaint. There were four complaints listed on the complaints register in the 12 months prior to inspection. Complaints related to individual grievances and services the young people accessed. There was one open complaint at the time of the inspection and a meeting was planned with the child's social worker to resolve the issue. Young people told inspectors that they felt listened to and the situation improved when they discussed their concerns with staff.

Judgment: Substantially Compliant

Standard 5: Planning for Children and Young People

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

Inspection Findings

Admissions were planned and managed in line with policy and procedure, to ensure placements were safe and suitable. Admissions were managed through the Tusla central referrals committee. There were three planned admissions to the centre in the last 12 months, each of which was risk assessed prior to an admission. There were appropriate transition plans in place that included the young people visiting the centre and engaging in an induction programme to familiarise themselves with the centre and the staff. It was evident that this was tailored to suit the needs of a young person and this was confirmed by social workers who spoke with inspectors. The centre also provided respite placements and there was one young person who accessed this service regularly in the last 12 months.

There were two planned discharges from the centre in the 12 months prior to inspection. Documentation related to these discharges was archived and therefore not reviewed as part of this inspection but the relevant details were recorded on the centre's register of children. Inspectors talked to two young people who had left the service. They were very positive about their experience in the centre and felt adequately supported during and after their discharge from the service.

All young people under the age of 18 had an allocated social worker and they were visited in line with regulations. Young people had mixed views about their social workers and all were able to identify professionals with whom they had good relationships.

All young people in care had a care plan on file. One young person had a child in care review prior to their admission and this clearly reflected their transition to the service. It was detailed with adequate actions attached. Another young person was admitted the day prior to the inspection and their most recent care plan was present on file. Child in care reviews were scheduled in line with the regulations.

Placement plans were developed for young people following their admission to the centre. One placement plan was reviewed by inspectors as the other had yet to be developed. The placement plan reviewed was specific, detailed and had clear actions identified. Keyworking reports and minutes of team meetings showed that these actions were being implemented by the staff team.

Young people were supported to maintain positive relationships with their parents, siblings and significant people in their lives. Staff members told inspectors that family members were welcome to the centre and visits were facilitated. A parent who spoke

with inspectors said the staff team were very welcoming and confirmed they could visit the centre regularly.

Young people received the emotional and psychological care they required and they had access to the services they needed. A number of the staff team had been trained in a programme to support the development of attachments between parents and their babies and this was then offered as a voluntary programme which the young people could avail of. The staff team prioritised building relationships with the young people and ensured they had good supports in the community. Keyworking sessions were regular, varied and appropriate to the young person's needs.

Staff interacted respectfully, warmly and appropriately with the young people. Young people told inspectors that they had good relationships with the staff and had people they trusted to talk to. External professionals told inspectors that staff provided good quality emotional support and that they consistently supported the young people to parent their babies appropriately. Inspectors observed the young people as comfortable and relaxed in their home and there were pleasant interactions between them and staff members.

There were two young people who required aftercare services. Although this was in place for one young person, it was not in place for a second young person. The young person's care plan outlined that she did not meet the criteria for aftercare services. Inspectors discussed this with the young person, the temporary centre manager and the young person's social worker and found that some progress had been made in this regard. It was evident that the staff team were supporting the young person to obtain the necessary services, and an independent advocate was sourced for the young person. The young person's social worker confirmed that an aftercare referral was recently completed but at the time of the inspection, an aftercare worker had not been identified.

All young people were actively supported to develop skills for independent living. They were encouraged to budget, cook meals and take responsibility for their own laundry and various chores. There were parenting support plans to guide the team in the provision of support to young people in terms of their parenting roles. Young people who had left the service said the staff team had helped to prepare for independent living.

Care records were factual, well organised and legible. Filing systems were appropriately maintained. There was an appropriate system to archive files belonging to children who had left the service.

Judgment: Substantially Compliant

Standard 6: Care of Young People

Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

Inspection Findings

Young people were cared for in a manner that respected their choices and recognised achievements. Inspectors observed very respectful interactions between the staff team and the young people. There was a relaxed and friendly atmosphere in the centre. Young people told inspectors about various local community groups and activities that were available to them and their babies including a teen parenting programmes, young mothers support groups and mother and baby groups.

Care practices took into account young people's individual needs and the young people were supported according to these needs. There were detailed plans to guide the care of the young people in relation to their specific needs. The young person's keyworkers and the staff team completed one to one work with the young people in relation to their specific parenting and personal needs. Inspectors observed that this work and the plans were reviewed on a weekly basis during team meetings. Inspectors observed staff allocating key working and specific tasks during a handover meeting. A parent and previous residents told inspectors that there was adequate support provided by the staff team.

Inspectors observed that fresh food was available in sufficient quantities and mealtimes were social occasions where staff and young people sat together to eat and talk. Inspectors observed staff asking young people what their preferences were for dinner and it was evident that the young people were supported to learn to cook various meals of their choice. The young people had a separate fridge to store individual items for themselves and their babies. Inspectors observed young people preparing drinks and snacks for staff and inspectors.

The staff team had a good understanding of the behavioural needs of the young people. The team followed a recognised behaviour management approach and had been trained in minimising escalating behaviours. Individual behaviour management plans were in place for each young person and these were regularly reviewed and discussed during team meetings. Incidents of behaviours of concern were minimal in the centre and when they occurred they were well managed, reported to the required people and the young person was adequately supported both during and following the event.

A system was recently introduced to record sanctions in the centre. The temporary centre manager confirmed that sanctions were not used but when there was an issue relating to rules in the centre, this was discussed with the young person. Although some young people told inspectors that they did not like some of the rules in the centre, this was discussed and resolved to the satisfaction of the young people. Young people said the staff team were nice and approachable and that they could discuss issues as they arose.

Absent management plans were developed for each young person following their admission to the centre. Inspectors reviewed one such plan which gave adequate guidance to staff. There was clear direction for staff to follow and different responses outlined depending on whether the baby was present with the young person or not. Inspectors found that incidents of absences from the centre were managed

appropriately but one young person's plan was not signed by the their social worker. The staff were referencing a placement support plan from another centre for young person who had just being admitted to the centre in the interim of devising their own plan.

Judgment: Compliant

Standard 7: Safeguarding and Child Protection

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

Inspection Findings

Staff implemented safe care practices but potential safeguarding issues related to children and adults living together were not fully considered. The young people told inspectors that they felt safe living in the centre and external professionals were confident that the young people were cared for appropriately. There was a protected disclosures policy in place and staff interviewed were aware of this.

The temporary centre manager was the designated liaison person in line with Children First, and staff members were aware of this role. There was an up-to-date safeguarding statement on display in the centre. The temporary centre manager said that all staff members had been trained on Children First (2017) and this was confirmed in training records viewed by inspectors. Staff who met with inspectors understood their responsibilities and were aware of how to respond to incidents of abuse or allegations.

There were 16 child protection or welfare concerns reported to relevant social work departments in the 12 months prior to the inspection. There was some delay in closing three of these concerns. The temporary centre manager said that these three concerns were resolved but there was a delay receiving confirmation from social work departments in this regard. The centre had a child protection log and inspectors found that it did not always record the date on which a concern was closed. At the time of the inspection there were four open concerns. All were found to have been reported appropriately however, one remained open since 2017. Inspectors were informed by relevant social workers, that two concerns were in the process of being addressed. Despite efforts by the centre manager, the outcome of the concern which remained open since 2017 was not provided to the centre and there was evidence that this had been escalated to the alternative care manager manager. Although the alternative care manager had contacted the social work department, this issue remained unresolved.

An Garda Síochána (police) vetting was in place for all staff and the centre manager confirmed that a process of updating Garda vetting was underway.

The centre's statement of purpose and function stated that this centre catered for both children and adults. However, on review and following discussion with the temporary centre manager, inspectors found that centre policies and staff guidance did not fully consider potential safeguarding issues related to this mix or the babysitting arrangements in place for staff. There were no risk assessments completed on staff

babysitting the young people's babies.

Judgment: Non Compliant - Moderate

Standard 10: Premises and Safety

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

Inspection Findings

The health and safety of young people, staff and visitors was promoted and protected in suitable accommodation. Each young person had an en-suite bedroom and there was adequate space for facilitating visits from family and friends. The centre was clean and tidy and was adequately lit, ventilated and heated. There was some redecoration works taking place at the time of the inspection with bedrooms being painted. There was a plan to redecorate areas of the centre on a phased basis including a playroom for the babies. The centre was homely, and comfortable and there was adequate private and communal space for the young people and their babies to access. Each young person had access to appropriate laundry and cooking facilities. There were suitable recreational facilities for the young people and their babies including soft play area. Inspectors observed that significant work on the garden area had taken place since the last inspection and this was nicely presented with appropriate furnishings and flowers. The centre manager described how the staff and young people completed the work on the garden area and every-one was very proud of this.

The centre had policies and procedures relating to health and safety and there was an up-to-date health and safety statement which had been read by staff. The centre was adequately insured.

Fire safety required improvement in the centre. Fire drills took place regularly and when difficulties arose during a drill, another drill took place to ensure the learning was transferred. It was evident that fire safety was discussed with young people during their induction to the service and also during young people's meetings. There were regular checks of fire safety equipment in the centre but inspectors found that the template was not always completed accurately and when issues such as a problem with a fire extinguisher arose, it was not resolved in a timely manner. Inspectors also found that the seals on fire doors had been identified as a risk and despite attempts by the team to resolve this issue, it remained a concern at the time of the inspection. Satisfactory assurances were received by inspectors immediately following the inspection, that the necessary safety measures were put in place to reduce the risks related to fire safety in the building. There were adequate means of escape from the building both upstairs and downstairs but the assembly point was not clearly labelled and emergency lighting was not working in one area of the building.

The temporary centre manager had developed a new system for recording and reporting maintenance issues. The centre was well maintained but there were some maintenance issues which were not attended to or risk assessed. For example, there

was a leak in the bathroom of a young person's bedroom which had been reported but remained unresolved for a significant period of time and no precautions had been put in place to manage the associated risks.

The centre was monitored by an external closed circuit television system for which signs were prominently displayed. Vehicles in the centre were taxed and insured.

Judgment: Non Compliant - Moderate

Standard 8: Education

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

Inspection Findings

Education was valued in the centre and the team were ambitious for the young people. Although the young people were not engaged in an educational programme or course at the time of the inspection, the young people were encouraged to return to educational or training programmes at a pace that suited them and their babies' needs.

The young people's educational needs were reflected on their care plans. There were regular discussions regarding education recorded on the minutes of team meetings. Inspectors observed a team meeting where the involvement of an education and welfare officer was discussed to support the young person in relation to training opportunities. Staff regularly discussed future training opportunities and plans with the young people during one to one sessions. However, the centre did not have a specific policy in relation to education. Social workers said the staff team were proactive in working with the young people to determine their preferences in relation to courses. Young people were aware that the staff could provide child care facilities should they wish to return to education before their baby met the criteria for the local crèche services. Previous residents had availed of local crèche services to attend a course.

Judgment: Compliant

Standard 9: Health

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

Inspection Findings

Young people's healthcare needs were assessed and met and specialist appointments were made and attended. All young people were linked with pre and post natal services. Young people told inspectors that the staff team helped them to get to these appointments by minding their babies or accompanying them. The young people attended their general practitioners when the need arose. Staff told inspectors that young people attended a general practitioner of their choice and the centre had links with local services that the young people could avail of if they wished. This was confirmed by a young person who spoke with inspectors.

The staff promoted a healthy lifestyle for the young people by encouraging and modelling healthy eating and regular exercise. The staff team supported the young people in developing their skills and knowledge of healthy food choices and the weaning process with their babies. A training programme was provided to some of the current young people on paediatric first aid. Several members of the staff team were trained in smoking cessation and it was evident that they worked with the young people in this and other areas such as sexual health and relationships.

There was a medication administration policy and procedure in place in the centre. The policy guided staff in the management, recording and administration of medication. Staff had received training on this policy. Inspectors found that all young people, following a risk assessment, self-administered their own medication and had responsibility to store and administer medication for their babies. Each young person was provided with a safe storage space in their room for this purpose. It was evident that the team promoted good medication practices among the young people with regard to storing and administering medication and to ensure it was not accessible to their babies. Inspectors found that the team completed health and safety checks on a weekly basis in relation to the safe storage of medication by young people.

Judgment: Compliant

Standard 1: Purpose and Function

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

Inspection Findings

The centre had a broad statement of purpose and function that described the service as one which catered for both adults and children on an interim, respite, short- and medium-term basis. Services provided in the centre included residential care for pregnant teenagers or young mothers up to the age of 18 in the care of the State. The centre also provided a residential respite programme for adults up to the age of 21 and their babies. In addition, an interim placement was provided for a period of 16 weeks post-birth for adults between the ages of 18 and 21 who meet all the criteria for a placement other than age.

The statement of purpose referred to the policies and procedures and statutory obligations that guided some areas of practice. However, this was not adequate, as it did not reference any policies or procedures in place in relation to the provision of a mixed service for adults and children. There was no reference to safeguarding arrangements in relation to the provision of a mixed service.

The statement of purpose and function was available in a form that was accessible to young people and their families.

Judgment: Substantially Compliant

Standard 2: Management and Staffing

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

Inspection Findings

The centre was staffed by an experienced and committed team. There were significant changes to the management team earlier this year. A new temporary centre manager and a deputy centre manager commenced in the roles in April 2018. Both the temporary centre manager and deputy centre manager had experience of acting up in management positions previously. The temporary centre manager had completed management training provided by Tusla. The staff team reported that the changes in the management team had been a positive experience for the team and external professionals told inspectors that managers were approachable and very professional. Both managers told inspectors that there was a satisfactory induction process facilitated by the previous centre manager and the alternative care manager. Although both managers were committed and dedicated, the long-term stability of the management team was impacted by temporary positions. The temporary centre manager told inspectors that this was being addressed at senior management level.

The staff team and social care leaders reported to the temporary centre manager. She reported to the alternative care manager who had detailed knowledge of the service, regularly visited the centre and had reviewed records and paperwork. The deputy regional manager had good knowledge of the care provided to the young people by the team and she attended some team meetings and regularly visited the centre. The temporary centre manager was supported in the role by a deputy centre manager. This role included some delegated management duties such as audits and supervision and support to staff, as well as monitoring and oversight.

Consistency was promoted across the staff team. Inspectors found that the management team provided leadership to the staff team and were accountable for the services provided. A shift leader was identified on a daily basis and inspectors observed how the shift leader allocated tasks to the team. Staff told inspectors that this was an effective process to ensure key tasks were completed as well as the necessary supports provided to the young people. External professionals told inspectors that the team were approachable, professional and committed and they were satisfied with the supports provided to the young people. There was no formal on-call system in place outside of normal working hours. The temporary centre manager and the deputy centre manager provided on call cover on a rotational basis to ensure staff had the necessary support. This system was not sustainable.

Some management systems needed to improve. While there were policies, procedures and guidance policies in place, the Child and Family Agency, Tusla, had not reviewed a large number of these policies for a considerable amount of time. As referred to earlier in this report, policies and procedures in place were adequate for the provision of a mixed, child and adult, service.

There were some effective communication systems in the centre. These included

handover meetings, a handover log book, daily planning meetings and weekly team meetings. Staff reported that the management team were accessible and there was informal communication on a daily basis. Inspectors observed a handover meeting where key issues regarding the young people were communicated and it was evident that the temporary centre manager or the deputy centre manager regularly attended these meetings. Inspectors reviewed the minutes of team meetings and found that the meetings were held consistently. The minutes of these meetings outlined that there were detailed discussions about the young person guided by a key working report. Following this, an action plan was devised to plan and prioritise goals and actions for the following week. There was a set agenda including the review of significant events, child protection concerns, health and safety issues, complaints among other issues.

There were some measures in place to manage risk but these were not sufficient. There was a risk management system which included the assessment of risk and a risk register. This was guided by a national risk management policy but the team had not been trained in this. While inspectors found that some risks were adequately controlled, other risks identified by inspectors had not been assessed including a water leak in a bedroom and concerns in relation to fire safety as outlined earlier. In addition, the provision of a mixed service for adults and children had not been identified or assessed as a potential risk. Some risk assessments reviewed by inspectors did clearly identify the risk involved, and multiple risks were assessed collectively as opposed to individually. This impacted on the centre's ability to put adequate controls in place for each risk and to review them individually to ascertain if they had increased or decreased. These deficiencies were reflected in the centre's risk register.

There were some management systems in place to ensure oversight and accountability but they needed to improve. There were audits carried out in relation to health and safety issues, young people's files, medication and supervision. Some of the audits were of good quality and brought about practice improvements. However, inspectors found gaps in records related to daily fire checks which had not been addressed by a member of the management team. Deficits had been identified with the centre's register and it was evident that some discussion took place at a recent team meeting in relation to maintaining this document accurately, but inspectors found that this had not brought about the required improvements.

There was a prompt system for notifying significant events and the appropriate people were notified of these events. There was a significant event review group for the area. Inspectors found that significant events were managed well and although none of the centre's significant events needed to be reviewed at a regional level, the managers attended these meetings to ensure the team benefited from the wider learning.

Record keeping was effective and young people's files and records were maintained to a high standard. However, the centre continued to use old Health Service Executive registers and these needed to be changed. The centre maintained a register of children as required by Regulations but this was not up-to-date and did not contain all of the required information.

There was a system in place to ensure oversight and accountability in relation to expenditure. Inspectors reviewed the petty cash system and found that all expenditure was accounted for and receipts were evident. The temporary centre manager had

responsibility to maintain reports relating to the breakdown of spending. This system was effective and up-to-date.

Staff who met inspectors were clear about their roles and responsibilities and told inspectors that they were well supported by the management team. The staff team said the morale on the team was good and the young people received good quality care. Inspectors found from a review of rosters that there was sufficient staff to provide for the young people's need and changes were made to the roster to accommodate a complex situation or needs when this was needed.

Three staff members recently joined the team. There was a very detailed induction programme for new staff joining the service which covered all aspects of service provision and there was opportunities to shadow more experienced staff. There were two consistent agency staff members on the roster. The temporary centre manager had interviewed these staff members and records were maintained on site relating to their personnel files.

Inspectors reviewed a sample of staff files and found that there were records of training, references and a curriculum vitae on file for staff. Staff files relating to new members of the team were not stored at the centre. The temporary centre manager provided oversight of the files by completing a self assessment provided by inspectors. The majority of the required information was recorded as being present but some gaps were evident in relation to employment history and induction records. Garda Vetting was in the process of being updated for all staff and the centre manager received a record on a quarterly basis outlining the status of these updates. There was a professional development plan on some staff files but these were not consistently completed, signed or dated. Some staff at the centre remained unqualified. The temporary centre manager told inspectors that these staff members were encouraged and supported to complete courses to obtain the necessary qualification. In addition, they had engaged in the mandatory training provided as well as attending courses to broaden their range of skills.

Supervision was not provided in line with policy. The temporary centre manager, deputy centre manager and a social care leader provided supervision to the staff team. Both of the managers commenced their roles in April 2018 and advised inspectors that there was a plan to supervise all staff every 6 weeks but this timeframe was not met at the time of the inspection. Two staff had received two supervision sessions but the remainder of the team had only one supervision since April 2018, the quality of which were good. The alternative care manager told inspectors that she had advised the temporary centre manager to get to know the team before commencing supervision and therefore some supervision was not in line with the timeframes outlined in the policy.

The training needs of the team had not been met in full. Training in Children First (2017) was completed by the team but there were gaps in the training provided to the team on fire, first aid, manual handling and the behavioural management model implemented in the centre. The temporary centre manager said that all mandatory training was scheduled. There was no training needs analysis completed at the time of the inspection.

Judgment: Non Compliant - Moderate

Standard 3: Monitoring

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

Inspection Findings

There were monitoring systems in place to ensure compliance with regulations, standards and best practice. The centre had a Tusla monitoring officer assigned and a monitoring visit had been carried out in July 2018. The report regarding this monitoring visit was not available at the time of the inspection. Inspectors spoke with the monitoring officer who advised that she had met with the young people and staff during the monitoring visit.

Judgment: Compliant

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Action Plan

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

Action Plan ID:	MON-0024611-AP
Provider's response to Inspection Report No:	MON-0024611
Centre Type:	Children's Residential Centre
Service Area:	CFA DNE CRC
Date of inspection:	14 August 2018
Date of response:	01 October 2018

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

Theme 1: Child - centred Services Standard 4: Children's Rights Judgment: Substantially Compliant	
The Provider is failing to comply with a regulatory requirement in the following respect: The complaints log required updating and it did not include a section to record if the complainant was satisfied with the outcome of the complaint.	
Action Required: Under Standard 4: Children's Rights you are required to ensure that: The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.	
Please state the actions you have taken or are planning to take: <ul style="list-style-type: none"> • The complaints register will be amended to include a section to capture the complainant's level of satisfaction with the outcome of the complaint. The new register will include TUSLA branding. 	
Proposed timescale: 05/10/2018	Person responsible: Centre Manager

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

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

Aftercare services were not in place for one young person.

Action Required:

Under Standard 5: Planning for Children and Young People you are required to ensure that:

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

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

- All young people will have an identified aftercare worker by 31st October 2018. If an identified aftercare worker has not been provided by 31st October 2018 the centre manager will escalate the matter to the Aftercare Manager, if the matter is not resolved within two weeks then the centre manager will be escalated the matter to the alternative care manager who in turn will raise the matter with the principal social worker.

In future the centre manager will liaise with the allocated social worker and the aftercare manager to ensure the provision of an appropriate aftercare service to all young people in the centre. The aftercare service provided will be reviewed through the care planning process, and any delays/deficits in the provision of this service will be escalated by the centre manager through the line management system.

- Where a young person is not eligible for aftercare, as set out in the national aftercare policy, the service will complete an aftercare needs assessment on the young people within 4 weeks of admission to the centre and within 4 weeks of their baby being born. The service will identify links in the community to help support the young person post placement. The centre aftercare link worker will coordinate support for the young adult around housing lists, information on benefits, form filling to ensure practical aftercare needs are met.

Proposed timescale:
31/10/2018

Person responsible:
Centre Manager

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

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

The child protection log did not always record the date on which a concern was closed.

A child protection concern reported in 2017 had not been resolved.

Centre policies and staff guidance did not fully consider potential safeguarding issues related to the mix of adults and children living in the centre or the babysitting arrangements in place.

There were no risk assessments completed on staff babysitting the young people's babies.

Action Required:

Under Standard 7: Safeguarding and Child Protection you are required to ensure that:

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

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

- A new child protection log has been opened to include a section to record the date the child protection concern is closed. The importance of completing all sections of this log will be addressed at the team meeting on 2nd October 2018. The centre Manager will conduct regular audits of the log and address any issues identified at the team meeting or individually with staff at supervision.
- The child protection concern from 2017 has now been closed. In future, where a child protection concern is outstanding for more than 2 weeks, the young person's keyworker will write to the assigned social worker to request a response. If no response is received within 5 working days, the social care manager will raise the matter with the social work team leader. If the response remains outstanding after a further 5 working days, the social care manager will notify the alternative care manager who will in turn raise the issue with the principal social worker. If the matter remains outstanding after a further 10 working days, the alternative care manager will escalate the matter to the regional manager who will in turn raise the matter with the area manager.
- The policy covering safeguarding issues related to the mix of adults and children living in the centre will be incorporated into the new national suite of policies and procedures due to be introduced by end 2nd quarter 2019. In the interim, the centre manager in conjunction with the Alternative Care Manager will review and update the guidance document on working with over 18's to ensure all potential safeguarding issues are addressed.
- Individual risk assessments will be completed for each young person to assess all risks associated with placing adults and children in a residential centre.
- Risk assessments will be conducted to assess the risks and identify the necessary

safeguarding measures required for babysitting to occur in the centre.

Proposed timescale:
30/06/2019

Person responsible:
Director of CRS, C&FA

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

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

Fire safety checks were not completely accurately on a consistent basis.

Issues relating to fire safety were not resolved in timely manner.

The fire assembly point for the centre was not clearly labelled.

Emergency lighting was not working in one area of the building.

Some maintenance issues were not resolved in a timely manner and had not been risk assessed.

Action Required:

Under Standard 10: Premises and Safety you are required to ensure that:

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

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

- The importance of regular and consistent fire safety checks and the obligation on staff to carry out the checks was address by the centre manager at the team meeting on 25th September 2018. The centre fire officer will conduct weekly fire safety audits and the centre manager will address any matters identified at team meetings and individually with staff members.
- All fire safety issues have now been resolved. In future, where a fire safety matter has not been resolved in a timely manner, the centre manager will raise the issue with the maintenance department. If the issue is not resolved with 5 working days then the matter will be escalated by the Centre Manager to the Alternative Care Manager, who in turn will raise the issue with the Maintenance Manager.
- The fire assembly point is now clearly labelled.
- All emergency lighting has been fixed.
- In future where this is a delay in getting requests responded to by the maintenance department, the centre manager will raise the issue with the maintenance department. If the issue is not resolved within 14 days the matter will be escalated

by the Centre Manager to the Alternative Care Manager, who in turn will raise the issue with the Maintenance Manager

Proposed timescale:
01/10/2018

Person responsible:
Centre Manager

Theme 4: Leadership, Governance & Management

Standard 1: Purpose and Function

Judgment: Substantially Compliant

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

The statement of purpose and function needed to be updated to reflect the changes to the Children First Guidance in 2017.

There was no reference on the statement of purpose and function to any policy, procedure or guidance relating to the provision of a mixed service for adults and children.

Action Required:

Under Standard 1: Purpose and Function you are required to ensure that:

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

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

- The statement of purpose and function will be reviewed by the centre manager and the Alternative Care Manager.

Proposed timescale:
12/10/2018

Person responsible:
Alternative Care Manager

Theme 4: Leadership, Governance & Management

Standard 2: Management and Staffing

Judgment: Non-Compliant - Moderate

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

The long-term stability of the management team was impacted by interim positions.

There was no formal on-call arrangements in place.

Policies and procedures had not been updated by Tusla, to ensure they were in line with best practice.

Centre specific policies were not devised, when required, to guide the team in the absence of national policies.

The risk management system was not adequate.

Monitoring and oversight systems were not satisfactory.

Professional development plans were not consistently completed, signed or dated.

Some staff at the centre remained unqualified.

Supervision was not provided in line with the timeframes specified in the policy.

There were some gaps in the mandatory training provided to the team.

There was no training needs analysis.

Action Required:

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

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

- A permanent management team will be appointed by the end of 4th quarter 2018. In the interim first time managers training will be provided to the current management team.
- A national on-call system will be in place for Children's Residential Services by end 2nd quarter 2019.
- The new national suite of policies and procedures are scheduled to be in place by end 2nd quarter 2019. In the interim the centre manager, in conjunction with the Alternative Care Manager and the staff team, will develop centre specific guidelines to include updated guidelines on the management of the child and adult mix within the centre.
- The Alternative Care Manager, in conjunction with the Social Care Manager, is undertaking a review of risks in the centre to ensure that all risks have been identified, assessed appropriately and individually where required and placed on the risk register. The review will also ensure that appropriate controls are in place for all risk identified. The Social Care Manager will then ensure that all risks are reviewed and updated monthly.
- The Alternative Care Manager will provide a workshop to the staff team regarding Tusla risk management systems and how they should operate within the centre. This workshop will be delivered by 31st October 2018. Risk management will be reviewed at team meetings and during supervision to ensure that all staff are clear on the processes involved and supported in the management of risk within the centre.
- A new audit tool, which can be used by the Alternative Care Manager and the Centre Manager, will be introduced by 31st October 2018. Any audit conducted will have a clear record indicating the SMART actions identified the person responsible

and clear timeframes for completion. Outcomes of audits will be reflected in team meetings and supervision. Audits will remain a standing item on the team meeting agenda.

- The centre manager will ensure that a professional development plan is completed for all staff by 30th November 2018.
- Unqualified staff are supported to attend third level education to ensure they receive a formal social care qualification. Unqualified staff, as well as all staff, receive on-going training, supervision and the use of professional development plans to continue to enhance their professional development.
- A schedule of supervision is now in place to ensure that supervision is provided as per policy
- The centre manager will liaise with workforce development to ensure that staff receive all mandatory training by 31st December 2018
- The centre manager will conduct a training needs analysis by 31st October 2018

Proposed timescale:
30/06/2019

Person responsible:
Director of CRS, C&FA