



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	04 and 05 November
Centre ID:	OSV 004172
Fieldwork ID	MON 0027917

About the centre

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

The centre was a community based residential centre located in the Dublin North East region. The centre was managed by the Child and Family Agency (Tusla). The centre cared for four children between the age of 12 and 17 years and provided medium to long term placements. In exceptional circumstances, consideration was given to the admission of younger children.

The service used a model of care which was informed by attachment and trauma theory, risk management and the promotion of wellbeing.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
04 November 2019	10:20hrs to 17:30hrs	Jane Mc Carroll Pauline Clarke Orohoe	Inspector
05 November 2019	08:00hrs to 17:15hrs	Jane Mc Carroll Pauline Clarke Orohoe	Inspector

Views of children who use the service

Inspectors met with four children in the centre. The children had mixed views about living there. One child said that the house was a nice place to live. Another child said that they felt settled there and that they liked having their own room. Children said that they had good relationships with the staff team and inspectors observed positive and relaxed interactions between children and staff members. One child said that the best thing about living in the house was having people to talk to. Another child liked the positive relationships they had with particular staff and said that they could trust them. However, a child and a parent were dissatisfied with the number of agency staff working in the house, and they described them as 'strangers' in the children's 'home'. Overall, children felt safe in the centre, but they were concerned that if current levels of challenging behaviour were sustained, they might react inappropriately.

Children said that they participated in their child in care reviews. They said that their voices were mostly heard, but two children told inspectors that they wanted more time with their siblings and this had not happened. One child said that they were not involved in their care planning but this was their own choice. Two children said that their social workers were very nice and helpful, but one told inspectors that they had not spoken to their social worker in a number of years.

The majority of the children expressed common views on some aspects of life in the centre which they felt impacted on them and their social and leisure activities. While these children understood that they each had different needs, they felt that the needs of particular children limited the staff teams' ability to take part in keyworking activities and group social events, such as going out for a meal. These were positive aspects of life in the centre previously, and children missed these experiences. They commented that living in the house was sometimes 'tiring', and that they wanted 'the arguments [between children] to stop.' A parent who spoke to inspectors described the centre as inviting and told inspectors that '[their] child's placement in that house had made him.'

The children commented on the level of damage being done to the premises due to disruptive behaviour by some. Two of the children said that they were upset by this damage. One child said that these incidents made them feel annoyed and angry, and that on one occasion, their family access had been cancelled as a result. The majority of children living in the centre said that the house needed to be decorated and repaired in order to improve their experience of living there. One child said that the state of repair in the centre did not cause them much concern, as they spent a portion of their time living away from the centre.

Two children were unhappy about the way behaviours were managed in the centre. They perceived a lack of routine in the house and that there appeared to be no appropriate consequences for property damage. They told inspectors that 'we have rules but if you break them nothing happens.' In addition, children said that 'house meetings were ineffective and there was no point in raising concerns as nothing is done.' One child told inspectors that they had made a complaint about the behaviour they experienced in the house and felt that nothing had changed as a result. This child's parent told inspectors that they were not informed about the outcome of this complaint.

Capacity and capability

The centre was last inspected by HIQA on 31 July 2018. At that time, inspectors found that the centre was compliant or substantially compliant with eight out of 10 standards. These included children's rights, care of children, planning for children, safeguarding and child protection, education, health, purpose and function and monitoring. There were two standards which were not complied with and these were management and staffing, and premises and safety. An action plan was provided by the centre to address these deficits in September 2018. During this inspection, inspectors found that some improvements had been made to address non compliances but other deficits remained outstanding, such as staffing vacancies, lack of timely supervision of staff and the lack of an up to date suite of policies and procedures for children's residential services.

The centre was effectively governed and managed by a competent and experienced management team. The centre manager was supported in her role by a temporary deputy centre manager who was awaiting a permanent contract at the time of this inspection. Managers were familiar with the circumstances of children living in the centre. Inspectors observed the centre manager interacting frequently with children and staff. The centre manager reported to a deputy regional manager, who had overall responsibility for the quality and effectiveness of services provided. The centre manager was present in the centre Monday to Friday during office hours. The centre manager and deputy centre manager provided staff with on-call support, outside of normal working hours. However, the need for a national on-call system, highlighted by HIQA previously, remained outstanding.

The staff team was committed to the children in the centre and they were driven in their efforts to make each child's placement a success. They valued and encouraged the development of positive relationships in the centre and inspectors observed warm and respectful interactions between staff and children. The staff team were supported by a consultant psychotherapist who provided guidance to staff to understand and meet children's particular needs. However, inspectors found that the supervision of staff by

managers in the centre was not timely and this needed to improve.

There were three vacant posts and two staff on long term leave. As a result, the centre was dependent on the use of agency staff. Although the centre had committed to filling vacant posts following the last inspection, by December 2018, recruitment drives had not resulted in posts being filled. The centre manager endeavoured to use the same agency workers in order to promote consistent and continuous care to children and limit the impact of using agency staff, but children preferred direct support from staff they were familiar and comfortable with, and this impacted on how evenly tasks were completed across the staff team.

There was a statement of purpose for the centre which was not compliant with national standards. The statement of purpose clearly described the model of service provision delivered by the centre, as well as a strong account of the ethos of the service. The statement of purpose did not clearly identify the children whose needs the centre had the capacity to meet. As a result, the centre considered all placement recommendations by the central resource panel for the region. Consequently, at the time of inspection fieldwork, the centre was providing services to children with a wide range of support needs. Although the staff team responded appropriately to children who required a high level of support, there were times, when this had a negative impact on the delivery of care to the remaining children in the centre.

The Child and Family Agency (Tusla) did not ensure that the centre's policies and procedures were up to date. In the interim, the centre manager made sure that staff training was provided to keep staff up to date in legislative and policy changes in areas such as child protection and data protection. However, day to day practice could not be assessed by managers as being in line with up to date and current policy. In turn, the Child and Family Agency could not be assured of the quality of practice in this context.

There was one allegation made by a child against a member of staff in the centre in 2019 which did not meet the threshold for social work involvement. On review however, inspectors found that there was no policy or procedure in place to inform managers how to manage allegations against staff and to ensure that a distinction is made between the management of child protection and welfare concerns by social work and managing staff performance by centre managers.

There were effective systems in place to identify, manage and review incidents in the centre. Incidents and significant events were recorded and reported in line with requirements. Individual incidents were managed well and there were good systems in place for managerial oversight of practice. There was a structure in place to review incidents internally by the centre manager, and collectively with the staff team. This promoted learning and the identification of improvements to practice. There was independent monitoring of selected significant events in the centre by a Tusla area

review group. While individual incidents were managed well and reviewed, there was a need to ensure trends related to their overall impact on children resulted in improvements to their everyday lives.

The centre manager maintained good oversight of the records in the centre. Records such as the children's house meetings and significant events were reviewed, commented on and signed off by managers. The centre had recently introduced a new model of care which tracked the progress of the children's placements every month and the outcomes for the children were measured every three months. The centre manager also had a systematic approach to auditing practice which was tracked on a live document and reported to the deputy regional manager. For example, audits of care files and staff records were carried out and there was evidence that deficits were identified and resolved efficiently.

Risk management was also an integral part of the care and support provided to the children. The assessment of risk for each child took account of their history and their current presentation. Planning to manage the risk associated with each child was evident in supervision records, team meeting minutes and placement plans. Measures to mitigate against risk were also included in safety plans and inspectors found that the safety plans which were reviewed were of good quality.

Inspectors found that there were restrictive practices in place in the centre. While the majority were identified as such one restrictive practice was not accounted for on the centre's risk register. For example, there was no risk assessment completed to detail the rationale for locking certain food cupboards. This lack of reporting meant that the use of restrictive practice went unreported to external managers. In addition, alarms were connected to children's bedroom doors, which alerted staff when a door was opened during the night. Although risk assessments were completed for the use of this restrictive practice, the actual or potential risk posed to children for which a door alarm was a control, was not continuously reviewed to ensure it was an effective or necessary response to the identified risk.

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

Care records were established and maintained for all children living in the centre. Care records were mostly up to date and each child had a care plan. Immunisation records for one child were absent. The centre manager had already identified this deficit and requested the documents from the child's social worker.

Judgment: Substantially 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 in the centre were recorded and reported in line with requirements. Individual incidents were managed well in the centre and there was consistent managerial oversight of these. There was a structure in place to review incidents occurring in the centre both internally and externally. However, inspectors found that the review and management of the impact of incidents for all children living in the centre required improvement to ensure that actions were taken to improve children's care experience when required.

Judgment: Substantially compliant

Standard 5.1

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

Regulation 5: Care practices and operational policies

The new National Standards for Children's Residential Centres were available in the centre and had been discussed amongst staff and the child resident. The staff team had been trained in Children First (2017) and 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 legislation. Therefore, day to day practice could not be assessed by managers as being in line with current policy and procedure. There was no policy or procedure in place to inform managers how to manage allegations against staff and to ensure that a distinction is made between the management of child protection and welfare concerns by social work and managing staff performance by centre managers.

Judgment: Non-compliant moderate

Standard 5.2

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

There was a management structure in place with clearly defined lines of authority. There was good leadership and a culture of learning which was evident within the team. However, improvements were required to ensure that the support and supervision provided to staff was timely. Risk management systems were in place and for the majority, where risks had been identified, these systems were working well. However, inspectors found that there was restrictive practice in place in the centre which was not identified as such, and as a result, their use was not accounted for on the centre's risk register. The centre was dependent on the use of agency staff. While there was

thoughtful consideration in relation to the delegation of duties to staff by the management team, children preferred direct support from staff they were familiar and comfortable with, and this impacted on how evenly tasks were completed across the staff team.

Judgment: Non-compliant moderate

Standard 5.3

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

There was a statement of purpose for the centre which was not compliant with national standards. The statement of purpose clearly described the model of service provision delivered by the centre, as well as a strong account of the ethos of the service. However, the statement of purpose did not clearly identify the children whose needs the centre had the capacity to meet. Furthermore, the resources available to the centre to respond to the assessed needs of children were not described. While there were supplementary systems in place for referrals, admissions and discharges, to make sure placement decisions were well informed, the statement of purpose needed to be stronger to ensure that it reflected the cohort of children whose needs the centre could meet in order to ensure that children were appropriately matched to the service.

Judgment: Non-compliant moderate

Standard 5.4

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

There was a culture of review and learning in the centre. The centre also had an external monitoring visit in 2019 to assess compliance with national standards and the centre had devised an action plan to address any non-compliances. However, there was a need to ensure that trends related to complaints, incidents and concerns were continuously acted on and that their overall impact on children resulted in improvements to their everyday lives.

Judgment: Non-compliant moderate

Quality and safety

The centre was clean and provided sufficient space for the number of children living there. Children had their own rooms and storage units for their belongings, and there were adequate outdoor facilities for children. The centre however, was not homely and there were delays in repair work being carried out. On a walk around the premises, inspectors found that furniture was torn, curtains were hanging off rails and damage to the walls in the kitchen had not been fully repaired. There were no pictures or memorabilia of the children on display. Some children had reported to staff that they did not feel comfortable having friends or family in the house because of its poor condition. While the centre manager and deputy regional manager were aware of the urgent need to decorate the house, they said that their funding was not available at this time to complete these works.

There were fire safety management systems in place in the centre. Inspectors found that there had been some delays in weekly and monthly fire safety checks earlier in the year, and this had been identified and remedied by the centre manager at the time of the inspection. However, greater vigilance was required to ensure that outstanding maintenance required to fire safety provisions was recorded by staff during routine daily checks, and that associated repairs and maintenance were timely. For example, inspectors found that two emergency lighting faults which were identified through fire safety checks four weeks previously, did not have associated maintenance requests and were not routinely recorded during routine checks. Inspectors were assured that these deficits did not pose an immediate risk to children in the event of a fire.

While there were systems in place to ensure the safety and maintenance of the premises, they were not always effective. On a walk around of the premises, inspectors found that medication was not stored securely. Staff responded to this risk immediately. There were two back doors in the centre, but one of the two doors required maintenance to ensure that it functioned effectively in the event of a fire. Although this fault was identified through health and safety audits in the centre, there were no actions recorded to remedy the situation. These risks were brought to the manager's attention during the inspection fieldwork, and inspectors were assured that they would be dealt with promptly.

The care delivered by the staff team had afforded stability and permanency to children living in the centre. Three children had lived there for up to four years. However, inspectors found that the dynamics in the centre had changed when there was a new admission, and some of the positive experiences of life in the centre were lessened, and the children missed them.

There were exceptional circumstances surrounding one child's admission, who was under the age of 12 when they moved into the centre. Inspectors found that there was

careful consideration and planning at that time to ensure that the residential centre would be suitable to meet the needs of this child. Measures were also put in place to reduce any potential risk related to the diverse age range of children in the centre. The needs and the rights of the children already living there were also considered. Despite this level of planning prior to admission, the ongoing review of the mix in the centre and the associated impact for the centre to meet the needs of all children placed there on a consistent basis was not evident during this inspection. This was reflected in the views expressed by children of their experience of life in the centre.

Improvements were required to ensure that the placement of a child under 12 in the centre was managed in accordance with Tusla's own policy. Inspectors found that managers and social workers were unclear about the expected duration of the placement for a child who was under 12. Inspectors also found that actions taken to secure an alternative placement and parallel plan for the child were absent. This meant that the centre could not demonstrate how they were assured that this placement was and continued to be the best option for such a young child.

An attachment and trauma based model of care operated in the centre and an outcomes based framework within the model of care was recently implemented. This enabled staff to meet childrens' needs and review the impact of care on their wellbeing. Centre staff developed detailed placement plans for each child that were relevant to their assessed needs. Inspectors found that improvement was required in the representation of children's views and the recording of consultation with children within the placement planning process. The staff team were supported by a consultant psychotherapist who provided guidance to them on understanding and addressing childrens' particular needs.

House meetings were used in the centre to deal with issues around group living and to allow children a say in the decisions made in the centre which affected them. While there were some positive outcomes from house meetings, children said that house meetings were ineffective in resolving certain issues they raised such as property damage and disruptive behaviours. From a review of house meeting minutes, inspectors found that some concerns were re-occurring over a long period of time without some form of resolution. Consequently, not all children felt confident in the way certain behaviours that affected them were being managed.

There were up to date care plans in place for all children. Each child had an allocated social worker who visited the children in the centre in line with regulatory requirements. Child in care reviews were occurring for children regularly and there was good collaboration and communication between the centre and children's social workers. While the minutes of one child's most recent child in care review were on file, their amended care plan had not yet been received from the social work department. This had been requested by the centre manager.

Restrictive practices were in use in the centre but not all were based on an assessment of risk. Some food had been locked away from children and risk assessments were not completed for the use of this restrictive practice and the actual or potential risk posed to children for which this practice was a control, was not identified. Risk assessments were completed for the use of another restrictive practice, for example, the use of alarms on children's bedroom doors in the centre, but these were not continuously reviewed to ensure they were effective and remained necessary.

Staff implemented Children First (2017) by reporting any child protection and welfare concerns to the relevant social work department. While centre practice was good, four concerns had yet to be investigated by the social work departments involved. Although there was a system in place to escalate these delays to Tusla child protection services, these concerns remained uninvestigated at the time of inspection. Inspectors brought these cases to the attention of the relevant social work department over the course of the inspection fieldwork and received assurances that they would be dealt with as a matter of priority. Inspectors were however satisfied, that no child was unsafe at the time of the inspection as a result of these delays.

Standard 2.1

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

There had been one admission to the centre since the last HIQA inspection in 2018. There were exceptional circumstances surrounding this child's admission, who was under the age of 12 when they moved into the centre. Inspectors found that there was careful consideration from all professionals that the residential centre would be suitable to meet the needs of the child. The needs and the rights of the children already living there were also considered.

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

There were up-to-date care plans in place for all children. Each child had an allocated social worker who visited the children in the centre. Centre staff developed detailed placement plans for each child that were relevant to their assessed needs. However, improvement was required in the representation of children's views and the consultation of children within the placement planning process. Improvements were also required to ensure that the placement of a child under 12 in the centre was well

managed in accordance with Tusla's own policy. At the time of the inspection, the long term plan for this child was unclear, parallel planning was absent and there was placement drift.

Judgment: Non compliant moderate

Standard 2.3

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

Regulation 7: Accommodation

Regulation 12: Fire precautions

Regulation 13: Safety precautions

Regulation 14: Insurance

The centre was clean and provided sufficient space for the number of children living there. However, the centre was not homely and it required repair. The general environment in the centre was not stimulating and children were dissatisfied about the condition of the premises.

There was a system in place to ensure that any maintenance issues within the house were identified and addressed, however this was not always effective and there were delays. Greater vigilance was required to ensure that outstanding maintenance required to fire safety provisions was recorded by staff during routine daily checks, and that associated repairs and maintenance were timely.

Judgment: Non complaint moderate

Standard 2.5

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

There was good communication between centre staff and key people involved in the children's lives. Records showed that staff were in regular contact with other professionals such as schools and specialist services in the community. Children's social workers told inspectors that staff were in regular contact with them and kept them informed. Staff ensured that the children's parents were included in the decision making process. While one child and their parent said that their experience of integrated and coordinated care was not positive and they had chosen to opt out of these processes, staff endeavoured to promote the inclusion of all children and their families in care planning.

Judgment: Compliant

Standard 3.1

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

There were systems in place to safeguard children and protect them from abuse and children said that they felt safe in the centre. Inspectors found that child protection concerns were reported to the social work department in line with Children First (2017).

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behavior.

Staff developed good relationships with the children which enabled them to reinforce positive behaviours for children. Staff knew the children really well and could often determine potential causes of conflict early and intervene if the behaviour was likely to escalate. However, children did not feel confident in the management of certain behaviours of children in the centre. The use of house meetings was not always effective in resolving some concerns which were re-occurring over a long period of time. Children were subject to restrictive practice in the centre without evidence that it had been assessed as being required. Another restrictive practice was not continuously reviewed to ensure that it was effective and remained necessary.

Judgment: Non compliant moderate

Appendix 1 - Full list of standards considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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.	Substantially compliant
Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially compliant
Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Non-compliant moderate
Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Non-compliant moderate
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Non-compliant moderate
Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Non-compliant moderate
Quality and safety	
Standard 2.1 Each child's identified needs informs their placement in the residential centre.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Non-compliant moderate
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Non-compliant moderate
Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.	Compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant

Standard 3.2 Each child experiences care and support that promotes positive behavior.	Non-compliant moderate
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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.

Action Plan ID:	MON-0027917
Provider's response to Inspection Report No:	MON-0027917
Centre Type:	Children's Residential Centre
Service Area:	Dublin North East
Date of inspection:	04 and 05 November 2019
Date of response:	5 th 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 : 2.4

Judgment: Substantially compliant

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

The medical history of one child was not on file.

Action Required:

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

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

- The centre manager will request the information from the assigned social worker. If the documentation is not received within 10 working days, the social care manager will raise the matter with the social work team leader. If the documentation remains outstanding after a further 5 working days, the social care manager will escalate to the alternative care manager who in turn will raise the issue with the principal social worker. If the documentation remains outstanding after a further 10 working days, the alternative care

manager will escalate the matter to the regional manager who in turn will raise the matter with the area manager.

Proposed timescale:
03/01/2020

Person responsible:
Social Care Manager

Capability and Capacity

Standard : 3.3

Judgment: Substantially compliant

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

The review and management of the collective impact of incidents for all children living in the centre required improvement.

Action Required:

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

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

- All incidents are reviewed as part of the centre's Significant Event Review Group. Going forward, a more collective view will be taken in terms of the impact/potential impact of incidents on all children in the house. Actions to address any impacts identified will also be recorded as part of this review process.

Proposed timescale:
15/02/2020

Person responsible:
Social Care Manager

Capability and Capacity

Standard : 5.1

Judgment: Non-compliant moderate

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

Many of the policies and procedures that informed the operation of the centre were out of date and did not reflect current national standards or legislation.

There was no policy or procedure in place to inform managers how to manage allegations against staff to ensure that a distinction is made between the management of child protection and welfare concerns by social work and the managing staff performance by centre managers.

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:

- The new suite of policies is due to be implemented by the end of the 4th quarter 2020. The centre manager will continue to ensure that staff review and keep up to date with all relevant policies, regulations and standards that protect and promote the welfare of the young person.
- An updated version of the "Trust in Care" policy will be issued by the end 2nd quarter 2020. In the interim the centre manager will ensure that there is a clear set of guidelines in place to help and support staff in the event that an allegation is made against them.

Proposed timescale:
31/12/2020

Person responsible:
Social Care Manager

Capability and Capacity**Standard : 5.2****Judgment: Non-compliant moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Staff supervision was not timely.

There was restrictive practice in place in the centre which was unaccounted for and unreported to external managers.

There were insufficient numbers of permanent staff in the centre and this impacted on how evenly tasks were completed across the staff team.

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:

- A supervision schedule is now in place to ensure that supervision will take place in accordance with Tusla policy. Where a supervision session is cancelled, it will be rescheduled within 10 working days.
- The centre manager will complete a list of all practices that are deemed restrictive and ensure that all risk assessments and relevant reviews are

completed and held on file. All relevant information will be forwarded to the Deputy Regional Manager for input and oversight.

- There is a planned national recruitment campaign for Children's Residential Services due to commence by end 2nd Quarter 2020.

Proposed timescale:
01/06/2020

Person responsible:
Social Care Manager

Capability and Capacity

Standard : 5.3

Judgment: Non-compliant moderate

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

The statement of purpose did not clearly identify the children whose needs the centre had the capacity to meet.

The resources available in the centre to respond to the assessed needs of children were not described.

Action Required:

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

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

- The centre manager, in consultation with the Deputy Regional Manager, will conduct a review of the statement of purpose and function and ensure that it contains all relevant information.
- Information relating to the resources available in the centre will be entered into the statement of purpose and function.

Proposed timescale:
30.03.2020

Person responsible:
Deputy Regional Manager

Capability and Capacity

Standard : 5.4

Judgment: Non-compliant moderate

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

Trends related to complaints, incidents and concerns were not continuously acted upon to ensure improvement to the everyday lives of children.

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:

- Trends/patterns related to complaints; incidents and concerns will be looked at specifically in each fortnightly team meeting- actions will be generated from this discussion to ensure that these trends/patterns are acted upon. This will be recorded in team meeting minutes.

Proposed timescale:
15/02/2020

Person responsible:
Social Care Manager

Quality and Safety**Standard : 2.2****Judgment: Non-compliant moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Representation of children's views and the consultation of children within the placement planning process required improvement.

The placement of a child under 12 in the centre was not managed in accordance with Tusla's own policy.

The long term plan for a child under 12 was unclear, parallel planning was absent and there was placement drift.

Action Required:

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

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

- All young people will be encouraged to participate in their keyworking monthly review, allowing them to reflect on their monthly progress and plan for the coming month. This information will be used in the development of placement plans, care reviews, and care planning. The assigned social workers will be provided with regular updates regarding each young person's involvement in the development of their plans via regular keyworking reports. 2&3. A Planning Meeting was convened on 04/12/2019 to ensure there is a clear and agreed plan between the Social Work Department and the centre for

the child in question. The views of the young person were also sought and represented.

Proposed timescale:
12/02/2020

Person responsible:
Social Care Manager

Quality and Safety

Standard : 2.3

Judgment: Non-compliant moderate

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

Children were dissatisfied about the condition of the premises.

The centre was not homely and it required repair.

There were delays in maintenance work being completed in the house.

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 repair, maintenance and refurbishment of the centre have been brought to the attention of the regional manager and are prioritised for completion by end of 2nd quarter 2020.
- The centre manager will maintain oversight of maintenance works on a weekly basis to ensure delays are notified and work is completed in a timely manner. Any delays will be escalated to the deputy regional manager where required.

Proposed timescale:
30.06.2019

Person responsible:
Social Care Manager

Quality and Safety

Standard : 3.2

Judgment: Non-compliant moderate

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

Children were not confident in the way certain behaviours that affected them were being managed.

The use of house meetings was not always effective in resolving some concerns which were re-occurring over a long period of time.

Children were subject to restrictive practices in the centre without evidence that it had been assessed as being required.

Another restrictive practice was not continuously reviewed to ensure that it was effective and remained necessary.

Action Required:

Under Standard 3.2: You are required to ensure: Each child experiences care and support that promotes positive behavior.

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

- Trends/patterns related to complaints, incidents and concerns will be looked at during fortnightly team meetings. Actions will be generated from this discussion to ensure that any identified trends and patterns are acted upon. Where appropriate, young people will be provided feedback in relation to their concerns in a respectful and timely manner to help instill more confidence that there are systems in place to address concerns. The complaints procedure will be reviewed with all young people during keyworking sessions to ensure that they are provided with the necessary information in relation to how their complaints are being managed, and the options available to them.
- The centre manager will complete a list of all practices that are deemed restrictive and ensure that the relevant risk assessment is completed. Review dates will be entered into all risk assessments and will take place accordingly. All risk assessments relating to restrictive practices and associated reviews will be brought to the attention of the deputy regional manager for input and oversight.
- The centre manager will ensure that all restrictive practices are subject to regular and rigorous review. A date for review will be entered into each risk assessment. All restrictive practices will be reviewed as part of monthly risk register reviews.

Proposed timescale: 20/02/2020	Person responsible: Social Care Manager
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