

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-0004177
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0024877
Lead inspector:	Caroline Browne
Support inspector (s):	Grace Lynam

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:
18 October 2018 09:00	18 October 2018 17:00
19 October 2018 09:00	19 October 2018 16:30

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	Non-Compliant - Moderate
Standard 6: Care of Young People	Substantially Compliant
Standard 7: Safeguarding and Child Protection	Compliant
Standard 10: Premises and Safety	Non-Compliant - Moderate
Theme 3: Health & Development	
Standard 8: Education	Substantially Compliant
Standard 9: Health	Non-Compliant - Moderate
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Compliant
Standard 2: Management and Staffing	Non-Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

The centre was a detached seven bedroomed house with a front and rear garden and it was located in a busy Dublin suburb. The centre provided medium to long term care for four children from the ages of 10 to 18 years. The aim of the centre was to work with children using a relationship model of care, to enable them to meet their full potential and to equip them with life skills for the future. 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.

Inspectors also spoke with two social workers and a Tusla monitoring officer.

Admissions to the centre were not always managed in line with the Tusla policy. Three

children were admitted to the centre in the previous eight months. Two of them transitioned into the centre in a planned way and they engaged in an induction programme to familiarise them with the staff team. Although a third child's admission was planned, it had to be expedited and this resulted in the admission of two children on the same day. While collective risk assessments were completed for all children prior to their admission, more information was required by the centre about their individual needs. As a result, the staff were in the process of assessing the children's current needs at the time of the inspection.

Children had a good quality of life in the centre and the staff team were supportive of them and sensitive to their needs. Staff acted as positive role models for the children and inspectors observed warm and respectful interactions between the children and staff members. The staff team actively encouraged children to go on daily activities and to pursue their hobbies and interests. Children were supported to maintain good relationships with their families and family members were welcomed to the centre. Children told inspectors that they were happy living in the centre.

Education was valued in the centre and all children had educational placements. Although school attendance could be better, the centre was liaising with the schools and children's social workers to ensure this improved.

Safeguarding practices were effective in keeping the children safe. All child protection referrals were reported by the centre in line with Children First: National Guidance for Protection and Welfare of Children (Children First 2017). The staff team responded well to risks to children.

Planning for children required improvement. All children had an allocated social worker who visited the children regularly. However, one child required a child-in-care review in line with the regulations and care plans were not always provided to the centre or children in a timely way.

There were adequate management systems in place and the centre manager provided good leadership to the staff team. Some systems required further development and improvement, such as monitoring and oversight of centre practice. There was a stable and experienced staff team working in the centre. Social workers told inspectors that they were satisfied that the staff team were committed to the children.

Further details of the findings of this inspection are contained within the body of this report.

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 rights of the children were respected and promoted. Children were provided with information in relation to their rights when they were admitted to the centre in a child friendly booklet. Inspectors reviewed one-to-one work completed with children which confirmed that their rights were discussed and that they were provided with information on the centres complaints procedure and an independent advocacy service. Advocates from this independent service had visited children in the centre.

Children were consulted and encouraged to participate in decision-making about their lives. Children attended their child-in-care reviews and had attended strategy meetings. Some children had read care files relating to them. In addition, staff explained the decisions made at their child-in-care reviews to them. Daily logs recorded children's views on a daily basis and children told inspectors that they were happy in the centre and felt listened to by the staff team.

Children's meetings were held bi-weekly. The centre manager acknowledged that children's meetings were not always effective and children did not always attend. As a result, the staff team consulted with the children to develop a new format for these meetings which would make them more effective and meaningful. A new template for children's meetings was developed which included each child bringing a topic which was popular in the media for discussion. Other items on the agenda of these meetings included, household requests, activities and safety. Children's meeting minutes were reviewed by the centre manager and were included on the agenda of the staff team meetings. Following staff meetings, feedback was given to the children and inspectors saw evidence of this feedback. Children were also consulted about the décor of the house and one child choose the colour of paint for their bedroom.

Tusla's national policy for the management of complaints was in place and the children were aware of how to make a complaint. There were no complaints made by children in the previous 12 months.

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

There was an admissions policy and procedure in place for the centre which was flexible enough to admit a child quicker if necessary. Although the majority of admissions were planned, information provided to the centre prior to a child coming to live there needed to improve. Admissions were managed through a Tusla central referrals committee. There were two planned admissions to the centre in the previous eight months. Transition plans were in place for two children that included visits to the centre and an induction programme to familiarise themselves with the centre and the staff. One child was admitted in an unplanned way as their previous placement was not suitable. Due to the unplanned nature of this child's admission, two children were admitted on the same day and this was an exceptional circumstance for the centre. Collective risk assessments were carried out between the centre and referring social worker prior to each child's admission. The centre manager informed inspectors that the quality of information they received in relation to the children during this process was not always sufficient and this impacted on the quality and effectiveness of collective risk assessments. Inspectors confirmed through a review of centre records, that the centre was sometimes provided with insufficient information about children and their level of need.

There were three planned discharges from the centre in the 12 months prior to inspection. Documentation related to these discharges was appropriately archived and the relevant details about each discharge were recorded on the centre's register of children.

Child-in-care reviews were not always carried out in line with the regulations. Inspectors reviewed child-in-care reviews for three children. Two children had recent child-in-care reviews but staff had not yet received minutes of these meetings from the social work departments. The social worker acknowledged that these minutes were not

provided to the centre in a timely way. One child had a child-in-care review when they were first placed in the centre, however they were living in the center for over six months and therefore required a further review in line with regulations. This had not happened.

Not all children had an up-to-date care plan. Inspectors reviewed care plans for three children and found that none of them were up-to-date. One child's was outdated as they should have had a child-in-care review six months into their placement, but this had not happened. Two other children did have their plans reviewed but decisions at these meetings which updated their care plans had yet to be provided to the centre or the child. While there was a system in place in the centre to escalate this lack of timely information to the relevant social work departments, this escalation had not occurred.

Placement plans were in place for each child but they were not informed by up-to-date care plans. The centre manager told inspectors that these plans were developed with the limited information provided to the centre by social workers at the time of each child's admission and in the absence of an up-to-date care plans. Inspectors found that placement plans were discussed and reviewed at team meetings. In addition, each child was assigned two keyworkers whose role was to ensure goals identified in children's placement plans were met. Inspectors observed actions identified in the placement plan being implemented over the course of the inspection visit.

Children were supported by the staff team to maintain positive relationships with their parents and siblings. It was evident to inspectors, that the centre staff promote family contact and this contact was well recorded in central logs maintained by the centre. Family members were updated regularly in relation to their children. Parents who talked with inspectors said that they felt welcome in the centre when they visited.

All children had an allocated social worker who visited the children in line with the regulations. One social worker was visiting a child during the inspection. The social worker told inspectors that the staff team provided her with weekly updates in relation to the child's progress. Centre records showed that there was frequent communication between the centre and social workers in relation to individual children.

The quality of emotional support provided to children was good. Inspectors observed staff interacting positively and warmly with the children and they spent time with children to give them the attention they required. Children's emotional and psychological needs were assessed and staff were aware of and sensitive to those needs. Two children were accessing external support services such as the child and adolescent mental health services, and this was in line with their plan of care. All children were assigned to keyworkers who provided additional emotional support to each child through individual work. Issues discussed in these sessions included the development of healthy relationships, sexual health and nurturing activities. Social workers told inspectors they were satisfied that the children they were allocated to had good relationships with the staff team and that the team was committed to their care.

Preparation for leaving care was timely. One young person was aged 16 and had completed an aftercare needs assessment. Their allocated social worker was processing a referral for an aftercare service for this young person at the time of the inspection. Staff told inspectors that young people were developing independent living skills such

as shopping, cooking and laundry. Inspectors reviewed records which confirmed that this work was being completed with these young people.

Children's records were securely stored in the centre and there was a system in place to archive files. However, not all files contained all information required by regulations. For example, information relating to the child's progress at school, immunisation records and child-in-care reviews were not always available. Filing systems were made information accessible.

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 cared for in a manner that respected their choices and recognised their achievements. Inspectors observed interactions between staff and children which were positive and respectful. Children were encouraged to attend leisure activities in which they had expressed an interest, such as horse riding and football. They accessed groups which provided outdoor pursuits in order to build their self-esteem and to allow them to build coping strategies. Children also attended various youth groups in the local area.

Care practices took into account each child's individual needs. The staff team worked with a multidisciplinary team in order to assist them to understand the child's needs and develop specific approaches to meet those needs. Staff completed individual work with the children in relation to developing relationships and routines. The centre manager and alternative care manager identified that they had scheduled specific training for the staff team in a therapeutic model of care, which focuses on the development of healthy relationships to support children to build on their capabilities.

Children were provided with a healthy and nutritious diet. Inspectors observed meal times which were positive and sociable events. Records relating to meal planning confirmed that the children were offered nutritious and appetising food. Staff demonstrated a good knowledge and understanding of the importance of each child's health and nutrition. The centre manager identified that some children required a referral to a dietician and she was in the process of completing these.

There was an effective approach to the management of behaviour. There were a number of incidents of behaviour that challenged in the centre which placed some children at risk. The centre manager told inspectors that the number of incidents reflected the current group of recent admissions to the centre, who were going through a period of adjustment to the centre rules and routines. There were good quality behaviour management plans in place for children. Behaviour management plans were

reviewed appropriately and staff demonstrated their understanding of these plans. Children's behaviours were discussed at team meetings and staff communicated regularly with all relevant professionals involved in relation to these behaviours. Recent strategy meetings were held with a multidisciplinary team in order to develop plans to address the behaviours being displayed.

There were 219 significant events in the previous 12 months and 106 of these related to the children living in the centre at the time of the inspection. Significant events included behaviours that challenged, health and safety and child protection and welfare concerns. On review, inspectors found that these events were well managed by the staff team with appropriate follow-up actions. The deputy centre manager completed a review of all significant events and made recommendations to the staff team. Inspectors found that formal internal reviews of significant events was not sustained.

Consequences and incentives used by centre staff were reasonable and appropriate. Children were aware of the behaviour that was expected of them. There was a policy on the use of sanctions and there was a consequences log which recorded both positive and negative consequences. Consequences used were effective in managing the behaviour being targeted. Each child had a separate log of sanctions for monitoring purposes. Records showed the centre manager reviewed the sanctions log in order to ensure they were proportionate and applied consistently. Records of consequences recorded how the sanction addressed the behaviours to ensure their on-going effectiveness.

Absence management plans were of good quality and were regularly reviewed. There were 101 incidents of 'children missing from care' or 'absent without permission' from the centre. Children's absence management plans were of good quality and took into account children's age and individual circumstances. While the numbers of episodes of children being away from the centre was high, inspectors were satisfied that this was being managed and the risk associated with these absences was being addressed in a multi-disciplinary way. The centre manager told inspectors that the increase in the number of incidents of children missing from care was reflective of the children in the centre, and their adjustment to the rules and routines of a residential centre close to their time of admission. The staff team were proactive in addressing this behaviour through the development of specific routines for each child and working with them directly. In addition, the staff had arranged strategy meetings with members of the An Garda Síochána in line with policy relating to children missing from care. To date one strategy meeting had occurred and another was scheduled. All relevant social workers and social work team leaders were alerted by the centre to each episode of children being away from the centre during this settling in period. Social workers told inspectors that they were satisfied that the staff team managed these episodes well and that there was an incremental reduction in the number of these incidents.

There were no physical restraints in the centre and one incident where a physical intervention was used. This physical intervention was reported to the relevant persons through the significant event notification system and was found by inspectors to be proportionate to the risk involved.

There was an acknowledged restrictive practice in the centre. An alarm system was installed on each child's bedroom door. The alarm system alerted staff when children

left their bedroom during the night and required supervision. Staff explained to the children about the use of and reasons for these alarms when they were admitted to the centre. This was evident in records of one-to-one work reviewed by inspectors. Individual risk assessments were in place for each of the children for which door alarms were in use. While there were systems in place to review risks regularly, these reviews did not always result in the necessary changes to this restrictive practice for children. As a result, door alarms may be used in the centre for longer than was necessary.

Judgment: Substantially 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

The staff team followed Children First: National Guidance for Protection and Welfare of Children (Children First 2017) and the interim child protection practice notice for children's residential centres. Staff were aware of their responsibilities in relation to child protection and had completed the required training in Children First 2017. There was a safeguarding statement in place and this was displayed in the centre.

There were safeguarding measures in place which included absence management plans, social work visits, a visitors log and a complaints procedure. Staff had implemented safety plans as required when children were at potential risk and there was good use of strategy meetings to co-ordinate responses by professionals involved to risk.

All child protection concerns were reported appropriately by the centre. The centre manager was the designated liaison person for child protection. Staff were aware of the types of child abuse and the steps to take in reporting a child protection and welfare concern. There were six child protection and welfare referrals relevant to the current children placed in the centre. None of these concerns related to the centre. Three of these child protection referrals were under investigation by the relevant social work department at the time of the inspection. All referrals were made in a timely way in line with policy. The centre manager had recently developed a child protection log for monitoring purposes, which was up-to-date. There was good communication between staff and children's social workers in relation to concerns and the centre manager had followed up appropriately with the relevant social work departments when required.

There was a whistleblowing policy in place and staff were aware of this policy.

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

Inspection Findings

The health and safety of the children was protected and promoted. The centre had policies and procedures relating to health and safety but some health and safety risk assessments required review and updating. There was an up-to-date health and safety statement which was signed by the centre manager. There was also a designated health and safety officer who conducted audits in the centre on a monthly basis.

The premise was homely and had suitable heating, lighting and ventilation. The design and layout of the centre was in line with the statement of purpose and function. There were nice soft furnishings and the décor of the centre was welcoming and comfortable. There were framed photos of the children on outings with staff displayed around the centre. All children had their own bedrooms and there was adequate space in the centre for the children to have private visits from friends, family members and social workers. There were two living rooms, seven bedrooms, a kitchen area and a laundry room. There was also a garden at the rear of the premises with outdoor play facilities, however these play facilities were not age appropriate to the children currently placed in the centre.

There was a closed circuit television recording system operated outside the centre. The purpose of the CCTV was to protect children, staff and visitors to the centre. There was a policy and adequate signage in relation to the use of CCTV in the centre.

Maintenance requests were addressed in a timely manner. The centre had recently been painted and the maintenance log showed that maintenance requests were responded to in a timely way. There were no outstanding maintenance issues at the time of the inspection. Health and safety audits were completed on a monthly basis by a designated health and safety officer and it was evident that any maintenance requirements identified through these audits were dealt with.

Precautions against the risk of fire were adequate but there were some gaps in staff participation in fire drills. Fire equipment was appropriately placed around the centre and serviced regularly. Fire safety signage was displayed clearly and inspectors were provided with a written letter of confirmation from an engineer that the centre complied with fire safety and building control regulations. Centre staff completed daily and weekly checks of fire equipment and these were well recorded. There were adequate means of escape and staff, and the children knew what to do in the event of a fire and where the fire assembly point was located.

Not all staff had participated in fire drills. The centre manager told inspectors that fire drills were carried out on a quarterly basis or more regularly if there was a new child or member of staff in the centre. Records of fire drills included the names of those who participated and the time of the drill. These records showed that there were two fire drills in the previous 12 months and although all children had participated, six staff had not. One staff member who had recently joined the team had not participated in a fire drill and had not received fire safety training.

The centre was adequately insured. There were two vehicles assigned to this centre. Inspectors reviewed the documentation for one car and found that it was adequately insured, taxed and checked for its roadworthiness.

There was a secure cabinet in order to store medicines appropriately.

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

All children had educational placements but they did not always attend. In an effort to increase children's attendance, the centre manager arranged meetings with each of the children's schools. As a result of these meetings, two children's timetables were amended to encourage their participation and increase their attendance levels. In addition, the centre liaised with a school home liaison officer to increase school attendance when required. The centre manager reported that this strategy was beginning to work well for two of the children. Inspectors observed the benefits of these interventions during their visit to the centre.

Education was valued in the centre and the staff completed one to one work with children on the importance of education. Two of the children's files contained information related to their education such as educational assessment, an individual education plan, speech and language and school progress reports but a third child's file did not. This lack of information provided to the centre by the social work department in relation to the child's educational history meant that the staff team could not inform their approach to supporting the child to achieve positive educational outcomes.

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

Children's health needs were not always assessed and met in a timely way. Children

had access to a general practitioner (GP) of choice, therapeutic supports and specialist services such as mental health services. All children had received a medical on admission to the centre. Records indicated that children had attended their GP when they needed to.

Referrals to some health services were not always made in a timely way by social workers and social care staff. Ophthalmic care was required for one child and although some steps had been taken to address this need, these actions were not sufficient. As a result, this child remained without the glasses they required for a long period of time. Inspectors spoke with this child's allocated social worker who reported that they were unaware of this issue. One child did not have their medical card on file and records indicated that there were delays in the completion of the application form for the medical card by the relevant social work department. Not all children's medical histories such as immunisation records were on file.

Medical consent was not on file for one child who was in voluntary care. The centre manager identified that this had resulted in a delay in accessing dental services for them. Records indicated that the centre manager was actively advocating for this to be addressed by the social work office so the child's health and wellbeing could be ensured. This child's social worker acknowledged to inspectors that this required their intervention.

Staff endeavoured to promote and encourage a healthy lifestyle for children. For example, they encouraged a healthy diet and exercise. Staff also provided age appropriate health education sessions in areas such as hygiene, sexuality and relationships. Records of monitoring children's diet were available on children's files and indicated that a healthy diet was promoted in the centre. Children were referred to a dietician when required.

The medication management policy for children's services was implemented in the centre. All staff had received medication management training. There was a staff signature sheet and a medication register in place which was in line with policy. Medication prescription sheets were available which identified the child's name, a photo and the prescription. Over the counter medication was labelled and there was a prescription for each child. Medication administration sheets specified the name of the child, the medication administered and when medication was administered. Administration sheets were signed by staff, and the administration of controlled drugs was co-signed by staff in line with policy. Medications were disposed of in a timely manner. While controlled drugs were reconciled daily they were not reconciled at the end of each shift in line with policy.

There were some systems in place for reviewing and monitoring safe medication practices. Medication audits were completed and reviewed by the centre manager on a monthly basis. There were two medication errors reported in the last 12 months. The centre manager addressed these errors with staff and reported the medication error under the significant events notification system.

Judgment: Non Compliant - Moderate

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 and function which outlined the service it provided and to whom. The statement of purpose and function outlined the admissions criteria and referred to key policies which informed practice. This statement was approved by centre manager and alternative care manager and was subject to review. All admissions to the centre were found to be in line with its statement of purpose and function.

The centre's statement of purpose and function was also available in a format accessible to children.

Judgment: 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

There were clear lines of authority and accountability for the centre. Staff were aware of their roles, responsibilities and the reporting structure. The centre manager reported to the alternative care manager who in turn reported to the regional manager for residential care. The centre manager was competent and experienced and was supported by a deputy manager. The centre manager was present in the centre Monday to Friday during office hours. Although the centre manager and deputy centre manager operated an on-call system on alternate weeks outside their office hours, this service was provided voluntarily by managers and was not a formal system.

There were effective communication systems in place. There was a handover meeting held daily during which staff shared information about the children and allocated daily tasks. Inspectors observed a handover meeting in which there was good discussion and shift planning. The handover was used to outline what the children's plans and

scheduled appointments were for the day. There was a designated shift leader on each shift who coordinated all tasks and ensured they were implemented. Inspectors observed staff completing these specific duties on the day of inspection. There was also a diary in the centre which supported communication across the staff team. Inspectors found that this was an useful communication tool.

Team meetings were held bi-weekly and there was a standing agenda for these meetings. On review of a sample of meeting minutes, inspectors found that there was good discussion about children, individual work, relevant policies and procedures, keyworking and placement plan goals. There was a good level of staff attendance at these meetings.

Manager meetings were held monthly in which the alternative care manager met with all centre managers in the area. Items discussed included training, health and safety and behaviour management in centres. The regional manager also provided feedback from regional manager's meetings which were held quarterly between the regional manager, alternative care managers and centre managers. Staffing, staff rosters, updates in relation to policy development were amongst some of the areas covered at these meetings. Inspectors found that information shared at various meetings provided good guidance to centre managers in relation to practice and policy.

Some management systems required improvement. While there were policies, procedures and guidance policies in place, the Child and Family Agency (Tusla), had not reviewed a large number of these policies for a considerable amount of time to ensure they were in line with good practice.

There was a revised risk management policy in place for the centre which guided staff in the management of risk. While staff were familiar with the risk management framework, they had not received training in risk management. There was a system in place to assess centre risks and on review, inspectors found that risk assessments were reviewed regularly by the centre manager and were updated when required. There were appropriate controls put in place to manage identified risks and these risks were risk rated. There were also individual risk assessments completed for children when required. Although risks related to health and safety were not up-to-date.

There was a prompt notification system for significant events. On review of significant event records, inspectors found that they were well managed by the staff team with appropriate follow up. Notifications were made to the relevant parties which included social work departments, the Tusla monitoring officer and the external significant events review group (SERG). The regional significant event review group (SERG) reviewed selected significant events. Inspectors reviewed a sample of minutes from these meetings and found that this external group gave constructive feedback which was communicated back to the staff team. The minutes of these meetings were available to staff and were discussed at team meetings which provided the staff team with an opportunity for learning. All significant incident reports were reviewed by the deputy centre manager and a designated staff member. The centre had its own significant event review group and it was evident that the centre manager and a member of staff reviewed all significant events and provided feedback to the staff team for learning. However, this group had not met in a number of months and as a result, records of the centre managers review of and recommendations for future practice

were not available. The centre manager told inspectors that while there had been no formal written review, these events were reviewed but did not result in a report on findings or subsequent actions required.

Monitoring and oversight mechanisms were in place in order to assess the quality of the service provided, but some oversight mechanisms required further development in order to ensure they were effective. The centre manager had delegated tasks to specific staff members. For example, there was a staff member responsible for medication management and health and safety. The centre manager attended daily handovers and team meetings to monitor practice. The centre manager identified that she reviewed and had oversight of each child's file, health and safety audits, risk registers and medication records. Inspectors reviewed centre records which reflected this oversight. The centre manager had completed a file audit on children's files and identified gaps and actions to be implemented by the staff team. However, inspectors found that some of the gaps remained and further follow up was required to ensure actions from audits were implemented in a timely way.

There was a national reporting tool in place for the centre manager to report to the alternative care manager on a monthly basis. This tool enabled the centre manager to report on a range of issues including the availability of children's data relating to care planning, management of specific risks on a monthly basis, staffing and training. However, inspectors found that some deficits in care planning and children's data reported on this tool were not responded to in a timely way by senior management.

There were monitoring and oversight mechanisms in place by the alternative care manager. The alternative care manager visited the centre on a weekly basis. During these visits she completed a review of supervision records, registers, children's files, central logs and undertook a visual inspection of the centre. Inspectors found that there was evidence of oversight by the alternative care manager however, these systems required development to ensure the actions required were completed and that the staff team were held to account for their implementation. The alternative care manager regularly reviewed the progress of the implementation of the action plan following the Tusla monitoring officer's visit in April 2018. Inspectors reviewed records which showed that the respective actions were being implemented by the centre manager. This was confirmed to inspectors by the Tusla monitoring officer.

There was an effective financial management system in place. Staff had access to money when required through procurement cards and petty cash. A log of all expenditure, including receipts, was maintained in the centre. The centre manager reviewed these financial records on a monthly basis. Inspectors reviewed financial records and no discrepancies were identified by the centre manager.

Staff had been recruited in accordance with legislation, national standards and policies. There were 14 staff members on the team and 0.8 staff vacancies. There was a small number of consistent agency staff on the staff roster due to these vacancies. Staff told inspectors that the centre used the same agency staff as they were familiar with the children's needs. One staff member was recruited in the last 12 months. There was an appropriate induction provided to them by the centre manager and dedicated staff members. New staff members shadowed experienced staff as part of their induction. The centre manager was assured that all necessary documentation including An Garda

Síochána vetting relating to these staff members was in place.

Supervision was not always provided in line with Tusla supervision policy. This was also identified as a deficit following the Tusla monitoring visit. While there were supervision schedules in place, inspectors found that the supervision had not been held for all staff in line within the required timeframes. A new supervision structure was in place and this meant that this task would now be shared by the centre manager, deputy manager and a social care leader. On review of a sample of staff member's supervision records, inspectors found that there was good discussion in relation to the children and professional development of staff. Staff told inspectors that they found supervision supportive and that it provided them with clear guidance. However, records of supervision did not reflect agreed actions and timelines for implementing actions in order to ensure staff accountability. The centre manager was supervised by the alternative care manager. Inspectors reviewed a sample of the centre manager's supervision records and found that children were discussed and operational topics were covered such as training requirement of the staff team, health and safety, quality and oversight of records, children's plans and health and safety. There were also records of agreed actions and timelines for implementation of actions.

There were gaps in the provision of mandatory training. For example, one staff member had not received fire safety training and six staff had not received up-to-date first aid training. All staff members were trained in Children First. The training needs analysis for the centre was not up-to-date.

The centre maintained the required register of children placed there. This was found to be up-to-date and complete. The register contained all required information such as the date of all discharges and where children were discharged to.

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. Their role was to monitor the centres on-going compliance with national standards, regulations and best practice. The monitoring officer had visited the centre in April 2018 and issued a report. The monitoring officer received an update from the centre on its implementation of actions from this report, in September 2018. The monitoring officer told inspectors that she was satisfied that these actions were being implemented in the centre. This was evident to inspectors.

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-0024877-AP
Provider's response to Inspection Report No:	MON-0024877
Centre Type:	Children's Residential Centre
Service Area:	CFA DNE CRC
Date of inspection:	18 October 2018
Date of response:	30 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: Non Compliant - Moderate
The Provider is failing to comply with a regulatory requirement in the following respect: The quality of information received during the admission process was not sufficient. Child-in-care reviews were not always carried out in a timely way. Minutes of child-in-care reviews were not provided to the centre a timely way. Children did not have up-to-date care plans. Placement plans were not informed by up-to-date care plans. Centre records did not contain all information in line with regulations. 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:

Relevant information pertaining to a child will be sought by the Centre Manager prior to the completion of the collective risk assessment. No date for completion of the collective risk assessment will be given by the centre manager until the relevant information is provided by the centre for review.

- One young person requires a child in care review. The centre manager has written to the social work department and a date for holding the child in care review was provided to the centre on the 16/11/2018.

- The centre manager has written to the relevant social work team leaders on 14/11/2018 requesting the minutes of the child in care reviews. If the minutes of the child in care reviews are not received by the 28/11/2018 the centre manager will escalate the matter to the alternative care manager who in turn will raise the issue with the principal social worker. If the minutes of the child in care reviews are not received by 12/12/2018 the alternative care manager will escalate the matter to the regional manager who in turn will raise the matter with the area manager.

- The Centre Manager has written to the relevant social work team leaders on 14/11/2018 requesting an up to date care plans for the young people. If the care plans are not received by the 28/11/2018 the centre manager will escalate the matter to the alternative care manager who in turn will raise the issue with the principal social worker. If the care plans are not received by 12/12/2018 the alternative care manager will escalate the matter to the regional manager who in turn will raise the matter with the area manager.

- In future, where documentation is not provided to the centre, the young person's keyworker will write to the assigned social worker to request a copy of the documentation. If the documentation is not received within 10 working days, the social care manager will raise the matter with the social work team leader. If the documentation remains outstanding after a further 5 working days, the social care manager will escalate to the alternative care manager who will in turn raise the issue with the principal social worker. If the documentation remains outstanding after a further 10 working days, the alternative care manager will escalate the matter to the regional manager who will in turn raise the matter with the area manager.

- Once the centre receives the updated care plans, the placement plans will be updated accordingly.

- The centre manager will conduct an audit of the young people's files by the 12/12/2018 to ascertain what information is missing from the files. This audit will contain information regarding what information is missing, what steps are to be taken to acquire the information and who is responsible for sourcing the information. The audit will also contain timescales which will clearly identify when the information should be in the centre by. The audit will be reviewed on a monthly basis and any issues in sourcing the information will be risk escalated by the centre manager to the alternative care manager.

Proposed timescale:
12/12/2018

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Substantially Compliant

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

The rationale for the use of restrictive practices was not evident.

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 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 a 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 admission or discharge of a young person.

Proposed timescale:
31/12/2018

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:

Not all staff had participated in a fire drill in the previous 12 months.

Not all staff had completed fire safety training.

Health and safety risk assessments required review and updating.

Action Required:

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

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

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

- The centre manager has identified the staff who did not participate in the fire drills. The centre manager will address this issue by ensuring that staff participates in the fire drills during the team meeting twice a year. The first fire drill occurred after the team meeting on the 22/11/2018. All staff members have now participated in a fire drill.

- One new staff member needs to complete the fire training. This is scheduled to take place on the 12/12/2018.

- The centre manager in conjunction with the health and safety representative reviewed and updated the health and safety risk assessments on the 15/11/2018.

Proposed timescale:
12/12/2018

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 limited information in relation to the educational background on file for one child.

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 contacted the relevant child's social worker on the 30/11/2018 seeking more information relating to the educational background of the child. If the information relating to the educational background is not received by the 14/12/2018 the centre manager will escalate the matter to the alternative care manager who in turn will raise the issue with the principal social worker. If information relating to the

educational background is not received by 28/12/2018 the alternative care manager will escalate the matter to the regional manager who in turn will raise the matter with the area manager.

Proposed timescale:
28/12/2018

Person responsible:
Centre Manager

Theme 3: Health & Development
Standard 9: Health
Judgment: Non Compliant - Moderate

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

Children's health needs were not always assessed and met in a timely way.

Medical consent was not on file for one child who was in voluntary care.

While controlled drugs were reconciled daily they were not reconciled at the end of each shift in line with policy.

A medical card was not on file for one child.

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:

- A meeting is scheduled for 20th December 2018 between the centre manager and the social worker to conduct a health audit in relation to the child concerned to ensure that all medical and health needs are identified and assessed properly and a plan put in place. This procedure will be implemented for all future referrals as part of their induction.
- The centre manager has contacted the social work department seeking the medical consent for a child who is in voluntary care. The centre manager was informed on the 19/11/2018 that an interim care order is being sought by the social work department. If this matter is not resolved by 14/12/2018 the centre manager will escalate the matter to the alternative care manager who in turn will raise the issue with the principal social worker. If information relating to the educational background is not received by 28/12/2018 the alternative care manager will escalate the matter to the regional manager who in turn will raise the matter with the area manager.
- Controlled drugs are now reconciled as per policy. The centre manager reviewed the medication management policy and the implementation of the policy with the staff team on the 27th of November 2018.

• One young person did not have a medical card on file. This is now on file. This was completed on 22/10/2018.

Proposed timescale:
28/12/2018

Person responsible:
Centre 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 monitoring systems were not always effective.

A large number of policies had not been reviewed for a considerable amount of time to ensure they were in line with good practice.

Health and safety risk assessments were not up-to-date.

Staff supervision was not provided within timelines of Tulsa supervision policy.

The quality of supervision was mixed.

Records of the centre manager's review of significant events were not up to date.

There were gaps in mandatory training.

There was no formalised on call system.

The training needs analysis was not up-to-date.

Action Required:

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

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

• A new audit tool, which can be used by the Alternative Care Manager and the Centre Manager, will be introduced by the 30/01/2019. Any audit conducted will have a clear record indicating the SMART actions identified the person responsible and clear timeframes for completion. Outcomes of audits will be reflected in team meetings and supervision. Audits will remain a standing item on the team meeting agenda.

• The new national suite of policies and procedures are scheduled to be in place by the end 3rd quarter 2019.

• The centre manager in conjunction the health and safety officer reviewed and

updates the health and safety risk assessments on the 15/11/2018.

- The centre manager will review the supervision dates to ensure that they are line with the supervision policy. If scheduled supervision is cancelled the supervisor will schedule supervision within ten days. To be completed by 30/11/2018
- The centre manager will ensure that supervision records are consistent in terms of reflecting how the SMART actions are to be implemented and the time scale for such implementation.
- The centre manager devised a schedule for reviewing the centre significant events in line with the terms of reference for reviewing significant events. This will be audited every 6 months by the Alternative care Manager.
- The centre manager will liaise with workforce development to ensure that staff receives all mandatory training by 30/05/2019.
- A national on-call system will be in place for Children's Residential Services by end 2nd quarter 2019.
- The centre manager reviewed and updated the training needs analysis. This was completed on the 24/10/2018.

Proposed timescale:
30/09/2019

Person responsible:
Director of CRS, C&FA