

## Health Information and Quality Authority Regulation Directorate

Monitoring Inspection Report on children's  
statutory residential centres under the Child Care  
Act, 1991



<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Centre ID:</b>	OSV-0004180
<b>Type of inspection:</b>	Unannounced Themed Inspection
<b>Inspection ID</b>	MON-0025400
<b>Lead inspector:</b>	Grace Lynam
<b>Support inspector (s):</b>	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: 01 November 2018 09:00 To: 01 November 2018 17:00

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

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

### Actions required

**Substantially compliant:** means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

**Non-compliant:** means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the non-compliance 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.

<b>Standard</b>	<b>Judgment</b>
<b>Standard 5: Planning for Children and Young People</b>	Substantially Compliant
<b>Standard 7: Safeguarding and Child Protection</b>	Compliant
<b>Standard 1: Purpose and Function</b>	Substantially Compliant
<b>Standard 2: Management and Staffing</b>	Substantially Compliant

## Summary of Inspection findings

The centre was a leaving and aftercare service which provided residential care for up to four children, male and female, aged 17 years upwards. The centre also provided an outreach service to support young adults who had been discharged from the centre. The aim of the service was to support children to make a successful transition from being in care to living independently. As it accepted children who were 17 years of age on admission, children usually reached the legal age of 18 during their stay. In these incidences, children and young adults lived together in the centre.

There had been no children living in the centre until the admission of two young people under the age of 18 years in September and November 2016. A full inspection was conducted in December 2016 and at that time six of the 10 standards were met. The standards requiring improvement in 2016 were: Standard 5 Planning, Standard 7 Safeguarding, Standard 10 Premises and safety, and Standard 2 Management and staffing.

This inspection focused on standards related to purpose and function, management and staffing, planning and safeguarding.

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 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.

There were also two young adults living in the centre. All four residents were female. This inspection focused on the children under 18 years of age, who were in the early stages of their placement in the centre.

Inspectors elicited the views of the children in the centre: one child met with the inspector on the day the inspection was carried out and the other completed a questionnaire following the inspection. The inspector also spoke with the children's aftercare workers. At the time of writing, the inspector had not been successful in making contact with the children's respective social workers.

The centre was a spacious six-bedroomed house located in a residential area on the outskirts of a large town in the Dublin North East region with close proximity to local amenities including shops and schools. The centre was homely, clean and welcoming and provided a pleasant environment for the children and young adults living there.

Children told inspectors they felt safe in the centre and that they were settling in to their new placements and getting to know the staff team. They said it was good living there and they knew they were there to prepare for independent living. Each child had an allocated aftercare worker and they had participated in their leaving and aftercare plans. The children had keyworkers in the centre and some individual work had been completed with them. However, one child did not have an allocated social worker at the time of this inspection.

Admissions of children were effectively managed and children were being prepared and supported for leaving care in line with the centre's statement of purpose and function. Children maintained positive relationships with their families, and the staff team were committed to providing good quality care. Staff were proactive in keeping children safe and there were good safeguarding measures in place. The day-to-day activities of the centre reflected the centre's purpose and function but the statement of purpose and function required further detail. The staff team were well informed about the individual needs of the children and there were good management systems in place, but elements of the staff supervision process required improvement.

## Inspection findings and judgments

### **Standard 5: Planning for Children and Young People**

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

### **Inspection Findings**

Admissions of children were effectively managed. There was a process in place whereby children were admitted to the centre through a central admissions process. Applications were reviewed following the completion of a collective risk assessment by the centre manager and referring social worker. This represented a decision-making process on the appropriateness of the admission and considered the impact of new admissions on the children currently living in the centre. Two children aged 17 had been admitted to the centre in the months prior to this inspection. Their referral applications were brought to the central admissions committee and the centre was identified as having the capacity to meet their assessed needs. The admission process was followed by a transition process which involved visits and overnights in the centre. In addition, keyworking sessions were conducted with children before they moved in to ensure they understood the purpose of the centre, and had all the relevant information they required to get the best from their placement. The centre was provided with all the relevant information on the two children prior to their admission and there was evidence of good liaison between the staff team and the children's social workers when planning their admission.

There were statutory care plans in place for both children and these had recently been reviewed at formal child in care review meetings, in line with regulations. Placement plans were developed from previous care plans and these were supported by other plans, such as absence management plans and crisis management plans. These plans guided the staff team in their day to day care of the children. The children had been involved in the development of these plans which were regularly reviewed and amended to reflect changing circumstances. Children signed a placement agreement on admission to the centre which reflected the nature of the placement and their individual responsibility in the process.

Children were prepared and supported to leave care. Inspectors observed staff interacting in a respectful and caring manner with the children as they went about their daily activities. Staff were heard talking to the children, making plans for the day and facilitating and encouraging them to carry out planned activities. Both of the children in the centre were at the stage where they were involved in aftercare planning. Assessments of each child's leaving and aftercare needs had been completed with them and comprehensive, individualised aftercare plans were developed from these assessments, which reflected the child's wishes and preferences. One child's aftercare plan was being reviewed by the courts.

Children were able to maintain positive relationships with their families, friends and significant others. They maintained contact with previous placements where this was appropriate, and arranged their own access and contact with family members, friends and relatives. This was appropriate for them given their age. Inspectors observed staff modelling good communication and they told inspectors that they viewed themselves as role models for the children. Parents told inspectors they had not yet visited the centre and that staff members kept them informed about their child. Inspectors read files which reflected the efforts of staff to contact family members in relation to their child's progress. Care files also showed that specialist medical or therapeutic services were in place when required and that staff facilitated and supported the children to attend their appointments.

There was some evidence that social workers visited the children but it was too early in both placements to determine whether the regularity of these visits would meet the requirements of the regulations. One child's social worker had vacated their position a week prior to the inspection. The centre manager told the inspector that the social work team leader was responsible for the child until another social worker was allocated. The team leader informed the inspector that a social worker would be allocated to the child in the weeks following the inspection.

Staff the inspector spoke with were well informed about the children that had recently moved into the centre. They expressed care and concern for them and were committed to supporting them to make a positive transition to independent living. There was a system in place to ensure that staff coming on duty made themselves familiar with the children's various plans. Children told the inspector they worked with their aftercare worker to plan for the future and they were positive about that experience. The children were still getting to know their individual keyworkers and were at the stage of developing good working relationships with them.

Children's records were of good quality, complete and well maintained. Records were accessible and contained all relevant information on the children to support the staff team to provide good individualised care. All documentation required by regulation was in place and records reflected a consultation process with children on all aspects of their care.

**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**

Children were safe in the centre and there were adequate safeguarding measures in place to protect them from abuse. Children told the inspector they felt safe in the centre. The Tusla Interim child protection practice guidance note for children's residential centres, dated October 2016, was available in the centre. Staff inspectors

spoke with were familiar with their responsibility to report child protection concerns and the reporting procedures. Staff were trained in child protection procedures and centre records reflected that all staff were trained in Children First. An additional member of staff who was employed as a chef had also been facilitated to attend Children First training.

Child protection and welfare concerns were appropriately recognised and reported in line with Children First. Inspectors reviewed the child protection register in the centre and found that there were no child protection concerns awaiting investigation. There was one child protection concern reported in the 12 prior to the inspection. The reported concern related to a previous resident and it had been notified to the relevant personnel at the time. The register reflected that the appropriate social worker had followed up on the matter and the investigation was closed.

Staff inspectors spoke with were familiar with the protected disclosures policy and their responsibility to report any concerns they may have about a child.

Staff were proactive in keeping children safe. All visitors to the centre were required to sign in and out of a visitors book so there was a record of who was on the premises at all times. The fact that outside contractors such as maintenance personnel and technicians for service providers came to the centre on occasion was risk assessed and appropriate control measures were in place. There was an internet usage policy in place which was signed by each child's social worker prior to the placement. This policy outlined the safe use of the internet and the checks in place on the children's use of the internet. In addition - and reflective of the purpose of the centre which was to prepare children to live independently - there was information available on all aspects of keeping safe such as internet safety, staying safe and being healthy and safe in relationships.

**Judgment:** Compliant

#### **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 that outlined the centre's purpose. The purpose of the centre was to provide a caring service for up to four boys and girls aged 17 at the time of referral, and to support them to make a successful transition to living independently. The aftercare model of care used in the centre aimed to provide the children with learning opportunities, whilst ensuring adequate levels of support and encouragement. The statement outlined that the centre would provide outreach to children who had left the centre on attaining the age of 18 years. Staff interviewed by inspectors were familiar with the statement and the purpose of the centre.

The statement outlined that a safe, happy and purposeful environment would be provided to children to assist them to prepare for independent living and to reach their



full potential. The statement described how this care and support would be provided by the staff team. The statement listed the key policies in place in the centre and the admissions process. The three stages of the aftercare model of care were described and reflected that care would be delivered in partnership with the child and all the relevant people. The statement outlined the contract of agreement, the use of the placement plan to guide care, and the process for moving on from the centre. There were records to show that the statement of purpose and function had been provided to children as part of their admission process. Children also received a welcome booklet that included the complaints procedure.

However, the statement of purpose and function did not outline the complaints procedure or provide details about the staffing complement or the management structure.

**Judgment:** Substantially Compliant

### **Standard 2: Management and Staffing**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

### **Inspection Findings**

There were effective management structures in place to ensure clear lines of accountability and authority. The centre manager was an experienced manager who had been the interim deputy manager prior to taking up an interim position as centre manager in March 2018. The centre manager provided good leadership to the staff team to ensure good quality care was provided to the children living in the centre. The centre manager was supported by an interim deputy centre manager who was in place since June 2018. The centre manager was line managed by the alternative care manager. The staff team of 14 comprised four social care leaders and nine social care workers. The staff team was supervised by the centre manager, the deputy centre manager and the four social care leaders. Inspectors spoke with staff who were clear about their roles and responsibilities. The centre manager and the interim deputy centre manager worked five days per week and there was a formal on-call system in place for weekends whereby centre managers for other centres covered for each other.

There were a number of effective management systems in place. Although the staff had access to Tusla policies and procedures for residential centres, many of these were out-of-date. The inspector observed there was a system in place to ensure that all staff had read policies and procedures and were familiar with their content.

Communication systems were good. These included a daily shift handover meeting and a written shift planner. The inspector observed a handover meeting and observed good communication between staff members regarding the children and the plans for their day. Shift leaders were identified and tasks were allocated to staff members for each shift. Regular staff meetings, a house diary and a communication book were also used to ensure that all staff coming on duty were informed of all relevant information pertaining to the children and the running of the centre. The inspector reviewed a

sample of the minutes of weekly staff team meetings and found that all aspects of children's care and the effective management of the centre were discussed. These included agenda items on children's daily plans, review of significant events, quality and risk matters and training. Minutes of these meetings were well organised and maintained and there was a system in place to ensure that staff not at the meeting read the minutes so that they were informed about decisions made. However, the minutes lacked detail of discussions and this meant that staff not in attendance would not know how some decisions were arrived at.

Risk was well managed in the centre. The inspector reviewed the centre's risk register and found that identified risks were assessed and rated. Appropriate control measures were recorded and risks were reviewed and updated as the level of risk changed. Risks included the risk associated with children and adults living together and outside contractors coming into the centre.

Significant events were well managed. Each significant event was recorded and reported to the appropriate personnel. A log of significant events was maintained. The inspector reviewed the log and found that 34 events were listed relating to eight children and young people in the 12 months prior to the inspection. One of these related to a child currently living in the centre. All appropriate actions had been taken in relation to this event. Oversight of significant events was provided by the interim deputy centre manager and a social care worker who regularly reviewed records of significant events to ensure that all follow-up actions were completed.

There were some quality improvement practices in place. These included audits of files and of staff supervision. The centre manager had completed file audits to ensure that all required documentation was contained within files. Where gaps were identified actions were taken to ensure the documentation was received. The findings of the staff supervision audit are discussed below.

There was some external oversight of the centre by the alternative care manager who supported the centre manager through visits, supervision, and review of files. The centre manager told the inspector that she was supported and challenged by her line manager.

An up-to-date register was maintained of all the children living in the centre and it contained all the information required by the regulations.

The centre was sufficiently resourced by a stable staff team with a mix of skills and experience. Information provided for the inspection by the centre manager reflected that staff had been recruited in accordance with legislation: updated An Garda Síochána (police) vetting was either on file or in the application stage for all staff and references were in place. There were four unqualified staff on the team. The inspector sampled random dates on the rota and found that unqualified staff were not on duty without qualified staff. Live nights (staff remaining awake at night), had been introduced in May 2018 which necessitated a change in the roster. This resulted in a requirement for additional resources. An additional staff member had been recently appointed. Two agency staff were used to cover when staff were on leave. The centre manager told the inspector that when agency staff were required the same two agency staff were used to ensure continuity for the children. There was a plan in place to recruit and

appoint two permanent relief staff so that agency staff would not be required. There were no agency staff on duty in the centre on the day of the inspection.

Planning for training had improved since the last inspection. A training audit had been conducted in 2017 to identify the training needs of staff, and a training schedule had been put in place from May 2017 to May 2018. This included a plan for all staff to complete continuous professional development plans. The training schedule identified a need for training in fire safety, restrictive practices and medication management. The most recent training audit took place in May 2018 and a training schedule was in place from May 2018 to May 2019. The centre manager assured the inspector that all staff were up-to-date with all the mandatory training required by Tusla. Staff told the inspector they had received all mandatory training and additional training on topics including domestic violence.

The quality of staff supervision required improvement. Staff told inspectors that they were supported through formal supervision with their managers. An acting alternative care manager had undertaken a limited audit of supervision practice in July 2018. The audit identified that supervision was not always provided with the regularity required by the Tusla policy on supervision. In addition supervision was found to be only partially demonstrating clear oversight by managers of their teams. An action plan to address the gaps was devised by the centre manager late in August 2018 and a review of the actions to address the identified deficits was planned to ensure that actions were implemented. Some progress had been made with progressing the plan, such as the typing of all supervision records, and other actions were outstanding. The inspector reviewed a sample of supervision records and found that schedules of supervision and contracts were in place. However, supervision records reflected that supervision did not always take place with the regularity required by Tusla's supervision policy and the records maintained were brief and did not reflect discussions or rationale for decision-making.

Recording systems in the centre were organised and maintained to facilitate effective management and accountability. There were good financial management systems in place which ensured accountability. The inspector heard staff discuss expenditure and reviewed the daily records of petty cash, which were found to be well maintained.

**Judgment:** Substantially 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.

<b>Action Plan ID:</b>	MON-0025400-AP
<b>Provider's response to Inspection Report No:</b>	MON-0025400
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Date of inspection:</b>	01 November 2018
<b>Date of response:</b>	17 December 2018

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

<b>Theme 2: Safe &amp; Effective Care</b> <b>Standard 5: Planning for Children and Young People</b> <b>Judgment: Substantially Compliant</b>
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> One child did not have an allocated social worker at the time of the inspection.
<b>Action Required:</b> 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.
<b>Please state the actions you have taken or are planning to take:</b> • All children now have an allocated social worker. The child who did not have an allocated social worker during the inspection was allocated a new social worker on

21.11.18. The social worker met with the child on the 26.11.18

- In future, where there is no allocated social worker assigned to a young person, their keyworker will write to the assigned social work team leader to request a social worker be assigned to the young person. If a response is not received within 10 working days, the social care manager will raise the matter with the social work team leader. If a social worker remains unassigned 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 principle social worker. If the young person remains without an allocated social worker 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.

**Proposed timescale:**  
01/01/2019

**Person responsible:**  
Centre Manager

**Theme 4: Leadership, Governance & Management**

**Standard 1: Purpose and Function**

**Judgment: Substantially Compliant**

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

The statement of purpose and function did not outline the complaints procedure or provide detail about the staffing complement or the management structure.

**Action Required:**

Under Standard 1: Purpose and Function you are required to ensure that:  
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

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

- The centre manager in conjunction with the alternative care manager will review the purpose and function

**Proposed timescale:**  
11/01/2019

**Person responsible:**  
Alternative Care Manager

**Theme 4: Leadership, Governance & Management**

**Standard 2: Management and Staffing**

**Judgment: Substantially Compliant**

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

There were four unqualified staff working in the centre.

Minutes of staff meetings lacked detail about how decisions were made.

Supervision did not always take place with the regularity required by the Tusla supervision policy and the records maintained were brief.

**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:**

- Unqualified staff are supported to attend third level education to ensure they receive a formal social care qualification. Unqualified staff, as well as all staff, receive on-going training, supervision and the use of professional development plans to continue to enhance their professional development.
- The centre manager will ensure that team meeting minutes are reviewed and that details of how decisions were made will be included.
- A new audit tool, which can be used by the Alternative Care Manager and the Centre manager, will be introduced by the 30.01.19. 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. Audits will remain a standing item on the team meeting agenda.
- A schedule of supervision is now in place to ensure that supervision is provided as per policy. If scheduled supervision is cancelled the supervisor will schedule supervision within ten days
- The centre manager will ensure that supervision records are detailed and consistent in terms of reflecting how the SMART actions are to be implemented and the time scale for the implementation.

<b>Proposed timescale:</b> 30/01/2019	<b>Person responsible:</b> Regional Manager
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