

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-0004180
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0018469
Lead inspector:	Grace Lynam
Support inspector (s):	None

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:
07 December 2016 11:00	07 December 2016 18:00
08 December 2016 10:30	08 December 2016 18:30

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

- **Exceeds standard** – services are proactive and ambitious for children and there are examples of excellent practice supported by strong and reliable systems.
- **Meets standard** – services are safe and of good quality.
- **Requires improvement** – there are deficits in the quality of services and systems. Some risks to children may be identified.
- **Significant risk identified** – children have been harmed or there is a high possibility that they will experience harm due to poor practice or weak systems.

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	Meets standard
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Requires improvement
Standard 6: Care of Young People	Meets standard
Standard 7: Safeguarding and Child Protection	Requires improvement
Standard 10: Premises and Safety	Requires improvement
Theme 3: Health & Development	
Standard 8: Education	Meets standard
Standard 9: Health	Meets standard
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Meets standard
Standard 2: Management and Staffing	Requires improvement
Standard 3: Monitoring	Meets standard

Summary of Inspection findings

This centre had been a mainstream residential centre for children and the last full inspection by The Health Information and Quality Authority (HIQA) had been carried out in July 2012. The centre then changed its focus to the preparation of young people for leaving care and becoming independent. There had been no children living in the centre until the admissions of two young people under the age of 18 years in September and November 2016.

The centre was a leaving and aftercare service with the capacity to provide residential care for four young people, male and female from 17 years upwards. The aim of the service was to support young people in making a successful transition from being in care to living independently. The centre's statement of purpose and function outlined that a semi-independent model of care was used to provide support to young people preparing for independent living. At the time of the inspection, there were two young people under the age of 18 years and two young adults living in the centre. This inspection related only to the care of the children under 18 years of age. At the time of the inspection, there were 2 children living in the centre.

During this inspection, inspectors met with or spoke to 2 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.

The Inspector also spoke with one aftercare worker, one team leader and the alternative care manager as part of the inspection.

The centre was a spacious six-bedroomed property located in a housing estate on the outskirts of a large town in the North East. It was close to local amenities including shops and schools. The centre was comfortable, bright and was nicely decorated with many homely touches. Each young person had their own bedroom and there were two bedrooms for staff sleepovers.

The Inspector found that improvements had been made in a number of areas since the last inspection. These included management of behaviour, fire safety and provision of staff training.

The centre provided a good leaving and aftercare service for young people and staff were committed to supporting them with the transition to independent living. The care provided by the staff team was in line with the statement of purpose and function and was reflected in day-to-day practice. The centre was well managed and there was some oversight by the external manager to ensure good quality care was provided. The

management team provided good leadership to an experienced, competent and stable staff team.

Young people were safe and had a good quality of life. Young people told the inspector they liked it in the centre and that it had taken time to settle in. Whilst the two young people under 18 years had only lived in the centre for a number of weeks they had settled in well and presented as relaxed and happy in their surroundings. They were also in the process of integrating into the local community.

The staff team were child-centred in their approach and the rights of young people were respected and promoted. The inspector met staff who were knowledgeable about the needs of the young people and sensitive to the requirement for a period of transition and adaptation by the young people who had come from other placements including residential and foster care.

Young people were consulted about decisions concerning their care and were encouraged and supported to make complaints. They maintained relationships with family members and friends as appropriate to them.

The quality of care and support was good. The young people's education and health needs were met and medication management practices were good.

Improvements were required in the area of training in child protection, premises and safety, risk identification and recording, staff qualifications and recording of supervision.

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

Young people's rights were respected and promoted by the staff team. Young people were aware of their rights and information was provided to them in a user-friendly manner. A staff member had developed an application (app) for use on smartphones which contained all the information contained in the welcome booklet for the centre. This included information about advocacy services and the complaints and appeals procedure. Young people told the Inspector they had this app on their smartphones. Representatives from a national organisation for advocating for young people in care were invited, as part of the lifeskills programme, to the centre to inform young people about their rights.

Young people were consulted by staff and were encouraged to participate in decision-making about their lives. House meetings were held weekly where issues relevant to the young people were discussed such as the menus for the coming week. Chores were allocated and plans were agreed for house outings for the coming month. The Inspector found that there had been regular house meetings since the two young people had been admitted and they had attended and participated in most of these meetings. Young people told the Inspector they knew they could read their files but had not done so. The Inspector read files which reflected that young people had been told they could access their files and which showed that young people had been involved in drawing up and agreeing plans.

Complaints and concerns were well managed and recorded. Young people were encouraged to complain and one young person had done so. There had been two complaints made and both of these were closed. The complaints related to the young person settling into the centre.

Young people were treated with respect. The Inspector heard the staff team interacting respectfully with the young people, asking them for their opinions and discussing matters with them.

Judgment: Meets standard

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

The admission process was good but had not been fully adhered to in relation to one admission. Two young people under the age of 18 years had been admitted to the centre and these had been planned admissions involving visits and overnight stays in the centre in consultation with the young people. Collective risk assessments were completed to ensure the placement was suitable and appropriate for all the young people including those already in the centre. However, not all information had been made available on one young person prior to their admission. The Inspector noted that the Centre Manager and the staff team had reviewed the admission process and decided that for future admissions, they would stringently apply the requirements for full information to be received prior to admission.

No young people under 18 had been discharged from the service in the 12 months prior to the inspection.

Not all statutory requirements were fulfilled for the young people. One young person had no allocated social worker. The young people's files reflected the efforts made by the centre manager to ensure that these deficits be addressed by the appropriate social work departments. Both young people had allocated aftercare workers and preparation had been completed for their leaving and aftercare plans. The Inspector found that some of the appropriate plans were in place to guide staff in their care of the young people. For example, placement plans were in place and placement support plans were reviewed on a monthly basis to ensure they reflected the current circumstances of the young person. However, there was no aftercare plan for one young person and another had no up-to-date care plan in place. Whilst the child in care review meeting had taken place the care plan had not been updated by the social work department and forwarded to the centre. This meant that the placement and placement support plans might not fully reflect the decisions made at the care plan review.

Young people were able to maintain positive relationships with parents, siblings and significant others as appropriate for them. The Inspector read young people's files which reflected that young people were happy with the frequency and quality of their family contact. Both young people arranged their own family contact. A parent told the inspector they were happy with the contact they had with their child. Family members were welcomed to the centre for visits and to celebrate special occasions. There was ample space available to provide privacy for family visits.

Young people received the emotional and physical care they required. They were appropriately supported to develop skills for independent living. Young people the inspector met with presented as content and happy. They had keyworkers assigned to them who were available to talk through issues with the young person as appropriate to their needs. Young people's files reflected that several individual conversations had been conducted with the young people by their keyworkers on issues that were important to them.

The centre had a good lifeskills programme in place which was in the early stages of implementation. The programme included regular individual sessions scheduled with the young person on independent living skills such as opening a bank account, applying for employment and sourcing accommodation. Files reflected that the young people had commenced work on the lifeskills programme. The Inspector observed one young person baking with the chef during the inspection. There were also group sessions planned as part of the lifeskills programme but these had yet to commence with the two young people under 18.

The staff team also provided a good outreach service to young people who had left care. The Inspector noted that young people who had previously lived in the centre made contact with staff and visited during the course of the inspection.

Records were of good quality and were managed in accordance with legislation. Each young person had a number of files in which relevant information in relation to their care was maintained. These included personal details, social histories, planning folders and keyworking reports.

Judgment: Requires improvement

Standard 6: Care of Young People

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

Inspection Findings

Young people were cared for in a manner that respected choice and recognised achievements. Young people told the Inspector they liked living in the centre and, while it had taken them time to settle in, the inspector observed that they seemed comfortable and relaxed with the staff. One parent told the Inspector that they were

happy with the care her child was receiving in the centre and that all their needs were being met.

Young people were well cared for. Each young person had two allocated keyworkers who were available to spend individual time with the young person to ensure they knew there was an adult there to support and understand them. Daily log books were fully completed by staff and gave a good account of the young person's day including their preferences. They were supported to maintain interests they had prior to their admission to the centre and to develop other interests. Young people were involved in volunteering for community organisations and continuing with their learning outside of the school environment. Achievements were acknowledged such as the young person completing a new task or developing a new skill, and special occasions were celebrated. During the inspection the staff and young people were preparing for a festive occasion to which family members and friends were invited the following week. Festive food had been purchased and gifts were being prepared.

The centre had a policy on the use of sanctions but did not use sanctions other than natural consequences to manage the young people's behaviour. Staff told the Inspector they discussed and negotiated with the young people so that they learned how to make good decisions for themselves in relation to their behaviour. The Inspector read a sample of reports of individual work done with the young people which reflected this.

There had been two significant incidents involving one young person and these were appropriately reported, recorded and managed.

The staff were using one restrictive practice and had appropriately identified it as such. A night-time alarm was in use to alert staff if young people went downstairs during the night. This had been risk assessed but the risk identified was expressed in general terms and may not have been relevant to the young people currently living in the centre.

There were no issues in the centre in relation to the management of behaviour. The centre did not make use of physical restraint as a means of managing behaviour and there were individual crisis management plans in place as appropriate to guide the staff team in managing such incidents if they occurred.

There had been no incidents of young people missing without authority since the two young people under 18 had been admitted. Absence management plans were in place for the young people and staff were familiar with the procedures outlined therein.

Judgment: Meets standard

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 a number of safeguarding measures in place to safeguard and protect young people from abuse. The centre used the Health Executive Service Policies for Residential Care which included safeguarding and child protection policies while Tusla was developing national policies. An interim Tusla child protection practice note for children's residential services, dated October 2016, was available in the centre. This practice note aimed to ensure that staff knew how to respond, report and record child protection concerns. Whilst staff interviewed by the Inspector knew what action to take to address child protection concerns, not all staff were, as yet, familiar with the provisions of the recently issued practice note. Staff were trained in child protection but more than half the staff team required a refresher course in line with Tusla guidance.

The centre had guidelines on the use of the internet and young people were given information about the advantages of and risks associated with internet usage. Young people had signed contracts agreeing to the steps staff would take to ensure that young people's usage of the internet was safe for them. Young people had their own mobile phones and this ensured they had access to facilities for making and taking telephone calls in private.

Inspectors spoke with staff who were familiar with the Tusla protected disclosures policy and who said they would be comfortable reporting any concerns they might have about a colleague. This is an important safeguarding measure.

There had been no child protection and welfare concerns since the two young people had been admitted to the centre.

Judgment: Requires improvement

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

Health and safety of young people, staff and visitors was promoted and protected in suitable accommodation. The centre was safe and free from obvious hazards. The house was homely and welcoming and had been decorated with care to ensure a warm atmosphere. However, the bathrooms were not maintained to the same standard as the rest of the house. The Deputy Manager had completed quotes for work to update the bathrooms and told the Inspector that verbal approval had been received from the Alternative Care Manager for these works to be completed. There was a member of

staff designated as the health and safety officer who carried out monthly checks of the premises for obvious hazards involving furniture and lighting. The Inspector read the records of these checks and found they had been fully completed for the four months prior to the inspection. The centre had a generic safety statement for the Dublin North East area therefore it did not reflect the particular conditions in this centre.

The premises were well maintained and were suitable for use as a residential centre. The furnishings and facilities were adequate and sufficient for the number of people living in the centre. The centre was adequately lit and heated and had suitable facilities for cooking and laundry so that the young people could do their own laundry and cooking. There was ample space to accommodate friends and family visiting. Young people had their own bedrooms in which they could keep their personal possessions. However, the centre was comprised of two semi-detached houses converted into a single dwelling so there were a number of rooms which were not in daily use. The centre manager told the Inspector that there was a plan to re-configure the rooms internally to address this.

There were some good precautions against the risk of fire. A staff member had delegated responsibility for fire safety. There was a fire register in which fire drills were recorded and this was stored in a locked fire-proof cabinet. A fire safety certificate was in place. The Inspector found that there had been nine fire drills in 2016 and the two most recent residents had taken part in a fire drill since their admission to the centre. Fire extinguishers had been serviced and the alarm system and the emergency lighting was checked every three months and these checks were recorded. A number of weekly and monthly checks were carried out and recorded appropriately. Procedures for safe evacuation were prominently displayed. All staff had received training in fire prevention and safety. However, the centre's fire safety policy was out of date and there were no records of daily fire safety checks being carried out. There was an emergency plan in place for emergencies other than fire.

Repairs to the centre were dealt with promptly. The centre maintained a maintenance book in line with the Standards. Requests for repairs were recorded including the date the request was made and when the work was completed.

The outside of the centre was monitored by a closed circuit television system (CCTV) for which signs were displayed to indicate its usage. The Tusla policy available to the centre to govern the use of the CCTV was a draft.

The centre had a vehicle which was appropriately insured and road worthy but the road tax was out of date. This was rectified following the inspection. The centre was appropriately insured.

Judgment: Requires improvement

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

Young people received appropriate support, education and training to reach their full potential. The young people were attending school or training programmes. They were encouraged to try new experiences and the Inspector heard staff discuss future plans with one young person. Another was receiving extra tuition in preparation for state examinations. Staff were beginning to develop working relationships with school personnel and providers of training, as appropriate, so that they could support the young people in their education and training.

Judgment: Meets standard

Standard 9: Health

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

Inspection Findings

Young people's health needs were assessed and met. Staff promoted young people to lead a healthy lifestyle. The Inspector noted that fresh food was readily available and observed that young people had free access to the kitchen. The Inspector observed that mealtimes were positive and social events. Young people had access to general practitioners and medical examinations had been carried out either prior to or just after the young person's admission to the centre. Young people who were on prescribed medication had the option to self administer their medication if appropriate following a risk assessment. The Inspector read young people's files which reflected that young people's medication prescriptions were reviewed by medical professionals as appropriate. The services of external professionals were in place for young people as required and they were encouraged to attend.

Medication management practices were good. Medication was safely stored and appropriately identified. The management team had developed in-house guidelines for medication and put systems in place for the storage, recording and administration of medication in line with the guidelines. This included guidance both on self-administration of medication and for when a young person refused their medication. The Inspector reviewed medication management practices and observed the daily count

of medication. Reviews of the recording of medication administration reflected that practice was in line with the centre's medication management guidelines.

Judgment: Meets standard

Theme 4: Leadership, Governance & Management

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

Standard 1: Purpose and Function

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

Inspection Findings

The centre had an up-to-date statement of purpose and function which outlined the aims of the centre. It defined the purpose of the centre as a preparation for leaving care service which supported young people in the transition to independent living. The statement of purpose and function outlined clear admission criteria, policies and procedures relevant to the centre and the model of care used. This model was characterised by three distinct stages which include the preparation stage, the planning for leaving care process and the aftercare stage. The staff team also provided outreach to young people who had left residential care and were living independently. The care provided by the staff team was in line with the purpose and function as outlined in the statement and was reflected in their day-to-day practice.

Judgment: Meets standard

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 effective management structures in place which identified clear lines of authority and accountability. The Centre had a Manager who was supported by an experienced Deputy Centre Manager. Staff were supervised by the Centre Manager, the Deputy and two social care leaders. The Centre Manager was line managed by an external manager: the Alternative Care Manager. The Inspector spoke with staff who were clear about their roles and responsibilities and inspectors observed them carrying out their responsibilities with care and consideration. The Centre Manager provided

good leadership and direction to the team.

There were a number of effective management systems in place. The staff had access to Health Service Executive policies, procedures and guidelines for residential settings to support and guide them in their work, but many of these were out-of-date. The Centre Manager and the Deputy worked five days per week and there was an on-call system for weekends whereby centre managers and deputies for three centres in the Dublin North East region shared the responsibility to provide an on-call service for the three centres.

Communication systems were good. Systems of communication included the daily staff handover meetings for staff coming on shift, regular staff meetings, the use of a communication book, a house diary, a shift planner and monthly planners for the young people's activities. The Inspector found that these methods of communication were effectively used by the staff to ensure that all relevant information was shared appropriately with the staff team to guide the day-to-day care of the young people. Each shift was planned at a daily handover meeting and shift leaders were identified. The Inspector observed a handover meeting and found that all relevant information about the young people's plans for the day was shared and actions were identified and allocated to staff members to ensure follow up.

There was some quality improvement practices in place. The Inspector found that the staff team were committed to improving the quality of the service by reviewing and changing practice to achieve the desired outcomes. For example, the staff team had recently participated in a team planning day during which they reviewed various areas of practice and had identified areas for improvement. The Inspector read the minutes of this meeting and found that responsibility for progressing identified actions was allocated to named individuals and timeframes for implementation of these actions were agreed.

The identification and recording of risk was not satisfactory. The centre maintained a risk register in which both environmental and general risks to young people were described, together with the control measures in place to mitigate them. However, some of the risks on the register were not relevant and not all control measures in use were recorded in the register.

There was some external oversight of the work of the centre. Inspectors found that the Alternative Care Manager provided support to the centre manager through visits, formal supervision and review of files. The Alternative Care Manager acknowledged that, as the placements were in the early stages, they planned further work in the centre to ensure the quality of their oversight.

Significant events were well managed and appropriately recorded and reported. The centre had a policy on significant event notifications and a register in which to record these events. There had been two significant events since September involving the young people under 18 years. These had been appropriately recorded and reported and individual work was conducted with the young people as a follow up to the incidents. Neither of these significant events were of a level significant enough to be discussed at the Significant Event Review Group (SERG)- a regional forum for peer learning and consultation.

There were sufficient experienced and qualified staff in place to deliver the service. The Centre Manager and the Deputy Centre Manager were suitably qualified and experienced. The centre was fully staffed with a stable team of 16 staff members that had worked there for between two and 16 years. There were three social care leaders and ten social care workers on the staff team. The centre also had the services of a chef three days per week. There were no new staff, no staff on extended sick leave and none had left the centre in the 12 months prior to inspection. Managers were suitably qualified, skilled and experienced. However, four staff were not qualified. The Inspector viewed a plan to address training needs which reflected that there was a ratio of 2.5:1 qualified to unqualified staff on shift. Unqualified staff were encouraged to acquire a formal qualification and to attend all training to address identified training needs. However, none of the unqualified staff were in the process of gaining the necessary qualifications. The staff roster reflected a balance of qualified and unqualified staff members on duty together.

Provision of training was good. There was a training schedule in place for 12 months up to May 2017 which included updates in mandatory training, cultural diversity training and managing bullying. Training had also been provided on the effects of trauma on behaviour and first aid training and the Deputy Centre Manager had received training in safe medication management. However, staff had not received training in restrictive practices. Whilst there was a plan to address training needs it was not based on a training needs analysis. The Centre Manager told the Inspector that individual training needs analyses were planned to inform future training provision.

Staff were recruited in accordance with legislation, standards and policies. The Inspector sampled staff files and found that garda vetting, references and evidence of training was held on files. The October 2016 governance report reflected that all staff had been garda vetted and at least two references were in place for all. The Inspector found that the newer members of staff had received induction into their role.

The quality of supervision was mixed. Staff told the Inspector that supervision was good and supported them in their work. The Inspector reviewed a sample of supervision records for all supervisors and found that whilst supervision took place in line with policy the quality of recording was not consistent. Young people's care and other relevant matters were discussed in supervision sessions. Some of the supervision records were comprehensive and clear and allocated tasks to supervisees with associated timeframes for completion. Other supervision records did not clearly identify what actions would be taken to progress matters arising or when they would be completed so there was no way for the parties to acknowledge progress or drift of issues.

The centre register was maintained in accordance with the Regulations and contained all the information required.

The centre had a budget and a good financial management system in place to ensure accountability. The Inspector reviewed the centre's financial records and found that clear financial records were held.

Administrative files were well organised and maintained to facilitate effective

management and accountability. Managers monitored the quality of records and took action to ensure all records were correctly maintained. Inspectors read young people's files and found that the Centre Manager and the Alternative Care Manager reviewed records and brought any deficits identified to the attention of the staff team for action.

Judgment: Requires improvement

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 had been visited by a Tusla monitoring officer in October 2016 and a report had been prepared which identified similar findings to this inspection. There was an action plan developed as a response to the deficits identified by the monitoring officer and the staff were in the process of implementing actions. These included requesting an updated care plan for one young person and requesting that a social worker be allocated to one young person.

Judgment: Meets standard

Acknowledgements

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