



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	West
Type of inspection:	Unannounced
Date of inspection:	30 and 31 October 2019
Centre ID:	OSV-4199
Fieldwork ID	MON-0027950

About the centre

The following information has been submitted by the centre and describes the service they provide.

The centre is based in a large detached house in a rural location close to a major urban area.

The aim of the centre as outlined in their statement of purpose and function was to provide a specialist residential care and treatment programme for up to four young males, aged 13 to 16 years, with complex behaviours. A Tusla clinical psychologist provides individual treatment to each of the young people and provides clinical oversight and direction to staff.

The objective of the centre is to provide a high standard of care and interventions to enable each young person to address their life experiences, to develop alternative skills and coping strategies in order to live safely in their community.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	3
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- observe practice and daily life to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
30 October 2019	10:00hrs to 17:30hrs	Tom Flanagan	Inspector
30 October 2019	10:00hrs to 17:30hrs	Erin Byrne	Inspector
31 October 2019	08:30hrs to 16:15hrs	Tom Flanagan	Inspector
31 October 2019	08:30hrs to 16:15hrs	Erin Byrne	Inspector

Views of children who use the service

Inspectors spoke with the three young people who were living in the centre. They were very positive in their comments about the centre and the staff. Some of their individual comments included the following:

- "It's a very nice place to live"
- "The staff are very supportive"
- "They've helped me to get back into education"
- "The manager's office is always open"
- "I've found the therapeutic programme very hard but I'm glad I've done it!"
- "There's a very respectful atmosphere in the house"

Two of the young people told inspectors that they had developed more confidence in themselves during their time in the centre.

The young people told inspectors that they knew why they were in the centre. They explained the various ways in which they could express their own choices; at their child in care review meetings, at the weekly house meetings, and in individual meetings with staff. One young person told inspectors that they were involved in choosing colours and pictures for the house and that they could personalise their rooms with family photos and posters. Another young person told inspectors that staff encouraged the young people to pursue their interests and that this involved supporting one young person in attending music lessons and music gigs, and another young person in visiting the library.

Inspectors observed the young people in their interactions with staff and saw that they appeared to be very relaxed and that there were warm and respectful relationships between them. The young people were confident that they could raise any issues they were unhappy about with staff or with the manager and that the issues would be resolved.

Young people told inspectors that they had regular contact with their families by phone and that staff made sure they also got to see them regularly. One young person told inspectors that they particularly liked the fact that staff provided support and assistance to their family when they needed this.

Inspectors spoke with two social workers who said that they young people received a very good quality service in the centre. Inspectors also spoke with two parents who said that being in the centre had been really good for their children. They were confident that their children were safe and that their needs were being met. One parent told inspectors that they were kept informed about their child and included in all decisions. Another told inspectors that staff do their best for their child and that they were kind and loving in their approach to the young people.

Capacity and capability

The centre was well managed and the governance arrangements in place ensured that the service provided to children was safe and of good quality.

The centre had a statement of purpose which had been reviewed in May 2019. This was a comprehensive document which set out the aim, objective and ethos of the centre, and described how the centre functioned. There was also a young people's booklet which presented much of the content of the statement of purpose in child-friendly language.

There had been a change in management personnel since the previous inspection. There was an interim centre manager, who was suitably qualified and experienced, and was supported by five social care leaders. The interim centre manager reported to the interim deputy regional manager, who had previously managed the centre. The deputy centre manager's post was vacant and recruitment of a suitable candidate was underway at the time of inspection.

The interim deputy regional manager maintained good oversight of the operation of the centre. In the absence of a deputy centre manager, she provided additional support to the interim centre manager. She acted as centre manager on occasions on which the interim centre manager was absent on leave. She supervised a number of staff. She provided supervision to the interim centre manager every four to six weeks and she carried out frequent visits to the centre for the purpose of carrying out audits or reviewing documentation.

Key activities and incidents in the centre were reported to an external monitoring officer, who carried out a themed visit to the centre in June 2019 to assess compliance with specific regulations, and to make recommendations for improvements in compliance. There was evidence that actions set out in the monitoring report had been implemented.

Managers maintained good oversight of the records in the centre. Records such as the children's house meetings and significant events were reviewed, commented on and signed off by managers. Audits of supervision, care files and medication management had taken place and the centre manager carried out regular checks on health and safety issues and on the premises. The progress of the children's placements was reviewed every month and the outcomes for the children were measured every three months.

Inspectors reviewed the children's care files and found that they were well maintained. Placement plans and placement support plans were comprehensive and they addressed the needs of the children in detail. Placement support plans were updated regularly to reflect the changing needs of the children. Care files contained almost all the

documents required by the regulations. However, the medical history of one child was not on file and the most up-to-date care plan was not on file for another child. The interim centre manager had requested that these documents be submitted by the children's social workers.

Managers and staff were clear about their roles and responsibilities and managers provided good leadership and promoted service improvement. Arrangements were in place for staff to familiarise themselves with the National Standards for Children's Residential Centres 2018. Named staff assumed responsibility for researching specific standards and then presented the standards in question to the rest of the staff team. This formed the basis of staff discussions on the standards and generated ideas for service improvement. Centre staff reviewed and updated some policies in the centre. For example, the policy on how to respond to bullying had been reviewed and updated in 2019. However, centre practices in general were not supported by national policies and procedures which reflected recent significant changes in legislation, guidelines and the introduction of the new national standards. Tusla's suite of policies and procedures for children's residential centres had not been updated since 2010. In the absence of up-to-date policies and procedures, the staff team did not have some of the essential tools at their disposal to guide them in their work and to benchmark the service they provided against best practice.

There was an on-call system which operated outside of normal office hours and at weekends in order that staff on duty had access to the advice and direction of a manager should they require this. The regional manager, deputy regional manager, and four social care managers were rostered to provide this service.

There was a sufficient number of staff on duty at the time of inspection to meet the needs of the children. The centre staff team included the interim centre manager, five social care leaders, 12 whole-time equivalent social care workers and three relief social care workers. In addition, there was a part-time catering staff member and a part-time household staff member. There were two staff members on long-term leave. The staff roster was developed to run for 14 weeks with a view to ensuring consistency of staffing for the children. At night time, there were two waking staff and staff worked at night time for four of the 14-week cycle. At the time of inspection, the centre provided a maximum of three placements due to a staffing shortfall. The interim centre manager told inspectors that no new admission would take place until one of the current children, who was preparing to leave the centre, had moved to their new placement.

Risks were well managed in the centre. Managers had developed a live risk register since the previous inspection. This was reviewed regularly by managers and systems were in place for risks to be escalated to senior managers at regional level. Risk management was also an integral part of the care and support provided to the children. The assessment of risk for each child took account of their history and their current presentation. Planning to manage the risk associated with each child was evident in their placement plans. Measures to mitigate against such risks involved decisions on

issues such as the level of supervision by staff, limits to a child's unsupervised time out of the centre, rooms searches, the kinds of activities they could engage in in the community, and on their use of mobile phones. Children told inspectors that staff discussed these issues with them and that, while they might not always agree with the decisions, they understood why they had been taken.

Complaints were well managed. Children told inspectors that they were given information both verbally and in writing on their right to make a complaint and how to make it. All complaints were logged in a central register and the details of each complaint and how it was investigated were recorded. The outcome of the investigation and whether or not the complainant was satisfied with the outcome were also recorded. The complaints log for 2019 showed that there were 10 complaints, including complaints from each of the children. There was evidence that the complaints were taken seriously and investigated thoroughly. Each was resolved to the satisfaction of the complainant. Children also told inspectors that staff took their complaints seriously. One child told inspectors that, if there was any difficulty with resolving a complaint, they would talk to the interim centre manager and that she would sort it out.

Significant events were responded to appropriately. Records of these events were well maintained and the significant events were reported to social workers, the monitoring officer, guardians ad litem and parents. Managers maintained good oversight of these events and reviewed and signed off on the records promptly. Where appropriate, managers commented and provided guidance to staff on any further actions required. Tusla had a monthly significant event review group (SERG) meeting for the West service area and this was attended by the interim deputy regional manager with responsibility for the centre. On occasion, significant events which occurred in the centre were selected for presentation and discussion at these meetings. The minutes of these meetings were made available to the interim centre manager and staff each month for learning purposes and any recommendations in relation to significant events in the centre were considered.

Team meetings were held every two weeks. The agenda for team meetings was comprehensive and always included discussion of issues relating to each of the children. All staff were rostered to attend except when they on leave or when they were coming off or going on to an evening or night duty. The average attendance was approximately seven staff. A staff task sheet was attached to each meeting's minutes. The culture of learning in the centre was also reflected in the fact that there were other forums available for staff to reflect on their work with the children. "Problem-solving circles" took place approximately once a month and "breakfast meetings" were also held to discuss topical issues of practice or issues related to the work staff undertook with children.

There was a strong commitment to supervision of staff in the centre. Inspectors examined the supervision files of the interim centre manager and five members of staff. Each supervision file contained a supervision contract. In all cases, supervision sessions were held every four to six weeks. Supervision records were of good quality and included discussion of the staff member's individual work with the children.

Standard 2.4: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Regulation 16: Records

A care record was maintained for each child and was kept in a secure place. The records created by staff were comprehensive and up to date. However, not all of the care records contained all the information specified in the regulations. The medical history of one child and the most up-to-date care plan for another child were not on file. The interim centre manager had already identified these deficits and requested the documents from the children's social workers.

Judgment: Substantially compliant

Standard 3.3

Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Regulation 15: Notification of significant events

Children and their parents were aware that they could raise concerns, make complaints or suggest improvements. Incidents were clearly identified and there were procedures in place to ensure that they were responded to in an appropriate, timely and effective manner. Complaints, concerns and incidents were recorded as significant events and were notified to all the relevant people. Social workers and parents told inspectors that they received timely information. There was a system in place to review significant events and to ensure that learning took place as a result.

Judgment: Compliant

Standard 5.1

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

Regulation 5: Care practices and operational policies

The provider ensured that the centre operated in line with relevant legislation and standards. For example, arrangements were in place for the staff team to familiarise themselves with the new National Standards for Children's Residential Centres (2018) and to benchmark the service they provided against them. Individual standards were allocated to specific staff members for research, and these staff presented the standards to the staff team for discussion, learning, and to identify improvements in the service.

Key activities and incidents in the centre were reported to an external monitoring officer, who carried out periodic visits to the centre to assess compliance with certain regulations and to make recommendations for improvements in compliance.

Staff demonstrated an understanding of the relevant legislation, regulations, and standards and this was reflected in all aspects of their practice. However, many of the policies and procedures that informed the operation of the centre were out of date and did not reflect current national standards or legislation. This did not support the interim centre manager's ability to ensure all aspects of the service were provided in line with national standards and current legislation.

Judgment: Non-compliant moderate

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

There was a management structure in place with clearly defined lines of authority and accountability. The interim centre manager was experienced and competent. She provided effective leadership and ensured that there was a culture of learning within the staff team.

The management and governance arrangements in the centre ensured that the care and support delivered to children was child-centred, safe and effective. All aspects of care were subject to regular review. A risk management system was in place and risks were well managed.

The interim centre manager was well supported by the interim deputy regional manager and by five social care leaders. However, the post of deputy centre manager was vacant and this presented a challenge to the interim centre manager in terms of workload.

Judgment: Substantially compliant

Standard 5.3

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

The centre had a statement of purpose which clearly set out the aims, objectives and ethos of the service. It also outlined the model of care, the services provided and the management and staffing of the service.

The statement of purpose was reviewed and updated in May 2019.

Judgment: Compliant

Standard 5.4

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There was a culture of review and learning in the centre and there were effective mechanisms in place to monitor and evaluate the quality safety and continuity of care provided to children.

The interim centre manager and the interim deputy regional manager carried out audits of practice and ensured that actions arising from these were implemented. The interim deputy regional manager maintained trackers of actions arising from monitoring visits and HIQA inspections. She reviewed these trackers on a regular basis with the interim centre manager to ensure that all actions were addressed.

The care provided to the children was subject to regular review in statutory child in care review meetings and in reviews of the treatment programme. There was also good practice in relation to the identification, recording, management and review of complaints and concerns.

Children and their parents/guardians were involved in reviews of their care and their views on the operation of the centre were sought on a regular basis. The children were also invited to complete exit questionnaires before their placements ended.

Judgment: Compliant

Quality and safety

Staff provided child-centred care and the children were involved in decisions about all aspects of their care and welfare. Each child was supported to engage in the treatment programme and any services that were identified to address their needs. They were also supported to pursue their hobbies and interests.

The premises was spacious yet homely. It was clean, bright and warm. Each child had their own room. One child showed inspectors his bedroom, which was decorated according to his own taste. Children had sufficient storage space for clothes and personal belongings. There were two bathrooms, one of which was being renovated at the time of this inspection. The general environment in the centre was stimulating and children had sufficient space and facilities for recreation, both indoors and outdoors. External facilities included a basketball court and a playground. There was a games room indoors which contained a pool table and a small sitting room for a play station. There was a large sitting room and a kitchen-cum-dining room. An annex to the main house contained a room used for family meetings and a room used for the treatment programme and, occasionally, for key working sessions. While the premises was generally well maintained, and any maintenance issues were reported promptly, there

was an undue delay in resolving some maintenance issues.

The safety of the children was prioritised. Each child had a safety plan. This was explained to the child by their keyworker and then signed by the child. The centre had a safeguarding statement and a range of protective measures. Staff implemented Children First (2017) by reporting any child protection and welfare concerns to the relevant social work department. Risk assessments were carried out based on each child's history and experience and in relation to any new risks that emerged. The ongoing safety of each child in the various situations in their lives was a feature of their treatment programme and their key working sessions.

The approach by staff to promoting positive behaviour and managing behaviour that challenged was multi-faceted. Staff were trained in a Tusla-approved approach to managing behaviour. Each week they met with the psychologist who provided individual assessment and treatment to the children and gave staff guidance in relation to their work with the children. The model of care which guided the practice of staff provided an overall a framework for recording and measuring the impact of the care on the child's general wellbeing.

Children's child in care reviews took place in line with regulations. Care plans were detailed and comprehensive and the actions set out were implemented. Two of the three children had up-to-date care plans on file. While the minutes of one child's most recent child in care review were on file, the care plan arising from this review had not yet been received from the social work department. This had been requested by the interim centre manager.

There was good communication between centre staff and key people involved in the children's lives. Records showed that staff were in regular contact with other professionals such as school and training centre personnel and specialist services in the community. Children's social workers told inspectors that staff were in regular contact with them and kept them informed. They also met them at child in care reviews and for reviews of the children's treatment programmes. There was good practice evident in the relationships between the centre staff and the parents of the children. One staff member was assigned as a family support worker for each of the children's families. Parents told inspectors that they felt included in decisions about their children's care and that centre staff provided them with practical assistance and emotional assistance when appropriate.

The centre had a fire safety statement and a range of fire prevention measures were in place. Fire fighting equipment was serviced on an annual basis. The emergency alarm and lighting was checked quarterly. While evidence of the most recent quarterly checks was not available to inspectors, the interim centre manager submitted this following the inspection. Staff were trained in fire safety and fire drills, which included the

participation of staff and children, were held monthly. There was no evidence that children had participated in a night-time fire drill. The interim centre manager organised a night-time fire drill immediately following the inspection and submitted a copy of the record. Records of fire drills showed that the time taken to evacuate children from the centre was too long and this needed to be improved. For example, according to five of the eight records examined, it took between six and 10 minutes to evacuate the children.

The vehicles assigned to the centre were checked weekly in a local motor centre for a range of safety issues. Staff also carried out their own weekly safety checks which were appropriately recorded.

Standard 2.1

Each child's identified needs informs their placement in the residential centre.

The centre had an admissions policy which was clear and comprehensive. The provider worked with the child's allocated social worker to ensure that the placement was suitable to the child's needs. Referrals were considered by a referrals committee, which comprised managers from the residential service, key professionals involved with the young person, and a clinician from the psychology service.

Children were given information about the proposed placement and an opportunity to visit, meet other children and staff, and stay over prior to their admission.

One child was admitted to the centre since the previous inspection. The admission's policy was adhered to and careful consideration was given to the ability of the centre and staff team to meet the child's needs. One the day of inspection, inspectors and a member of staff could not locate the collective risk assessment which considered the needs and rights of the children already living there in relation to the new admission. The regional manager subsequently provided an assurance that the collective risk assessment had been completed prior to the admission and that it was on the child's file.

Judgment: Compliant

Standard 2.2

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Regulation 23: Care Plan

Regulation 24: Supervision and visiting of children

Regulation 25: Review of cases

Regulation 26: Special review

Child in care reviews were held in line with regulations for each child and the children and their parents/guardians were actively involved in the planning process. Centre staff developed detailed placement plans for each child that were relevant to their assessed needs. Each child had an allocated social worker, who visited the children. Staff told inspectors that there was good and effective communication between the staff team and the children's social workers, and social workers confirmed this.

While up-to-date care plans were in place for two of the three children, the most up-to-date care plan was not in place for one child, who had had a recent change of social worker. There was evidence that the interim centre manager had contacted the social work department on a number of occasions to request this care plan. While minutes of the child's child in care review had been received, the care plan had not.

Judgment: Compliant

Standard 2.3

The children's residential centre is homely, and promotes the safety and wellbeing of each child.

Regulation 7: Accommodation

Regulation 12: Fire precautions

Regulation 13: Safety precautions

Regulation 14: Insurance

The layout and design of the centre was suitable for providing safe and effective care for children. The premises was spacious, each child had their own bedroom and there were adequate indoor and outdoor recreational facilities. Health and safety checks were carried out regularly to prevent accidents and reduce the risk of injury. Systems were in place to appropriately record, report and manage any incidents or injury that may occur. While the majority of maintenance issues were responded to quickly, some repairs were still outstanding after a prolonged period of time.

Centre records showed that the vehicles in use by the centre were appropriately serviced and that they were checked weekly by staff and in a local motor centre.

Fire precautions were in place and fire safety equipment was serviced regularly. Following the inspection, the interim centre manager submitted evidence that quarterly checks on the alarm system and emergency lighting were up to date and that a night time fire drill had been carried out with staff and the children. The time taken to evacuate children during fire drills was not appropriate.

Judgment: Substantially Compliant

Standard 2.5

Each child experiences integrated care which is coordinated effectively within and between services.

There was good communication between the centre and other services involved in the care of the children. Staff ensured that the children and their parents/guardians were included in the decision-making process and kept informed of progress.

While referrals to the aftercare service were made by the children's social workers, there was good collaboration between centre staff, social workers and other services involved to ensure that appropriate arrangements were in place for children leaving care.

Good practice was evident in the level of support that the centre planned to provide to a young person leaving care, including the involvement of a staff member in facilitating the transition of the young person to their new placement and a commitment to a number of outreach visits to the young person following discharge.

Judgment: Compliant

Standard 2.6

Each child is supported in the transition from childhood to adulthood.

Staff supported each child in their preparation for leaving care and in their transition to adulthood. Young people told inspectors that they had developed independent life skills while in their placements and the records of key working reflected this. Young people were actively involved in planning for their future in collaboration with the staff team, their parents/guardians and with other professionals. There was also evidence that, when a young person was preparing to leave care, they were encouraged to assume more responsibility.

One young person who was about to leave the centre had an allocated aftercare worker. An assessment of need had been completed and an aftercare plan was in place. The young person also had a detailed transition plan and there was evidence of its implementation. While work had been carried out with another young person in relation to leaving care, there had been a delay in the engagement of an aftercare worker and no assessment of need or aftercare plan were in place as yet. While the interim centre manager advocated on behalf of the young person and had meetings with the social work department to progress the work on aftercare planning, the young person had complex needs and required timely assessment of and planning for their aftercare needs.

Judgment: Substantially compliant

Standard 3.1

Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Children were safeguarded in the centre and their care and welfare was protected and promoted. The centre had an up-to-date safeguarding statement, all staff had Garda Síochana vetting, and staff had a good understanding and working knowledge of Children First: National Guidance on the Protection and Welfare of Children (Children First), 2017.

The interim centre manager was the designated liaison person for the service and ensured that all child protection and welfare concerns were reported appropriately to the social work department.

Safety plans were in place for each of the children and staff ensured that any risks to the children's wellbeing were identified and addressed. There was good evidence of staff engaging in discussion with children about their safety. Children were encouraged to develop self-awareness in relation to their safety and to take responsibility for maintaining their own safety. They were able to tell inspectors about measures, such as contact with specialist services in the community that were in place to protect and safeguard them. Children discussed issues of safety with their keyworkers and were aware that any restrictions in relation to issues such as their free time, their use of devices such as mobile phones, or room searches, were in place to promote their safety.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behavior.

Positive behaviour was promoted by centre staff and behaviour that challenged was well managed in the centre.

Staff were skilled in promoting positive behaviour. They attended training on the centre's model of care, which provided a framework for positive behaviour support. They met weekly with the psychologist, who provided assessment and treatment to the children. There was also a monthly training and consultancy led by the principal psychologist and the psychologist assigned to the centre. This supported the team and provided guidance to staff in understanding and responding to the children's needs and their behaviour. Staff were also trained in the practice of a Tusla-approved approach to managing behaviour. Records showed that behavioural issues were discussed with children in key working sessions and, when appropriate, in a group context in house meetings.

Physical restraint was not used in the centre. When restrictive practices were used,

they were appropriately risk assessed, recorded and reviewed.

Judgment: Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 2.4: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Substantially compliant
Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Compliant
Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Non-compliant moderate
Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Substantially compliant
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Compliant
Quality and safety	
Standard 2.1 Each child's identified needs inform their placement in the residential centre.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Substantially compliant
Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.	Compliant
Standard 2.6 Each child is supported in the transition from childhood to adulthood.	Substantially compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Compliant
Standard 3.2 Each child experiences care and support that promotes positive behavior.	Compliant

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-0027950
Provider's response to Inspection Report No:	MON-0027950
Centre Type:	Children's Residential Centre
Service Area:	West
Date of inspection:	30 October 2019
Date of response:	4 December 2019

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

Capability and Capacity

Standard : 2.4

Judgment: Substantially compliant

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

The medical history of one child was not on file.

The most up-to-date care plan for one child was not on file.

Action Required:

Under Standard 2.4: You are required to ensure: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

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

The medical history for one child has been received by the centre and is placed on their file.

The child in question is scheduled for Child in Care Review on 10/12/2019. The updated care plan will be obtained and placed on the child's file following this.

**Proposed timescale:
31/12/2019**

**Person responsible:
Centre Manager**

Capability and Capacity

Standard : 5.1

Judgment: Non-compliant moderate

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

Many of the policies and procedures that informed the operation of the centre were out of date and did not reflect current national standards or legislation.

Action Required:

Under Standard 5.1: You are required to ensure: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

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

A National suite of Policies and Procedures for Children's Residential Services are in the process of being developed. The area has representation on the oversight group through whom the Managers and Staff are contributing. The timescale for implementation of the new policies is Q4.

In the interim all new developments, practice improvements, changes to Policy and Regulations are discussed at National, Regional and local team meetings as well as through the supervision process to ensure that the Centre is kept informed and adjustments are made to practice to keep current and abreast of changes.

**Proposed timescale:
31.12.2020**

**Person responsible:
Regional Manager West**

Capability and Capacity**Standard : 5.2****Judgment: Substantially compliant****The Provider is failing to comply with a regulatory requirement in the following respect:**

The post of deputy centre manager was vacant.

Action Required:

Under Standard 5.2: You are required to ensure: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

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

A process is advanced to fill the post of Deputy Social Care Manager and the interviews are scheduled for the 18th December 2019.

**Proposed timescale:
03/01/2020**

**Person responsible:
Deputy Regional Manager**

Quality and Safety**Standard : 2.3****Judgment: Substantially compliant****The Provider is failing to comply with a regulatory requirement in the following respect:****Action Required:**

Under Standard 2.3: You are required to ensure: The children's residential centre is homely, and promotes the safety and wellbeing of each child.

Some repairs and maintenance issues were not addressed in a timely manner. The time taken to evacuate children during fire drills was not appropriate.

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

The Centre Manager has a meeting with the head of the maintenance department on 09/12/2019 to discuss a timely response to all maintenance issues. Any future issues of delays over four weeks will be escalated to the Deputy Regional Manager for action.

The Centre Manager discussed the requirement for prompt and efficient evacuation of children during fire drills at the staff meeting on the

06/11/2019. This in turn will be discussed at the young people's meeting on 03/12/2019 and evacuation timings will be monitored in the audits.

**Proposed timescale:
16/12/2019**

**Person responsible:
Centre Manager**

Quality and Safety

Standard : 2.6

Judgment: Substantially compliant

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

Action Required:

Under Standard 2.6: You are required to ensure: Each child is supported in the transition from childhood to adulthood.

There was a delay in the engagement of an aftercare worker and no assessment of need or aftercare plan were in place for one young person with complex needs.

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

The assessment of need for this child was completed on 28/11/2019. A special child in care review is scheduled for the 10/12/2019 to determine their future care plan and inform the aftercare plan.

**Proposed timescale:
31/12/2019**

**Person responsible:
Centre Manager**