

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 South CRC
Centre ID:	OSV-0004189
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0025125
Lead inspector:	Ruadhan Hogan
Support inspector (s):	Sharron Austin

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:
03 October 2018 09:00	03 October 2018 18:00
08 October 2018 09:30	08 October 2018 16:00

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

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

Actions required

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

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

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

The table below sets out the Standards that were inspected against on this inspection.

Standard	Judgment
Theme 1: Child - centred Services	
Standard 4: Children's Rights	Substantially Compliant
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Non-Compliant - Moderate
Standard 6: Care of Young People	Non-Compliant - Moderate
Standard 7: Safeguarding and Child Protection	Non-Compliant - Moderate
Standard 10: Premises and Safety	Non-Compliant - Moderate
Theme 3: Health & Development	
Standard 8: Education	Compliant
Standard 9: Health	Substantially Compliant
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Substantially Compliant
Standard 2: Management and Staffing	Non-Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

The centre was located on the north side of a city in the South region. It was a single story building in a residential area with a paved area to the front and a large back garden. The exterior of the house was in keeping with the surrounding residences.

The centre provided medium to long term care for four male children up to the age of 17 years. The statement of purpose and function stated that its primary purpose was to provide a structured, caring and supportive environment for children living outside the family home. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 2 parents, 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, a guardian ad litem and a Tusla monitoring officer.

Children understood their rights, could participate in decisions that affected their lives and had access to advocacy. Children's basic needs were met while living in the centre. The centre provided the children with nutritious food, appropriate clothing and the material goods they required. Their health needs were met and children were encouraged and supported to achieve to their educational potential. Children were cared for by a staff team who knew them well and who skilfully de-escalated situations where children were heightened. Children had access to specialist psychological services and the staff team acted on recommendations in the best interest of children. As a result, children benefited from stable placements where positive outcomes were possible.

Previous HIQA inspections identified issues with the premises. Since that time the centre underwent a major refurbishment. A new kitchen with central island was fitted, new flooring was installed throughout, the sitting room was updated and the open fireplace was working. Overall the refurbishment gave the centre a warm, homely atmosphere and the children told inspectors it was a very nice place to live.

Despite the outcomes for children being good and considerable improvements to the premises, the governance in the centre was inadequate.

Centre records were not easy to access and had not been well organised to support the delivery of care. Centre managers told inspectors that due to the temporary re-location of the centre to facilitate the refurbishment and inadequate information technology arrangements, records were saved on computers that staff did not have access to. In addition, documents on the computer in question were not well managed.

Inspectors found that there was a poor system in place to record and store information including direct work with children, placement planning and team meetings. As a result, inspectors found that the systems in place could not assure the centre managers that children were being provided with the appropriate intervention in a timely way.

Systems to identify and manage risk and to monitor and oversee the quality of service delivery were not adequately developed. Governance reporting systems were not effective at identifying deficiencies which needed to be addressed. While the staff team was very experienced and maintained a stable environment within which children's needs could be met, staffing resources were not managed in an effective or efficient way. Previous inspections highlighted the lack of night staff in the centre, yet no effective action had been taken to address this issue.

The actions published separately to this report outline the improvements that are required.

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

Inspection Findings

Children understood their rights and how to exercise them. The centre had appointed one social care worker as a children's rights officer however, the effectiveness of this role could not be determined as there were no records on direct work with children in this regard. Despite this, children told inspectors that their rights were explained to them and they were facilitated to exercise them.

Children had opportunities to participate in making decisions about things that mattered in their lives. While the centre did not provide inspectors with records of children's participation in house meetings, children told inspectors that they did attend these meetings where their views, requests and general house rules were discussed. If any issues could not be agreed at the children's meetings, they were fed back to the team meeting. Inspectors observed a team meeting where this feedback was discussed and actions were agreed.

Children had access to independent advocacy. Children told inspectors that a representative from EPIC (Empowering People in Care) visited the centre and met with them. One child in the centre was appointed a guardian ad litem by the courts who advocated for their best interests in relevant court proceedings. This guardian ad litem told inspectors that staff members were good at supporting the child to understand various procedures and information held in court documents, and this helped the child when engaging with their legal representative. Staff in the centre also advocated for specialist services for children along with increased access to their family and unsupervised trips away from the centre, where appropriate. A social worker told inspectors that the centre staff were strong advocates for children and challenged decisions made by the social work department on behalf of children from time to time.

The centre adopted the Tusla national policy on complaints 'Tell us'. All children who spoke with inspectors said they knew how to make a complaint and to whom. The centre manager was the person identified to manage complaints. Data provided to

inspectors by the centre indicated that there was one complaint made by children in the 12 months prior to the inspection. However, inspectors found five complaints recorded in the centre's complaints log.

Inspectors found that although individual complaints had been investigated, the process was not always strong and records did not always indicate if the child was satisfied with the outcome or not. Inspectors reviewed a sample of complaints and found they had been investigated appropriately. One complaint related to a breach of confidentiality in relation to a child's information. The centre manager recorded that a conclusion could not be reached on this complaint as there were opposing versions provided by the child and staff member. Centre records did not record discussions with the child or staff member nor was there a record of attempts to verify a third party's version of events. When inspectors asked the child about this complaint, they said they were told of the outcome but did not agree with it and were not satisfied. The record of the complaint did not reflect this view. This process was not rigorous and did not give the child confidence that future complaints would be investigated comprehensively.

Judgment: Substantially 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

The centre had adequate policy and procedures in place for admissions. A multi disciplinary central admissions committee, which included the centre manager, met monthly to consider new referrals. Comprehensive admission forms along with risk assessments were completed by the social work department on any potential new admission and were submitted to the admissions committee for consideration. This meant that the admissions committee had sufficient and relevant information to make a decision on the suitability of the centre to meet the needs of children referred for a placement. In the 12 months prior to the inspection, the centre accepted one new admission. Children had the opportunity to visit the centre prior to their admission and received appropriate information on how they were to be cared for. Each of the children who met with inspectors understood the reason for their admission to the centre. Two

children were discharged from the centre in the previous 12 months and their records were safely archived.

Not all statutory requirements were fulfilled at the time of the inspection. All three children living in the centre had an allocated social worker and an up to date care plan. Child in care reviews were held within the expected timeframes. Two of the three children living in the centre were visited by their social worker within the frequency required by the regulations, but one child did not. The exact length of time between social work visits to this child was not determinable from centre records however, the centre staff and a social worker confirmed that there was a significant gap. Centre records showed that staff emailed the social worker and asked the social worker to meet the child, who had made several requests to see them. The social worker told inspectors that due to work demands, he was unable to visit but had met the child in a café in the weeks prior to the inspection.

Good quality placement plans were in place for each child which were found by inspectors to be based on children's respective care plans. However, placement support planning required improvement. Inspectors reviewed placement plans for all children in the centre and found they were in date, very detailed and accurately reflected how the centre was to meet the needs of children. Placement support plans, which outline how the centre will implement placement plans, were either not in place for each child or could not be found by the staff team at the time of the inspection. Those that were reviewed by inspectors were found to vary in quality, as they were not always up to date. Furthermore, records of children's progress in their placement was only on file for one child. These deficiencies made it impossible for the centre to monitor and review its effectiveness in meeting the goals of each child's placement. In addition, centre records did not adequately demonstrate areas of good practice and did not identify areas of practice which may require improvement.

Children were able to maintain positive relationships with their family and friends, as appropriate. Children were facilitated to contact family members via the centre phone or if they had their own mobile phone. The centre advocated to the social work department, on behalf of children, for increased contact with families when they felt it was in the child's best interest. They appropriately facilitated contact between children and their families and provided transport for children to their family homes for visits. Staff monitored family contact visits when requested to do so by the relevant social work department. Parents who talked with inspectors were very positive about the care their children received while living in the centre and were very complimentary of the staff team.

All the children living in the centre were 16 and over. All had been referred to the Tusla aftercare service. Two of the three children had a leaving care and aftercare needs assessment completed. Two of the three children had an allocated aftercare worker. Inspectors observed staff helping to prepare meeting with someone from the aftercare service. Children who spoke to inspectors were clear on the issues that they wanted addressed as part of their aftercare service. They had been informed by staff in the centre on what they were entitled to and what they needed to do to ensure eligibility. Staff in the centre had scheduled tasks to complete with children such as how to use public transportation. Children told inspectors that the staff helped them develop independent living skills such as using a washing machine, preparing a meal and

budgeting. Children were also offered incentives to undertaken tasks in the centre such as washing the car. However, care records did not evidence that these tasks had been undertaken.

While children’s records were securely held. As stated, they were not all up to date. Two of the care files reviewed held all the required regulatory documentation such as a birth certificate, care order, medical, educational and other required reports. One file did not hold a copy of the child's birth certificate.

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’s primary care needs were met in the centre. Children told inspectors that they were given a reasonable allowance to spend on clothing that they liked and chose themselves. The centre staff arranged for children to go to a hairdresser on a monthly basis, and although one child told inspectors that this could be more frequent, they understood why this was the case. Parents who spoke to inspectors said that their children did not want for anything.

Children could participate in activities they were interested in. Children who spoke with inspectors said the staff team actively encouraged them to identify activities they liked and to attend. Staff played indoor and outdoor games with the children and the children explained to inspectors that they could also go on one big activity per month, such as karting.

Children were provided with a nutritious and balanced diet and inspectors observed staff preparing a nice meal. Meal times were observed to be a social event in the centre and inspectors saw that staff and children had meals together, and engaged in light hearted banter.

The centre operated from a defined model of care. The statement of purpose outlined that the centre provided a therapeutic environment of which five components - emotional containment, structure, support, involvement and validation - were central. Crisis management systems were described as the bedrock to this environment with a number of different approaches used to supplement these systems.

Staff in the centre responded well to behaviours that were challenging. There were adequate policies in place for the management of behaviour, the use of physical restraint and the use of sanctions. The centre used a Tusla approved model for the management of behaviours that were challenging. According to figures returned to HIQA, 94% of the staff team had up to date training in this model. The staff team knew

children well and based on discussions with children, external professionals, centre staff, inspectors found the staff team were skilful in behaviour management techniques. According to data returned to HIQA as part of the inspection, there was one incident of physical restraint, four incidents where An Garda Síochána had been called to assist centre staff, and five absences without authority from the centre in the 12 months prior to the inspection. Inspectors reviewed a sample of significant event notifications and found that that staff team had responded appropriately during each incident sampled.

Centre records and the system in place to access them were not adequate. As a result, the centre could not clearly demonstrate the interventions it had in place for children. Inspectors found that records of key working sessions on direct work undertaken with children in relation to managing their behaviour were not consistently held on children's care files. While each of the children had individual crisis management plans, the quality was poor and these plans were not regularly updated. This was also a finding of the last HIQA inspection, and the required action was not implemented. Additionally documentation to guide children's routines were not consistently completed. The deputy manager acknowledged that direct work was happening with children, but was not being adequately recorded. Poor record keeping impacted on the staff team's ability to be consistent in their responses to children, particularly in relation to house rules and agreements. One child told inspectors that requests they made elicited different responses and was dependent on which staff member they approached and the child said this was frustrating for them.

The centre discouraged negative behaviour through positive consequences and rewards. Children told inspectors that they were given extra pocket to undertake small tasks around the centre. Inspectors reviewed a consequences log which outlined that fines were applied for some dangerous behaviours such as smoking in the centre. There were multiple entries in the consequences log which showed the staff team were firm and consistent when rules were not adhered to. However there was no effective monitoring of the use of consequences to identify trends in particular behaviours and how they were responded to. As a result, the centre did not know if the use of consequences was working or not.

Children had access to specialist services when needed. Children with complex needs had access to a private psychological service. This service worked closely with the staff team and made specific recommendations on interventions to take with children. Two social workers and a guardian ad litem told inspectors that the staff team worked dynamically with this service to ensure children's needs were met. External professionals said that staff collaborated with the psychological service to ensure interventions were both planned at multi-disciplinary meetings and developed quickly when concerning behaviours warranted an urgent response. They said they were satisfied that the staff team implemented these interventions to manage risk to children and ensure children got the right service at the right time. In discussion with inspectors, professionals were very complementary of the capacity of staff to engage with children and meet their needs in line with clinical recommendations. However, this work was poorly recorded by the centre and it was not possible to identify if clinical recommendations were consistently and or fully implemented.

Judgment: Non Compliant - Moderate

Standard 7: Safeguarding and Child Protection

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

Inspection Findings

The centre was operating under a national child protection policy which was not up to date. However, staff who spoke to inspectors demonstrated an appropriate knowledge of how to make a child protection report and who to make it to. The centre manager was the designated liaison person as required by Children First 2017 but not all staff had the required training on the role of a 'mandated person' as outlined in Children First 2017. Data returned to HIQA showed that 85% of staff had completed this training and 15% or 3 out of 20 staff had not.

Child protection concerns were appropriately reported by the centre but records related to these concerns required improvement. Data returned to HIQA by the centre manager indicated that there were two child protection concerns reported in the 12 months prior to the inspection. However, the central log of child protection concerns maintained by the centre showed that in fact three concerns had been reported within that time period. Of the three concerns noted in the central log, corresponding notifications made to social work departments were not recorded on children's individual files. At the time of the inspection, one concern was closed and two remained open. It was evident from centre records that there was good communication between the centre manager and social workers in relation to two of these concerns. However, there was no record of communication between the centre manager and social work department in relation to one concern which remained open to social work for five months.

There were measures in place to protect children from abuse but they were not adequate. The centre kept a visitor's book to record the names of all visitors to the centre. On the day of the inspection, work was being undertaken on the premises which involved a number of contractors entering and leaving the building. Inspectors observed that staff were vigilant while contractors were on the premises. A national child protection practice note guided staff on safe interactions with children and children told inspectors they could go to their social worker, key workers or the centre manager if they had any concerns.

Staff in the centre were not aware of whistleblowing and protected disclosure legislation. Inspectors spoke with three staff members who did not demonstrate a satisfactory understanding of what to do if they came across a practice related to wrong doing in the centre. While inspectors did not identify any child who was not safe in the centre, this lack of basic understanding in relation to safeguarding practice did not promote a safe culture within the centre.

Judgment: Non Compliant - Moderate

Standard 10: Premises and Safety

The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard

against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Inspection Findings

The centre was homely, well kept and was in keeping with the stated purpose. There was adequate heating, light and ventilation. There were no maintenance issues. The centre had recently undergone a comprehensive refurbishment. A new kitchen with central island was fitted, new flooring was installed throughout the premises, the sitting room was updated and the fireplace was set up for open fires. Hallways, bathrooms and toilets were refitted and were found to be clean and tidy. The staff office was rearranged to provide more space. Overall the refurbishment gave the centre a warm, homely atmosphere and children told inspectors it was a very nice place to live.

The centre had an up-to-date health and safety policy and a safety statement which was made available to all staff.

The centre had two cars which were relatively new. Centre documentation showed that they were road worthy and legally insured and inspectors observed that each car was provided with safety equipment.

Previous inspections of the centre identified that there was an extremely unpleasant smell and noise from dogs in the area. Although this was not fully resolved, the deputy regional manager told inspectors that legal advice was being sought. The centre was engaging with the relevant environmental agencies to try resolve the matter.

While there were some precautions in place against the risk of fire they were not adequate. The centre had a fire safety policy which was available to all staff. Fire equipment and emergency lighting were in place and fully serviced. There was a system in place to check emergency lighting and fire alarms and although they were checked, this did not happen on a weekly basis. Daily checks of fire extinguishers and exit routes had identified deficits and were carried over from month to month without being addressed. While fire exits were unobstructed, the centre did not have adequate fire safety signage in place. Of the 17 staff in the centre, seven (20%) did not have up-to-date fire safety training. Inspectors reviewed fire drill records and found there was one fire drill recorded in the last 12 months. This was not sufficient. Written evidence that the centre complied with building and fire regulations was requested by inspectors and was awaited at the time of writing this report.

Recording of maintenance requests and responses were not adequately recorded or monitored. Inspectors reviewed the maintenance log maintained in the centre. Despite maintenance requests being made, the log had one entry for the previous 12 months, and there was no record if it was responded to in a timely way.

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

Children's right to an education and skills training where appropriate, was highly valued by centre staff. Inspectors found that the staff team actively facilitated and encouraged children achieve to their educational potential. Care plans reviewed by inspectors identified their individual educational needs and school reports, attendance and achievements were well recorded in each child's individual file. Inspectors found specialist educational assessments were completed when required and copies of assessment reports were placed on children's files.

All children in the centre were engaged in education or training at the time of the inspection. Children told inspectors that living in the centre was like living at home, in that they were expected to go to school every day and do their homework when they got home. The staff team had established a good routine in the centre and this helped the children to attend school regularly. When there were time constraints in the morning, a member of staff drove children to school. Staff in the centre spoke proudly of children's achievements in sitting state examinations. A social worker told inspectors that staff advocated strongly for children in relation to their educational and or training needs.

Judgment: 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 care needs were appropriately assessed and met. A medical examination was completed on the admission of one child that was admitted to the centre in the last 12 months. Children's files reviewed by inspectors held their medical care information and a comprehensive set of medical records, including reports from other health professionals, immunisation histories and other medical details. Children had access to specialist medical interventions when required. Care records showed that staff appropriately engaged with specialist services such as psychiatry when necessary.

The centre staff undertook some health education programmes with children. However, this work was not always captured in centre records to show it was regular and in line with children's placement plans. A social worker confirmed to inspectors that the staff

team carried out direct work with children on specific health associated topics. Children that met with inspectors said that they were encouraged to engage in exercise such as soccer, swimming and walks near local lakes to promote a healthy lifestyle. Centre records did not record the frequency of these activities or comment on their quality. The centre was smoke free and the centre staff actively discouraged children from smoking.

The centre had a medication management policy to guide staff on the safe administration of medication. The majority of staff had up-to-date training in medicines management practice. A previous HIQA inspection found that routine medication audits with action plans to ensure safe practice, were not taking place. Although two medication audits had taken place since the last inspection, they were not frequent enough to promote continuous improvement in centre practices. Furthermore, the centre could demonstrate how it had implemented the actions from previous audits.

Judgment: Substantially Compliant

Theme 4: Leadership, Governance & Management

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

Standard 1: Purpose and Function

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

Inspection Findings

The centre had a statement of purpose and function that accurately described the centre, the services it provided and to whom. According to the statement, the centre catered for four male children aged between 13 years and 17 years on admission.

The statement adequately defined the statutory and legislative functions the centre operated within. It listed key policies and was available to staff, children, families and appropriate others. The statement described the admissions procedure for the centre and reflected the day-to-day operation of the centre. Centre managers and members of the staff team were clear about the purpose and function of the centre.

At the time of the inspection, the statement was not up-to-date as it had not been reviewed since December 2016. The deputy regional manager told inspectors that the statement was under review, to ensure it fully considered the needs of children it could meet in an effective way.

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 was an appropriate governance structure in place with clearly defined lines of authority and accountability. However, the systems of management required improvement. The centre was managed by a centre manager who was supported by a deputy manager. The centre manager reported to the deputy regional manager. The centre manager was in post for approximately two years. At the time of the inspection, the deputy manager was covering on a short-term basis for the centre manager. Inspectors spoke with the deputy manager, deputy regional manager and centre staff and found that there was considerable efforts being made by the centre manager to increase staff confidence and capability in terms of delivering a quality service to the children living there.

The systems of governance did not ensure adequate oversight of the centre. Some systems had been established and were maintained. For example, there was a register of children placed in the centre and notification systems were operating well. There was a system in place to provide written reports by the centre manager to the deputy regional manager on a monthly basis. There was evidence to show that quarterly reports on the centre were provided to the Tusla national office. This included data on the care and placement planning, risk management, education, adverse events, staffing, training and supervision. However, this level of reporting did not ensure deficiencies within the service were reported in a timely way.

Centre records were not easy to access, were not well organised and did not adequately reflect the work of the centre staff with children. As a result, the centre manager, or any appropriate person assessing centre practice through centre records, could not be assured that centre practice was good. For example, in the absence of the centre manager, specific documents and records could not be accessed. Electronic records held on a laptop for the centre and on an older computer could not be accessed and paper copies were not maintained. The computer had broken down and was with a computer expert to see if these records could be retrieved. The laptop was with the centre manager who, as stated was on leave. Information requested by inspectors was not forthcoming.

Furthermore, poor practice in relation to keeping records hindered the centre manager's ability to identify where improvements could be made or where practice was good. For example, inspectors observed good communication at team meetings, and despite in-depth discussion about individual children at these meetings, meeting minutes were either not kept or were not adequate. Staff informed inspectors that team meetings were critical in the absence of consistent placement support documentation, as they were the primary method of keeping staff up-to-date on decisions about children's care and progress. Poor team meeting minutes resulted in an over reliance on verbal reports

between staff. This was not sufficient.

Risk management in the centre was poor. A national risk management policy was in place but staff were not trained in this regard. A risk register was in place. However some individual risks such as the use of mobile phones by children along with some service risks such as deficiencies in centre records were not identified with controls put in place to mitigate against them. Other risks were identified in 2016 and had last been reviewed in January 2017. Therefore the risk register was not regularly reviewed and the centre manager did not know if risks increased and reduced. Inspectors found poor risk management was identified in the last inspection yet action had not been taken to address this.

There was a system in place to monitor finance in centre. The deputy regional manager told inspectors that the use of procurement cards by named staff, and petty cash accessed by all staff was monitored and this was working well. Inspectors found that there was an over-reliance on petty cash, as named staff with permission to use procurement cards were not always on every shift.

Monitoring and oversight in the centre was ineffective. Following the last inspection, a number of actions were identified to improve practice. A system of auditing was to be developed and implemented in the centre to bring about these improvements, but these audits had not been completed. Considering the significant gaps in recording and records management in the centre, this remained a concern for inspectors.

There was a stable and well established staff team in the centre. However, existing practices did not ensure staffing resources were well utilised efficiently or effectively. As an example, there were no waking night staff in the centre. As stated earlier in this report, a buzzer was fitted in one staff bedroom to alert them to a child opening their bedroom door at night. This meant amongst other reasons, staff were wakened each time a child used the bathroom, and time off in lieu would be accrued. This time would then be taken back by staff later in the working week. This impacted on the centre managers ability to resource each shift adequately.

There was an adequate number of experienced staff employed in the centre. According to data returned to HIQA the centre was staffed by 14.93 whole time equivalents comprising of 20 individual staff members. Three staff had left the centre in the last 12 months and these vacancies remained unfilled. The staff absenteeism rate was 10% which was higher than the national average of 8%. To address these resource issues, several staff had been reassigned from another Tusla residential centre in the south region which was temporarily closed. Additionally, three whole time equivalent agency staff were in use in the centre. However, centre managers reported that some of the staff team were reluctant to accept the responsibility of shift leader when required. As a result, centre managers could not ensure that there was a child care leader or in their absence, a shift leader, on each shift.

All Tusla staff files were held centrally outside of the centre. Centre governance records provided to inspectors indicated that Garda vetting for some members of staff were outside of the two years provided in Tusla's national policy. The centre manager transferred into this centre from another Tusla centre, but was not re-vetted prior to taking up this new position. Inspectors sought written assurances from the deputy

regional manager following the inspection fieldwork in relation to staff vetting. Inspectors also requested a completed declaration by the deputy regional manager that staff records were up to date and held all the required information. A satisfactory response was received from the deputy regional manager stating he was assured that a system of audit and oversight was in place to ensure that vetting of staff was in compliance. However, the completed declaration were overdue at the time of writing this report.

Supervision of social care workers was of poor quality in the centre. Inspectors reviewed a sample of staff supervision records and found that it was not held regularly, in line with Tusla policy. Supervision meetings were not of consistently good quality as they did not include discussions about children. Not all staff who provided supervision were trained to do so.

Staff were not sufficiently trained to deliver a therapeutic service in line with the purpose and function of the centre. Two of the children in the centre had specific needs and staff did not receive training to meet these needs. According to training figures provided to HIQA as part of the inspection, there were deficiencies in core training in the following areas: Children first 2017, fire safety, manual handling, first aid and managing behaviours that challenge.

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

There were arrangements in place by Tusla to monitor this centre. A Child and Family Agency (Tusla) monitoring officer had visited the centre in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995 – Regulation 17. Inspectors spoke to the Tusla monitoring officer who said that he had visited the centre in March 2018 and reported on his findings in September 2018. The report was provided to inspectors and showed that the monitoring officer had consulted with children and staff during their visit to the centre to enquire about their welfare and happiness. The report identified issues in the centre such as the need for refurbishment, systems of reporting and staff training and qualifications. Inspectors found that an action plan from the centre manager had been written to show how recommendations made would be implemented. Inspectors found some of these actions had been addressed. For example, the premises had been re furnished. Additionally, the monitoring officer told inspectors that when he had visited in March 2018, centre governance reports were not being produced. At the time of the HIQA inspection, this had also been addressed.

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-0025125-AP
Provider's response to Inspection Report No:	MON-0025125
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	03 October 2018
Date of response:	06 December 2018

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

Theme 1: Child - centred Services
Standard 4: Children's Rights
Judgment: Substantially Compliant

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

Care records did not evidence work undertaken by the children's rights officer.

The recording of investigation of complaints was not robust and did not indicate if a child was satisfied or not.

Action Required:

Under Standard 4: Children's Rights you are required to ensure that:
The rights of young people are reflected in all centre policies and care practices.
Young people and their parents are informed of their rights by supervising social workers and centre staff.

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

A service decision has been made that young person's rights initiatives will become a standing item on the young person's house meeting from Tuesday 27th November 2018 with follow up on any relevant items at the team meeting. Checking that this

work is being completed and up to date will be the responsibility of the Deputy Centre Manager as opposed to a children's rights officer. Any outcomes and initiatives will be recorded in the minutes of the young person's house meetings and in relevant sections of the care records as appropriate.

The complaints process will be reviewed by the Centre Manager and Deputy Regional Manager and the log will be updated to reflect outcomes and to include whether the young person is satisfied with the outcome. The log will be audited by the Centre Manager on a quarterly basis to ensure satisfactory completion. The Complaints process will be reviewed with staff in a meeting on December 12th 2018

Proposed timescale:
12/12/2018

Person responsible:
Centre Manager

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:

One child did not have a visit from their social worker in line with the regulations.

Placement support planning documentation was not consistently good quality and often had not been completed.

Care records did not reflect if independent living skills had been undertaken with children.

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:

All social workers will be reminded of expectations of regular visits to young people in line with the standards at admission stage. Where an issue is identified that visits are not taking place they will be brought to the attention of the relevant Social worker in the first instance by the keyworker and escalated along line management lines if necessary. The young person referenced has a scheduled visit on 29th November 2018.

Placement support documentation will be reviewed using the team meeting forum, updated and training for placement planning has been scheduled on Tuesday December 4th for the staff team. A designated Social Care Leader will be given the

task of auditing placement plans on a monthly basis commencing December 5th 2018 Any identified deficits will be escalated to Centre Management.

Activities and initiatives that teach and develop independent living skills will be recorded in a dedicated section of the young persons' files that is titled 'Independent Living Skills'. This development will be explained and initiated at a team meeting on Tuesday December 4th 2018.

Proposed timescale:
12/12/2018

Person responsible:
Centre Manager

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

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

Documentation to evidence how interventions with children were consistently implemented in the centre was not available for inspectors to review.

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:

A review of existing documentation had commenced just prior to inspection. Expectations as to frequency and recording requirements have issued to the staff team via team meeting and memo. Keyworker sessions are now recorded and discussed at team meetings and/or supervision and held on young person's file as of September 12th 2018.

ICMPs will be updated every fortnight or as required and a briefing has been completed on best practice in ICMP creation by the interim training and development officer on Friday November 23rd 2018. Trends in consequences will be a standing item at the team meeting and any changes in response to said trends will be recorded. The placement support plan will be updated to take account of any clinical input and recommendations. An audit system will be established by December 5th 2018 whereby a designated Social Care Leader will be assigned responsibility for monthly checks on completion of an identified list of documents.

Proposed timescale:
05/12/2018

Person responsible:
Centre Manager

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

Judgment: Non-Compliant - Moderate

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

The oversight of child protection investigations in the centre was poor.

Staff in the centre were not aware of whistleblowing and protected disclosure legislation.

Action Required:

Under Standard 7: Safeguarding and Child Protection you are required to ensure that:

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

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

Child protection oversight and the associated log will be reviewed by the Centre Manager and Deputy Regional Manager every month to ensure oversight is being maintained commencing December 13th 2018.

Whistle blowing and protected disclosure legislation will be reviewed with staff at a team meeting on December 19th 2018 by the Centre Manager. Annual refreshers on these legislations will commence January 29th 2019.

Proposed timescale:
19/12/2018

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:

Some precautions in place against the risk of fire were not adequate.

Maintenance requests were not being recorded and monitored adequately.

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:

Fire equipment is checked on a daily basis. Fire alarms and emergency lighting will be checked on a weekly basis, recorded in the Fire Register as of November 30th 2018. A review of expectations regarding escalation of deficits will take place with the staff team on December 4th 2018, meeting minutes will reflect same. Additional

fire signage was added on Friday November 23rd 2018. Fire safety training has been scheduled for Tuesday the 8th of January 2019 for the full team. A fire drill will be completed every quarter, recorded in the Fire drill log. There will be additional fire drills on the admission of a young person and/or on appointment of new staff.

A new system of requesting and recording maintenance has been developed to ensure tracing of requests is robust. Monitoring of this system by the Centre Manager is in place from November 15th, 2018. This system will be subject to random check by the Deputy Regional Manager. Checks will be evidenced by signature and date. Action Complete.

Proposed timescale:
08/01/2019

Person responsible:
Centre Manager

Theme 3: Health & Development

Standard 9: Health

Judgment: Substantially Compliant

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

Records did not show that staff were engaging in one on one work with children to support them in addressing smoking habits.

Routine medication audits with action plans had not been carried out regularly.

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 record format will be introduced in the centre whereby key workers will evidence the work already completed around smoking cessation. This information will be maintained in each young person's file. A new initiative through the health promotion unit will also commence when the team have completed the associated on-line training module. The timeframe for completion of training is January 30th 2019. The new record format will be operational by December 19th 2018.

Refresher medication management training by the designated trainer has been scheduled for Wednesday November 28th 2018. The Centre Manager will undertake monthly medication audits with action plans in line with the national policy commencing November 30th 2018.

Proposed timescale:
30/01/2019

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 was not up-to-date.

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:

A review and updating of the statement of purpose and function has been completed by the Centre and Deputy Regional Manager as of November 15th 2018. Action complete

Proposed timescale:
15/11/2018

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:

The systems of governance did not ensure adequate oversight of the centre. Risk management, communication, monitoring and oversight were not sufficiently developed and implemented.

Centre records were not easy to access and had not been well organised to support the delivery of care.

Existing rostering practices in the centre did not contribute to the centre being run efficiently.

Supervision of social care workers was of poor quality.

Staff were not sufficiently trained to deliver a therapeutic service in line with the purpose and function of the centre.

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 review of existing governance systems is scheduled to take place with the Regional Manager on December 13th 2018. Minutes with associated actions will be completed

re same. In a parallel process the Centre Manager and Deputy Regional Manager will introduce a comprehensive audit system which will be implemented and maintained by Centre Management by Thursday January 31st 2019. This audit system will be subject to quarterly review by the Regional Manager commencing March 29th 2019 to monitor the completion and quality of the system introduced.

A review of the centre records system is underway which will ensure ease of access and organisation. Work on designing and maintaining a filing system which is fit for purpose is ongoing and will be completed by January 31st 2019. This work is being overseen by the Centre and Deputy Regional Manager.

The existing centre roster is compliant with the European Working Time Directive. As part of a national and regional process to implement rosters that include a waking night facility consultation has commenced with the team as of September 2018. The plan is that the practice of double sleep-ins will cease being replaced by two waking staff. The timeframe for completion of this piece of work is August 2019.

The Centre and Deputy Manager will complete an audit of supervision records for review with relevant supervisors. The issue will be a standing item on supervision completed by the Centre Manager with the Deputy Manager and Social Care leaders as to the quality of supervision. The Deputy Regional Manager will perform a similar exercise using the Supervision audit tool within the national policy and agree a plan of action in the event of identified issues.

A training audit will be completed by the Centre Manager to identify training deficits in the staff team by December 17th 2018. This audit will serve to agree a training schedule for the team for 2019. Training in the Well Tree Model of Care is scheduled for completion in 2019 as part of the regional rollout. The introduction of this Model Of Care is viewed as training that will enhance the existing skill base of the team.

Proposed timescale:
30/08/2019

Person responsible:
Centre Manager