

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-0004176
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0025161
Lead inspector:	Niamh Greevy
Support inspector (s):	Sabine Buschmann

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:
11 October 2018 09:00	11 October 2018 17:00
12 October 2018 09:00	12 October 2018 17:00

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
Theme 1: Child - centred Services	
Standard 4: Children's Rights	Compliant
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Substantially Compliant
Standard 6: Care of Young People	Non-Compliant - Moderate
Standard 7: Safeguarding and Child Protection	Compliant
Standard 10: Premises and Safety	Compliant
Theme 3: Health & Development	
Standard 8: Education	Substantially Compliant
Standard 9: Health	Substantially Compliant
Theme 4: Leadership, Governance & Management	
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 was a four bedroom detached bungalow located in a suburb of Dublin. The centre was spacious and nicely decorated, with a large garden to the rear. The house was well served by local amenities, such as schools, shops and public transport. 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 to one parent and three social workers as part of the inspection.

The young people in the centre received good quality care provided by an experienced staff team. Young people told inspectors that staff were caring towards them. Staff and

managers worked with young people, their families, social workers and other professionals to identify and meet their needs.

Children's rights were promoted by staff and young people told inspectors they felt that the staff listened to them. The centre had sought feedback from young people and made efforts to support them to participate in the decisions made about the day-to-day running of the centre.

Inspectors found that systems in place in relation to the use of restrictive practices needed improvement as there was no rationale for the use of some restrictive practices in use in the centre.

There were adequate managerial systems in place to monitor practice and promote ongoing improvements. However improvements were required in relation to managing risk.

Child protection concerns were managed appropriately by the centre and young people told inspectors they felt safe.

Inspection findings and judgments

Theme 1: Child - centred Services

Services for children are centred on the individual child and their care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

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

Children's rights were respected and promoted by staff in the centre. Information relating to rights was discussed with young people on their admission to the centre. Staff supported young people to maintain relationships with their family and consulted with young people about their wishes and feelings. Young people who talked to inspectors said they liked living in the centre. One young person told inspectors that staff listen to them, they trust staff and "it's more than just a job to them".

Young people who talked to inspectors told them they knew how to access advocacy services and how to complain. No complaints had been made by young people living in the centre at the time of inspection.

Inspectors found that young people's meetings were used to inform young people of their rights, to support them to share their views on the centre and to help resolve issues related to group living. Young people participated well in these meetings.

Judgment: Compliant

Theme 2: Safe & Effective Care

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

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

Young people admitted to the centre since the last inspection were suitably placed and they moved into the centre in a planned way. Inspectors found that young people were given information about the centre when they moved in. Three young people had planned discharges from the centre since the last inspection.

All young people had an allocated social worker who had visited them in the two months prior to inspection. While all visits from social workers were in line with statutory timeframes, one young person told inspectors that they did not see their social worker often enough.

Care plans reviewed by inspectors were up-to-date but the quality of these required improvement. Inspectors found that details needed to inform placement plans were absent from care plans, for example, the plan for family contact. Young people attended their care plan meeting and inspectors found that staff prepared young people well for the meeting. Minutes of these meetings that were reviewed by inspectors showed that young people participated in the discussion and decisions made about their care. The young people placed in the centre were living outside of their community of origin, which made it more difficult for them to have contact with family and friends. As a result of the distance, young people were encouraged to change school but were supported to remain in their old school if this was their preference. One young person told inspectors that they liked the centre overall, but said the location was hard for their parent to reach.

Placement plans reviewed by inspectors addressed the majority of the assessed needs of young people living in the centre. The centre developed placement plans based on their own records of care plan meetings, and as a result, were of better quality than the care plans reviewed by inspectors. However, the placement plans for two young people did not adequately address their identified needs. This meant that two young people living in the centre had either not been referred to necessary services or adequately supported to maintain relationships with their immediate and extended family. In all other respects, placement plans reviewed by inspectors guided staff in caring for young people and set out what issues staff needed to follow up as a matter of priority.

Families were welcome to visit the centre. There was adequate space for families to meet in private and children and parents told inspectors that families were encouraged to visit. As mentioned above, the distance of the centre from where families lived made visiting difficult. However, staff supported young people to have contact with families regardless of distance from their family home.

Staff worked with young people individually around the areas of difficulty in their lives. Young people had allocated key workers who made a plan to work on identified issues.

The centre used a standard model to guide staff in preparing young people for leaving care. Young people over the age of 16 had an appointed aftercare worker and were in the early stages of developing a plan to help them prepare for leaving care. One young person told inspectors they were worried about what will happen when they turn 18.

Centre records were stored securely.

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 told inspectors that they felt safe, that staff really cared about them and living there felt like a family. Inspectors observed staff interact with young people in a warm and caring manner. Young people told inspectors that staff listen to them and one young person said they could go to staff if they were worried about something.

Staff provided care based on the individual needs of young people. Records showed that staff were supporting young people to become involved in activities of interest to them.

A variety of healthy and nutritious food was available to young people. Records showed that young people contributed to the shopping list and were involved in preparing meals.

The behaviour of young people living in the centre was stable but staff were proactive in managing behavior that challenged when it did arise. Absences from the centre were managed in line with Tusla policy. Absent management plans reviewed by inspectors were up-to-date and staff made efforts to find young people before reporting them as missing from care.

One of two records reviewed by inspectors guided staff in how to effectively manage behaviour that challenged. The behavior management records for one young person gave conflicting information in relation to one behavior of concern and did not guide staff in how to manage another identified behaviour that posed a risk to the young person's safety. This meant there was a risk that staff would not respond in a consistent way to this young person. The second file reviewed by inspectors identified all behaviours that challenged and gave appropriate guidance to the staff team about how to respond.

The quality of recording and staff not adhering the information sharing process in relation to significant events was an ongoing issue discussed during team meetings. The centre manager used this forum to feedback to the team on the specific issues

identified in relation to incident records. The centre manager told inspectors that a workshop was planned with the team to rectify these issues.

The use of some restrictive practices was appropriate but others were not reviewed to ensure they were the least restrictive option for the shortest duration. The centre manager informed inspectors that they viewed the use of young people's bedroom door alarms as a child protection system and not as a restrictive practice. Records reviewed by inspectors did not demonstrate a rationale for the use of these alarms on bedroom doors. This meant the centre had not reviewed their use to ensure they were necessary and used as a response to risk. One young person told inspectors that they were bothered by having an alarm on their bedroom door.

The centre had carried out room searches of young people and individual risk assessments showed that these were a control measure in response to a specific concern. Inspectors reviewed records of room searches and found they were proportionate to the risk identified. While centre records showed an understanding of how room searches impinge on the rights of young people, there was no guidance for staff in relation to their use which meant there was a potential for room searches to be carried out inappropriately. Young people living in the centre at the time of inspection had not been physically restrained.

Judgment: Non Compliant - Moderate

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

Appropriate safeguarding arrangements were in place to keep young people safe. There was a low level of behaviour that challenged in the centre at the time of inspection. Safeguarding practices included appropriate supervision of young people, individual work with young people around risk taking behavior and staff listening to and developing supportive relationships with young people. The centre had sought formal feedback from all young people living in the centre at the time of inspection and there was a plan to follow up with young people about this.

Staff were aware of the protected disclosure policy and were trained in Children First: National Guidance for the Protection and Welfare of Children (2017). The centre manager was the designated liaison person and staff knew how to manage child protection concerns. Since the admission of the current young people to the centre, there were three child protection concerns reported to the social work department, all of which remained open at the time of inspection. All concerns relating to young people who lived in the centre previously were closed. Inspectors found that referrals were made to the social work department appropriately.

Judgment: Compliant

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 centre had significant renovations made in the months prior to inspection and was in good condition. Inspectors reviewed maintenance records and found prompt follow up in relation to issues.

Young people had their own bedrooms which they told inspectors were nicely decorated. One young person told inspectors it's "the nicest bedroom I've ever had". Living spaces were appropriately furnished and provided a homely living environment. There was adequate space for young people to meet with family in private.

Fire safety equipment was checked and well-maintained. There was evidence of the centre carrying out fire drills.

Appropriate systems were in place to manage health and safety risks. Staff undertook regular audits, there was an up to date health and safety statement and the building was insured. The centre had a vehicle which was taxed and insured.

Judgment: Compliant

Theme 3: Health & Development

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.

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

While all young people had identified educational placements, the centre was struggling to support one young person to attend school. However, inspectors found that there was good communication between staff and schools, and significant efforts were made by staff to encourage and support young people to attend school. When young people did not go to school, inspectors found that there was insufficient efforts by staff to engage young people in educational activities. While inspectors found a small number of examples where young people engaged in educational games and school work, the majority of days absent from school did not involve any educational activity.

Staff balanced the wishes and needs of young people when identifying educational placements. Appropriate plans were put in place to support young people, such as reduced timetables and providing transport to and from school.

Judgment: Substantially 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

The majority of young people's healthcare needs were assessed and met. Files reviewed by inspectors showed that young people had a medical on admission to the centre and were supported to attend their optician, dentist and other medical appointments as needed. One young person's mental health needs had not been appropriately assessed but this is dealt with under standard five. Staff promoted healthy lifestyles and used individual work sessions to educate young people about the importance of this.

There was a medication management policy and procedure in use in the centre that guided staff in the management, recording and administration of medication. Staff were trained in medication management and all medication given to young people was prescribed by their general practitioner. Two young people in the centre self-administered medication in line with policy. Inspectors saw that the centre had risk assessed this practice and had measures in place to monitor the safety of this, which were under review by the centre manager. Inspectors reviewed the medication records and identified one medication error relating to recording of medication that was brought into the centre but not reflected in records. This had not been identified by the centre prior to inspection. This error meant made it difficult to have oversight of medication to ensure that it was being safely managed and administered. Aside from this error, medication was being managed in line with Tusla's policy.

Judgment: Substantially Compliant

Theme 4: Leadership, Governance & Management
Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

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 an up to date written statement of purpose and function which adequately described the service being provided. The statement of purpose outlined that the centre provided residential care for up to four children aged between 12 and 18 years old, who were in medium to long term residential care. In exceptional circumstances the centre will provide placements to children under 12 years of age, in line with national policy. As a result this statement of purpose was not in line with national policy which states that, excluding exceptional circumstances, children who are 12 and under should not be placed in residential care.

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 managed by an experienced social care manager, who reported to the Alternative Care Manager. The deputy manager post was filled by a new staff member on the first day of this inspection.

Communication systems in place at the time of inspection were effective. The team met regularly to discuss the needs of young people, the management of behaviour that challenged and feedback from young people's meetings. Minutes of these meetings showed clear actions for follow up by identified staff members. Staff met daily to handover the events of the previous day and plan for the upcoming day.

The centre had systems in place for the management of risk but some gaps were identified. The centre had a risk register which formed part of a governance reporting system that is in place in children's residential centres throughout Tusla. Alarms were used on all young people's bedroom doors. Use of these alarms in the centre was assessed as a risk in and of itself. However, these alarms were in fact a control measure, put in place to manage a potential risk to a child. Room searches were assessed as a risk in the same way. As a result, the risks in question were not clearly identified or recorded on the centre's risk register. The centre did not identify or assess the risks posed to each individual child which warranted an alarm being placed on their respective bedroom doors.

Centre managers had systems in place to ensure the quality and effectiveness of the service. Regular audits were in place, for example, in relation to medication management, young people's participation in menu planning and handovers. Managers signed records as part of having oversight of practice in the centre and used team meetings to feedback to the team on issues identified with significant event records, petty cash and handovers. Despite communicating to staff about issues in team

meetings, inspectors noticed continuing issues were identified in relation to significant events records, such as the quality of recording or staff not signing records. The centre manager told inspectors they had planned a workshop with staff to address these issues.

The centre had well-organized recording systems.

In the absence of national provisions for out of hours support for children's residential centres, the centre had on-call arrangements in place to support staff outside of office hours. The centre manager is available on-call during evenings and weekends. However, the level of demand this placed on the manager was not sustainable long term.

Staff were supervised by the centre manager. Records of supervision showed that supervision took place on a regular basis and was of good quality.

All staff had up to date training in core areas such as Children First, medication management and behavior management. However, training had not been provided in relation to mandatory areas such as supervisee training, smoking cessation, first aid, self harm and suicidal ideation and nutrition. The centre had completed a training plan at the start of the year that outlined the training needed by the staff team for 2018. The plan appropriately identified areas where the team needed training and there was evidence that progress had been made against this plan by the time of 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

The centre was monitored by a Tusla monitoring officer who had last visited the centre in November 2017. The monitoring officer told inspectors that the centre was stable and staff were responsive to any issues raised.

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-0025161-AP
Provider's response to Inspection Report No:	MON-0025161
Centre Type:	Children's Residential Centre
Service Area:	CFA DNE CRC
Date of inspection:	11 October 2018
Date of response:	28 November 2018

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

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: Placement plans did not identify and plan for all identified needs of young people.
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: • The centre manager will liaise with the Social Work Department to request that a child in care review takes place for all young people in the centre prior to the six

month scheduled review date. This is to ensure that all young people's needs are fully assessed and are noted in their care plans. Following on from this care plan review meeting all the young people's placement plans will be developed to include a full assessment of their needs by January 31st 2019.

- The centre manager will review the quality of each young person's care plan with a view to ensuring that all relevant information is documented and available in the care plan. This in turn, will inform the placement plan ensuring a comprehensive placement plan is compiled and on file for each young person in the centre by 11th February 2019.

- The centre manager will ensure that a full assessment of need for each individual young person is included in their placement plans. This will be undertaken by collecting all information pertaining to the young person prior to drawing up the placement plan 18th February 2019.

Proposed timescale:
18/02/2019

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Non-Compliant - Moderate

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

Behaviour management record did not always give clear guidance to staff in relation to all behaviours that challenged that were present in the centre.

Issues relating to the quality of significant event records was a recurring issue.

Some restrictive practices were not reviewed to ensure that they were the least restrictive option for the shortest duration.

Action Required:

Under Standard 6: Care of Young People you are required to ensure that: 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.

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

- The centre Manager will conduct a review of the current plans in place to guide the team in relation to behaviour management within the centre. This review will ensure that there is one clear plan in place to guide the team in relation to behaviour management by 31st January 2019.

- The centre management will review and amend all documents to ensure that all behaviour management records have clear guidance in relation to all challenging

behaviours to ensure clear guidance to all staff.

- The centre manager in conjunction with the area SERG co-ordinator will provide a workshop to the staff team to ensure that all staff is informed of the importance of the quality of significant events. The process of reviewing, recording and transcribing of significant events will be discussed at this workshop by 31st January 2019.

- The centre manager will ensure that any use of a restrictive practice is as a result of an identified and assessed risk specific to a young person. Where such a risk assessment indicates the use of restrictive practice, the risk assessment will be conducted in a manner to ensure that the practice is utilised in the least restrictive manner possible and for the shortest duration necessary. The risk assessment and the associated control measures will be reviewed at a minimum of every month and upon admittance or discharge of a young person by 31st January 2019.

Proposed timescale:
31/01/2019

Person responsible:
Centre Manager

Theme 3: Health & Development
Standard 8: Education
Judgment: Substantially Compliant

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

There was a lack of structured educational activities when young people were not in school.

Action Required:

Under Standard 8: Education you are required to ensure that:

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.

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

- The centre manager will liaise with the TUSLA Education co-ordinator to review the educational needs of the young people by 31st January 2019.

- The centre manager will develop a structured educational activity programme for all young people that are not attending school or engaged in an educational course or placement by 10th December 2018.

- The centre manager will ensure that structured educational activities are included in the young person's weekly plan by 10th December 2018.

Proposed timescale:
31/01/2019

Person responsible:
Centre Manager

Theme 3: Health & Development
Standard 9: Health
Judgment: Substantially Compliant

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

Medication records did not reflect the actual medications held by the centre.

Action Required:

Under Standard 9: Health you are required to ensure that:

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.

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

- The centre manager will review the medication management policy and the implementation of the policy with the staff team on the 27th of November 2018.

Proposed timescale:
27/11/2018

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 did not reflect that young people should be 13 years of age, prior to admission to residential care, unless in exceptional circumstances.

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 centre manager in conjunction with the alternative care manager will review the statement of purpose and function by 30th November 2018.

Proposed timescale:
30/11/2018

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 centre did not identify or assess the risks posed to each individual child which warranted an alarm being placed on their bedroom doors.

Not all staff had up to date mandatory training.

There were no formal on-call arrangements in place.

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:

- The centre manager will ensure that the use of the bedroom door alarm system as a control measure is as a result of an identified and assessed risk specific to a young person. Where such a risk assessment indicates the use of the bedroom door alarm system the risk assessment will be conducted in a manner that ensures the system is utilised in the least restrictive manner possible and for the shortest duration necessary. The risk assessment and the associated control measures will be reviewed at a minimum of every month and upon admittance or discharge of a young person by 17th December 2018.
- The Alternative Care Manager in conjunction with the centre manager will undertake a review of risks in the centre. This is 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 risks identified. This review will be completed by 11th January 2019. The centre manager will then ensure that all risks are reviewed and updated monthly.
- The Centre Manager will liaise with Workforce Learning Development to ensure that staff receives all mandatory training by September 2019.
- A National on-call system will be in place for Children's Residential Services by end 3rd quarter 2019

Proposed timescale:
30/09/2019

Person responsible:
Director of CRS, C&FA