

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-0019081
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:
02 May 2017 09:00	02 May 2017 18:00
03 May 2017 08:00	03 May 2017 18:00

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	Non Compliant - Moderate
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Non Compliant - Moderate
Standard 6: Care of Young People	Compliant
Standard 7: Safeguarding and Child Protection	Substantially Compliant
Standard 10: Premises and Safety	Non Compliant - Moderate
Theme 3: Health & Development	
Standard 8: Education	Non Compliant - Moderate
Standard 9: Health	Substantially Compliant
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Non Compliant - Moderate
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 house 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 2 children, 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.

During this inspection inspectors also spoke with 3 social workers.

This centre was last inspected in August 2016 (monitoring event 17964) when a follow-up inspection took place subsequent to a full inspection in January 2016 (monitoring event 16942). At the time of the last inspection improvements were required in relation to complaints management, medication management and risk management systems.

While this inspection found that improvements had been made in relation to medication management and risk management practices improvements were still required in relation to the availability of a national medication management policy and the management of complaints.

Children told inspectors they were happy that the house had been redecorated. While not all of the children were happy to be living in the centre they identified staff members that they would speak to if they had a concern. Children also told inspectors that they did not always feel listened to.

The house had recently undergone some significant refurbishment and painting and presented as clean and homely.

Overall the staff team provided good quality care to the three children living in the centre. In general, children were safe and their rights were respected and promoted. The children had opportunities to engage in interests similar to their peers. All of the children had an allocated social worker and an up-to-date care plan in place. Two of the young people were being supported to complete their leaving certificate with additional supports including grinds but one of the children was not attending an educational placement. While one of the young people had an aftercare plan in place the other young person did not.

The service was managed by an experienced centre manager who was well supported by an experienced team of social care leaders and social care workers. Some management systems required improvement including the development of a national suite of policies and procedures to guide staff, monitoring and oversight arrangements and responses to escalated risks.

There was good quality supervision taking place. However, not all of the staff had received the required mandatory training including refresher children first training, medication management and behavior management.

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

The centre had systems in place to ensure children were aware of, and supported to exercise their rights. Children told inspectors that they were aware about their rights and that they had been given information about their rights and how to access advocacy services. Inspectors reviewed the information booklet provided to children on admission and this contained information on children's rights including complaints and advocacy.

There were some practices in the centre that facilitated and promoted children's right to privacy and respect. Each child had their own room and in general, their right to privacy was respected. While children had made complaints in relation to staff entering their bedrooms, managers had endeavoured to resolve these issues. However, inspectors found that all children's bedroom doors were alarmed at night time. The centre manager and alternative care manager said that this was a safeguarding practice and risk assessments had been completed on each of the children for the use of this alarm. However, inspectors found that this practice was more routine than required to manage a specific risk.

Children were consulted and participated in decision making about their daily lives. Inspectors found that children's meetings were held and children attended when they wanted to. Staff encouraged children to attend the meetings and raise issues. Topics discussed included privacy, holidays, pocket money, behaviors, fire safety, smoking in bedrooms and school attendance. Inspectors also found that meetings did not go ahead if the girls did not want one. Children were also encouraged to participate in planning for their care. Inspectors found evidence that young people's views were sought to inform care planning and developing placement plans. Inspectors viewed placement plans and found that children were consulted about the plan and had signed off on the plan. This was an improvement since the last inspection. Goals outlined in placement plans were discussed with the young people in key working sessions on a regular basis.

Inspectors reviewed files and found that that children's rights were upheld in relation to

access to information and advocacy. For example, one young person requested to read the daily log book and staff provided the young person with a copy. Staff were available to discuss any concerns and queries.

Similar to the last inspection complaints management required improvement. Children were aware about how to make a complaint and did so. The complaints log identified 17 complaints from children since the last inspection. Inspectors reviewed the log and found that the records were not completed consistently. One complaint had no date recorded and for others it was not clear if the complaint had been upheld or not. Similar to the last inspection children spoken with told inspectors that while their complaints had received a response they were not always satisfied with the outcome and felt they were not listened to.

Judgment: Non Compliant - Moderate

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

Admissions and discharges were well planned. Inspectors found that there were effective procedures in place for admissions into the centre to ensure placements were suitable. A regional admissions committee was in place and the service manager for the centre was a member of this committee. The centre manager's role in admissions was to assess the suitability of the child proposed for admission with the other children already living in the centre. There had been two admissions to the centre since the last inspection. Inspectors found that children had a pre-admissions risk assessment on file to identify any risk the placement may pose to them or the other children living in the centre. Children were provided with age appropriate information and visited the centre prior to admission.

Discharges took place in a planned manner. There had been one discharge since the last inspection to an aftercare facility. Inspectors found that this discharge had been well planned.

All children had an allocated social worker. Social work visits were carried out within the time frames laid out in the regulations. Some social work visits took place far more frequently than the regulations stipulated and often happened monthly or more depending on the behavior of the child.

All children had an up-to-date care plan and a recent child in care review. Inspectors found that children and their families were involved in the care planning process. Care plans were of a good quality, comprehensive and set out children's identified needs and the required actions to address them.

Placement plans were of good quality and updated regularly. These plans reflected the care plan and followed through on identified goals for the placement. These plans were signed off by the children and their keyworkers. Keywork sessions were held regularly to work on the identified goals. Staff were aware of children's emotional and psychological needs. Specialist services were arranged for children to attend though some children chose not to. One child was on a waiting list for psychological support services. The centre manager identified that there was a waitlist of two years for this service and that a private service had not been considered.

Children had regular contact with their family in line with their care plan. Inspectors found that staff were innovative in ensuring children got the appropriate supports to facilitate them spending quality time with their families.

Children were supported and prepared for leaving care. Inspectors found that staff guided children in developing independent living skills and linking them with outside services. Inspectors observed children preparing meals and children told inspectors that they did their laundry, cooked and managed their pocket money. Two children were over 16 years of age, one had an allocated aftercare worker an aftercare assessment and aftercare plan. The young person told inspectors her plans for aftercare. However, there was no record that the other young person was receiving an aftercare service.

Children's records were well organized and contained the relevant documentation. This was an improvement since the last inspection. Files were stored in a fire proof, secure cabinet and there was a system in place for archiving files. Managers provided oversight of these records and followed up with relevant staff when improvements were required.

Judgment: Non Compliant - Moderate

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

Children were supported and cared for by staff and inspectors observed positive warm interactions between staff and the children. Children were encouraged to pursue their

interests and their achievements were recognized and celebrated. Children received a basic rate of pocket money and a sufficient allowance for clothing. Children were facilitated to buy clothes in line with their tastes and preferences and inspectors observed that the children were well dressed in their own individual styles.

Staff encouraged children to join them for meals and inspectors observed breakfast and lunch as sociable events, where children were present. Meals were prepared that took account of individual preferences and culture. Inspectors observed that the kitchen was stocked with healthy and nutritious food options and children had access to healthy snacks including fruit. A shopping list was made available to children to add their preferences. Records of meals provided were consistently accounted for in the children's daily logs.

Work was ongoing with the children in understanding their cultural identity. Keywork sessions were used to undertake this work at a pace suitable for the child. Staff supported children, and their families, to attend religious services, as appropriate.

Children were clear about the behaviour that was expected of them. There were times when children displayed behavior that challenged the staff team including property damage, aggressive and abusive behaviours, missing from care. Inspectors found that in general, staff were managing behaviour that challenged well. While there were no behaviour support plans in place, children had individual crisis management plans and these were of good quality. An external professional support specialist was supporting staff and managers to assist with behavioural support strategies on a fortnightly basis. Inspectors attended a team workshop with a behavioural specialist designed to support staff to better manage these behaviors. Issues such as non-attendance at school, aggressive behavior and being out without permission were discussed and different approaches were discussed for the staff team to take account of. Relationships were being enhanced with the children to try and bring about changes in the child's behavior.

Sanctions were reasonable and proportionate. A record was maintained of all sanctions and inspectors found that the sanctions used were in line with the policy and was appropriate to the behaviour displayed. If children were engaging in property damage or threw food around the house weekly planned activities were cancelled.

There had been no incidents of physical restraint in the centre. Staff were trained in a method of physical restraint should it be required.

There was a policy and procedure in place to manage absences from the centre. Absences were managed in line with these policies. Strategy meetings occurred in line with the procedure and were attended by the Gardaí and social workers to develop strategies around safety. Absence management plans formed part of the placement 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

There were effective systems in place to safeguard children and child protection concerns were managed appropriately. Inspectors found that there were appropriate safeguarding practices in place. Staff implemented safe care practices and there was a good level of supervision of the children in the centre. Staff who spoke to inspectors demonstrated a good knowledge about their role in safeguarding children. Staff endeavored to keep in touch with children by phone when they were out of the centre to ascertain their whereabouts and ensure their safety. Key working sessions, informal conversations and children's meetings were carried out with children to discuss the risk of alcohol abuse or leaving the centre late at night without permission.

There was no national child protection policy but staff were familiar with the interim child protection guidance note. While all staff had received training in Children First, this training was four years ago. Child protection concerns were well managed. There had been five child protection concerns made since the last inspection but none of them met the threshold for investigation. Four of the five concerns were closed and one was being followed up by the relevant social work department.

Children left the centre without permission and on five occasions children were absent at risk. There had been 144 episodes of children missing from care in the 12 months prior to inspection. The centre manager told inspectors that staff maintained contact with the children while they were absent. There had been five episodes of children absent at risk. The relevant missing from care protocols had been followed and meetings had taken place with An Garda Síochána and social workers as required.

Staff were familiar with the procedure to follow should they wish to make a protected disclosure.

Judgment: Substantially 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

Inspectors found that the design and layout of the centre was suitable to the needs of the young people and significant improvements were made since the last inspection. The centre was homely with nice soft furnishings. The kitchen and bathrooms had been refurbished and further work was scheduled to refurbish an external building on the site. Inspectors found that the building was appropriately lit, heated and ventilated.

Children had plenty of communal space and their own bedrooms. There was ample outdoor space with a basketball hoop and there were good amenities within the community. None of the current children's files identified that they were interested in basketball. Children told inspectors that they were happy with the improvements in the centre.

The centre was well maintained. Inspectors observed the centre to be in good repair and found that maintenance issues were followed up promptly which was reflected in the maintenance log. A social care leader was responsible for all maintenance issues. Adequate insurance was in place against accidents or injuries to children. The centre had two vehicles which were appropriately taxed and insured.

The centre had a health and safety statement in place but it was not up-to-date as parts contained names of individuals who were no longer working in those roles. In addition there was no local hazard identification and control register. A social care leader had been identified as the dedicated health and safety officer. All staff were up-to-date with first aid training.

Fire safety precautions were not adequate. Staff completed daily, weekly and monthly fire checks on a consistent basis and this was an improvement on the last inspection. However, two extinguisher's had been removed from the hallway. The centre manager identified this was as a result of an identified risk where children were using them inappropriately. However, there were no additional controls in place in the absence of these extinguishers. All staff had received fire safety training and the centre manager confirmed that all staff had participated in a fire drill. There had been five fire drills in the last 12 months and the records reflected the timeline to complete the drill and if any issues or areas for follow-up were required as a result of the drill. While children generally participated in the drills, there were occasions when children refused. Not all children participated in the drill and there was no personal emergency evacuation plan in place in response to this. Inspectors found that while staff and the children knew the location of the assembly point, it was not signposted.

Judgment: Non Compliant - Moderate

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

Not all children were attending school in line with legislative requirements and school attendance presented as a challenge for the staff team. Inspectors found that two of the three children were preparing to complete their leaving certificate despite school attendance being a challenge. However, the other child was not attending school.

Education and training was valued at the centre and staff encouraged and supported children to attend school. Educational needs and actions identified to meet those needs were clearly outlined in two of the children's placement plans and were discussed at team meetings. Where children needed additional supports, children were facilitated and supported, for example grinds. Staff had regular communications with schools and attended meetings as required and social workers said that staff at the centre prioritized the importance of education and encouraged school attendance.

There were issues of one child refusing to attend school. Staff told inspectors that efforts had been made to link the child with appropriate alternative schools and programs. Inspectors reviewed records and found that staff endeavoured to support the child to engage in appropriate studies or activities when she did not attend school.

Judgment: Non Compliant - Moderate

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

Inspectors found that children's health care needs were appropriately assessed and met and they had timely access to health services as required. Children had medical cards on file and received medical checks following their admission. Records showed that children had visited their general practitioner (GP), medical specialists, dentist and other services that were identified for them in a timely manner. Medical records were stored securely in children's files and their medical needs were outlined in placement plans.

Records showed good liaison between the staff team and outside medical professionals when necessary. Not all of the children attended medical appointments. However, inspectors found that staff encouraged the children to attend appointments through key working sessions and one to one work to support young people to make appropriate choices in relation to their own health.

Some health promotion was encouraged but follow through was not clear. Some placement plans identified that children had recommenced smoking and a smoking cessation programme was required but the plan did not record who or how this would be followed up.

Medication management practices were of good quality and record keeping had improved since the last inspection. However, there was no medication management policy in place. The management team were utilizing a HIQA's medication guidance document to guide staff in medication administration practices while awaiting a national policy. One of the children currently living in the centre required the administration of

routine prescribed medication. The centre manager and her deputy had attended medication management training but none of the staff team had received training in safe administration of medication.

The centre manager told inspectors that all medication, including routine over the counter medication were prescribed. Inspectors reviewed records of medication administration and found they were of good quality and double signed. Prescribed medication were clearly labeled for each child. Where children refused medication this was also recorded appropriately. Medication administration was included at each staff handover to ensure all required medication had been administered.

Medication audits were undertaken on a monthly basis. Inspectors found that the manager regularly reviewed medication management practice which was finding that staff were being more compliant with the guidance document.

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 a statement of purpose that had been reviewed in August 2016. However, inspectors found that the statement was very broad identifying that it accepted admissions of children:

- between the ages of 12 - 18 years for medium to long term residential care.
- under 12 years and
- who are pregnant or have had a baby
- for short term emergency placement
- shared care arrangements.

The centre could accommodate up to four children but the statement did not clearly identify if both boys and girls could be accommodated. The statement referenced Tusla policies and procedures but did not list the key policies in place and where these were available for the children, their families and other relevant parties. In addition half of the staff team could not get involved in a physical intervention but this had not been considered when reviewing the statement.

Staff and managers were familiar with the content of the statement but inspectors found that the document was not available in a child friendly version for the children. The statement of purpose and function was signed off by the acting Regional Manager, the Alternative Care Manager and the Social Care Manager.

Judgment: Non Compliant - Moderate

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

Overall this was a well-managed centre that provided a good level of care to the children living in the centre. There was a management structure in place with clearly identified lines of authority and accountability. The centre manager was responsible for the day to day operation of the centre. She was a qualified and experienced social care worker who had also completed Tusla's management training programme. There was an equally experienced deputy manager who supported the role of the centre manager. Both managers worked Monday to Friday and a shift leader was identified on the roster for each shift. An on-call arrangement was in place with other centre managers within the region. Staff reported to either the manager or the deputy manager. The centre manager reported to the Alternative Care Manager (ACM) who in turn reported to the interim regional manager of residential care. The centre manager, her deputy and the staff team were clear about their individual roles and responsibilities and their reporting relationship.

There were a number of measures in place to ensure good governance of the centre. There were some effective management systems in place. There were good communication systems in place including team meetings, supervision, informal daily contact and the formal daily handover to the staff coming on duty. Inspectors observed good teamwork and heard members of staff communicating with each other in a child-centre manner about the individual needs of the children. Team meetings had structured weekly topics and inspectors found that decision or issues raised at a meeting were actioned and followed up, and dated and signed off by the centre manager when completed. Inspectors reviewed regional management meeting minutes and found that these meetings took place every two months and issues discussed included Health and Safety, maintenance, HIQA/monitoring reports, National Information Management systems and finance.

Policies, procedures and guidance documents were not up-to-date. Tusla had not reviewed a number of policies for a considerable amount of time to ensure they were in line with good practice and other policies were not available. This included a national policy on child protection and a medication management policy.

There were systems in place to manage finance and procurement within the centre. Inspectors viewed the systems used to record spending both from petty cash and cash.

Expenditures were well recorded and signed by staff. All expenditure was logged on a computerized system and audited by the central finance department.

Inspectors reviewed the centre's register and found it register was up-to-date and maintained in line with the regulations.

Inspectors found that risks were well managed in the centre and this area was better managed since the last inspection. There was a risk management framework in place to assist staff to identify, assess and manage risk. There was a risk register in place that recorded risks and the controls required to manage and reduce these risks but there was no grading system in place. The centre manger had requested training in risk management to implement risk rating measures. The Alternative Care Manager told inspectors that training staff in risk management and the implementation of risk rating is a priority for the service. Some risks had been escalated to senior management within Tusla, for example children smoking in their rooms but there was no clear response to this escalation or additional controls identified.

There was a system in place to ensure that significant events were promptly notified to relevant parties. Significant event notifications were reviewed by the centre manager and the ACM. Social workers told inspectors that they were notified promptly of all significant events and that the incidents were discussed and reviewed to ensure better learning. Inspectors found that learning from the significant events review group (SERG) has been implemented since the last inspection. The purpose of the SERG meetings was to learn from significant events to improve practice.

Monitoring and oversight arrangements within the service were developing and evolving. The centre manager monitored some paperwork such as daily logs and followed up with staff when improvements were required. She also provided a monthly report to the alternative care manager in relation to for example, the children's care plans, implementation of actions arising from monitors reports and regular systems checks. Risks were also included in the report but as identified above responses to these escalations were not clearly recorded. The alternative care manager provided oversight of the service through regular visits and regular meetings with the centre manager and social care staff. Inspectors reviewed records and files that had been signed off by the alternative care manager and saw comments requesting improvements as part of this oversight.

Audits had been undertaken of medication management and aspects of children's files, including regulatory requirements. The centre manager followed up with staff in relation to any corrective actions required.

Most staff working in the centre had been in the position for ten years or more. Inspectors found that the experience of the staff team provided stability and consistency to the young people residing in the house. Inspectors reviewed a sample of staff files and found that An Garda Síochána (police) vetting was in place and qualifications were held on staff files. The majority of staff were qualified. There were no new staff employed in the 12 months prior to the inspection.

There were sufficient staff in place on the day of the inspection. The staff roster reflected that there were fifteen staff who worked in the centre, including the manager

and the deputy. Three staff were part-time. The roster reflected that the centre was well staffed. The centre used agency staff on some occasion and inspectors found that agency staff were appropriately vetted and qualified.

There was good quality staff supervision in the centre. Staff received regular supervision and both managers had attended supervision training. The supervision records reviewed were of good quality, providing clear actions, timeframes and a record of discussions. Supervision records covered individual children's cases, and indicated that individual staff issues such as record keeping, key working and training were also addressed.

The alternative care manager provided monthly supervision to the centre manager. Issues raised in supervision included follow up on HIQA and monitoring reports, the national information management systems, Health and Safety and medication training for staff. There was no formal action plan included in the minutes but handwritten actions were outlined on the back of the page. However, records of these supervision sessions required improvement.

Not all staff had received the identified mandatory training. While a training needs analysis was provided to inspectors it was not comprehensive and had not considered the needs of the children and the needs of the staff team. Not all staff were up-to-date with Tusla identified mandatory training including children first, medication management, behavior management and trust in care.

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 monitor had visited the centre in March 2017 and a report was available within the centre. His findings were similar to this inspection and an action plan had been developed for the manager.

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-0019081-AP
Provider's response to Inspection Report No:	MON-0019081
Centre Type:	Children's Residential Centre
Service Area:	CFA DNE CRC
Date of inspection:	02 May 2017
Date of response:	27 July 2017

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: Non Compliant - Moderate

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

Children's bedroom doors were routinely alarmed at night.

Complaints records were not always completed in full.

Children did not always feel listened to.

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:

A national policy on restrictive practice will be developed as part of the national development of policies for residential care. All staff will receive training on

restrictive practice when the policy is implemented.

The centre will conduct risk assessments on the use of the child protection alarm system which are specific to each young person. These risk assessments will be conducted on the admission of a new resident and subject to regular review. – to be completed by 30/8/17

Manager will ensure that future complaints will include all required information including the date and whether or not the complaint is upheld.- in place 20/7/17

Tusla policy “tell us” will be reviewed with all staff on induction, at team meetings and during supervision. The procedure for managing complaints and feedback will be explained and regularly reviewed with young people on induction, at young people’s meetings and through key working sessions so that young people are aware that there is a procedure to follow should they feel that their complaint was not dealt with to their satisfaction or if they feel that they were not listened to. – to be completed by 31/8/17

A system will be devised in the centre to ensure that young people feel listened to. This will be reviewed on a regular basis for effectiveness and will include the following:

Exploring with young people the reasons why they do not currently feel listened to and developing a forum in conjunction with young people as to how they feel they could be better heard.

Undertaking a team review of current practice to explore and develop alternative strategies of ensuring young people’s views are heard.

Ensuring a system is in place where young people have regular access to external support e.g. EPIC, social worker etc should they feel that their views are not being heard or require additional support in expressing them – to be completed by 31/8/17

Proposed timescale:
31/03/2018

Person responsible:
Director of CRS, C&FA

Theme 2: Safe & Effective Care

Standard 5: Planning for Children and Young People

Judgment: Non Compliant - Moderate

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

Children did not always receive required therapeutic supports in a timely manner.

Not all children were receiving an aftercare service in line with Tusla policy.

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:

Centre Manager will highlight the need for therapeutic supports if required to the allocated social worker and this will be reviewed through the care planning process. Any delays to provision will be escalated through the line Management system - to be completed 30/9/7

Centre Manager will liaise with the allocated social worker to ensure the provision of an appropriate aftercare service to young people on reaching the age of sixteen. This service will be reviewed through the care planning process, and any delays/deficits in the provision of this service will be escalated through the line management system. to be completed 30/9/7

Proposed timescale:
30/09/2017

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Substantially Compliant

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

The staff team and managers had not received refresher training in children first.

There were occasions when children were absent from the centre and were at risk.

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:

Twelve staff have completed children's first refresher training on the 12th June 2017. The remaining two staff are due to attend on September 13th 2017.

Staff will continue to manage all unauthorised absences from the centre in line with current policy.

A strategy will be implemented in the centre to reduce the number of absences and will include the following:

- Individual work, keyworking and young people's meetings (where appropriate) will be the forum used to address any concerns in regard to unauthorised absences and for staff to support young people in minimising this behaviour. This will involve revisiting the policy, exploring the risks involved and the reasons behind absences and developing safe alternatives in conjunction with the young person.

- all unauthorised absences will be reviewed at team meetings in an effort to identify patterns of behaviour and to develop action plans with the view to minimising the number of unauthorised absences.
- Staff will liaise with family and all relevant professionals to explore this behaviour and to develop strategies for safely minimising the number of unauthorised absences from the centre - Implemented 25/7/17

Proposed timescale:
30/09/2017

Person responsible:
Centre Manager

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:

The health and safety statement was no up-to-date.

Fire precautions were not adequate.

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:

Manager will review health and safety statement to ensure that the information in regard to named individuals and roles is accurate. – to be completed by 31/7/17

Local hazard identification and control register will be implemented in the centre. – to be completed by 31/8/17

Manager will review fire precautions to ensure the following:

- : additional control measures will be put in place should there be a need for fire extinguishers to be removed – in place since 20/7/17
- : the assembly point will be signposted – has been requested and will be in place by completed by 14/8/17
- : Evacuation plans will be reviewed and personal emergency evacuation plans for each young person will be implemented in the centre – in place since 20/7/17

Proposed timescale:
14/08/2017

Person responsible:
Centre Manager

Theme 3: Health & Development
Standard 8: Education
Judgment: Non Compliant - Moderate

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

Not all children were attending 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:

A system will be developed in the centre to respond to young people not attending education and will be reviewed regularly for effectiveness. The system will include the following:

- Centre staff will liaise with relevant professionals to ensure the provision of an appropriate educational placement. Any delays/deficits in regard to placement will be escalated through line management system. – to be completed by 31/8/17.
- Centre will liaise with young people and the educational placement so as to ensure that all required items and supports are in place.
- Individual work will be completed with young people to review attendance, explore reasons for non attendance and to develop strategies to encourage and support attendance.
- Centre staff will engage with parents/guardians, educational placement and relevant professional to develop strategies to support young persons attendance.

Proposed timescale:
30/09/2017

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:

Children did not always attend medical appointments.

Smoking cessation programmes had been recommended for some children but there was no plan for them to commence.

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 will develop a system in response to situations whereby young people do not attend medical appointments. The system will be reviewed regularly and will include the following:

- Staff will continue to support and encourage young people to attend medical

appointments.

- The importance of attending appointments will be discussed with young people. The reasons for non attendance and how best to support young people in attending appointments will be explored with young people through key working.
- The allocated social worker and guardians will be informed of all non attendance at appointments and patterns of non attendance will be notified to all relevant parties through the notification of significant event procedure.
- Centre staff will liaise with parents/guardians and all relevant professional to explore and develop strategies to support young people attending appointments. To be completed by 31/7/17.

Smoking cessation programmes will be completed with all residents who are known to smoke. – to be completed by 31/8/17

Proposed timescale:
31/08/2017

Person responsible:
Centre Manager

Theme 4: Leadership, Governance & Management

Standard 1: Purpose and Function

Judgment: Non Compliant - Moderate

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

The statement of purpose was too broad and had not considered the capacity of the staff team.

The statement of purpose did not identify the gender of children the centre could accommodate.

There was no child friendly version of the statement.

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 will review the statement of purpose and function in conjunction with the Alternative Care Manager and Regional Manager to take into account the deficiencies noted. – to be completed by 14/8/17

The revised statement of purpose and function will clearly identify the gender of the young people the centre may accommodate. - to be completed by 14/8/17

A child friendly version of the updated purpose and function will be devised. - to be completed by 14/8/17

Proposed timescale:
14/08/2017

Person responsible:
Regional 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:

Some management systems were not effective, for example:

The staff team did not have access to a suite of up-to-date national policies to guide their practice.

Responses to escalated risks to senior managers were not clear.

Monitoring and oversight arrangements were in development

Managers had not received risk management training

Staff had not received all of the required mandatory training.

Supervision records of the managers were not comprehensive.

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:

Tusla have commenced a tendering process for the development of an updated suite of national policies. The tendering process is due to be completed by 30/9/17 with National policies implemented by the 31st March 2018.

In the interim the Regional management team will provide additional Interim guidance notes in relation to restrictive practice, and national medication management by 31st September 2017.

A register of risk escalations will be implemented in the centre. Filing systems in the centre will be reviewed so as to ensure that senior management responses to risks escalated is evident. In place since 25/7/17.

Centre manager will continue to develop and review the monitoring and oversight procedures within the centre in conjunction with line management so as to ensure quality of service. – In place since 25/7/17.

Risk management training will be implemented in the centre. – to be completed by 30/9/17

Training analysis will be completed within the centre to include all mandatory training. In conjunction with personal development plans this will form part of the updated training audit for the centre which will be reviewed on a six monthly basis. – to be completed by 30/9/17.

The recording of the managers' supervision will be reviewed and updated to include a formal action plan. – implemented 20/7/17

Proposed timescale:
31/03/2018

Person responsible:
Director of CRS, C&FA