

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 West CRC
Centre ID:	OSV-0004199
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0024622
Lead inspector:	Sharron Austin
Support inspector (s):	Caroline Browne

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:
11 September 2018 09:30	11 September 2018 17:30
12 September 2018 09:00	12 September 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	Compliant
Standard 6: Care of Young People	Compliant
Standard 7: Safeguarding and Child Protection	Non-Compliant - Moderate
Standard 10: Premises and Safety	Substantially Compliant
Theme 3: Health & Development	
Standard 8: Education	Compliant
Standard 9: Health	Compliant
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Compliant
Standard 2: Management and Staffing	Substantially Compliant
Standard 3: Monitoring	Compliant

Summary of Inspection findings

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. This programme is underpinned by a trauma informed approach and is available for up to four young people aged 13 to 16 years with complex behaviours. Clinical oversight, consultation, and direction to staff is provided by a specialist psychology team comprised of a principal clinical psychologist and a senior psychologist, who also work directly with each young person in the centre. At the time of the inspection, there were 2 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 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 a number of external professionals which included a social worker, social work team leader, guardian ad litem, senior psychologist and the Tusla Quality Assurance Monitoring officer after the inspection.

The ethos of the centre was at the core of the model of care being provided to the young people by a dedicated and vibrant staff team. Staff were knowledgeable about the emotional and psychological needs of the young people in their care. Young people told inspectors they were happy living in the centre and felt safe. Placements were supported by comprehensive care and placement plans and residential treatment plans, that were developed for each young person to help them with their specific complex needs. Care files demonstrated the inclusion of young people and their families within these planning processes. Each young person had an allocated social worker and a guardian ad litem, who attended monthly programme meetings to review the young people's residential treatment plans and advocate for the young people.

Young people's rights were reflected in centre policies and practices. The level of consultation with young people in relation to their residential treatment plan and all aspects of their care was good. Young people were communicated with in a respectful and positive manner and staff were cognisant of the individual level of need of each young person. Practice in relation to children's right to privacy and dignity was generally good; however, the practice of night checks did not fully promote this.

There was an effective governance and management structure in place to support overall service delivery. Staff and managers demonstrated sufficient knowledge and practice in the model of care being provided and in safeguarding and child protection. A number of systems were in place to ensure there was good communication, leadership and accountability. Current staffing levels were adequate to ensure the level of care required for young people; however, there were gaps in the mandatory training requirements for a number of staff.

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

There were systems in place to ensure that the rights of young people were respected and promoted. Young people who met with the inspectors were aware of, and supported to exercise their rights and knew that they could access their care records should they wish to read them. A comprehensive information booklet was given to young people on admission which clearly outlined all aspects of living in the centre including information on young people's rights.

Centre policy and practices facilitated and promoted young people's right to privacy and respect; however, the practice of night checks did not support this. This was discussed with the acting manager at the end of the inspection who said that a staff member checks each young person at least once during the night. While the young people who met with the inspectors did not raise this as an issue, there was little or no evidence to support that this was a risk based practice as opposed to a routine and unnecessary procedure. Young people were communicated with in a respectful and positive manner and staff were cognisant of the individual level of need of each young person. This was observed over the course of the inspection.

The level of consultation with young people in relation to their care was good and was achieved through a number of forums such as young people's meetings, key work sessions, weekly planning of their appointments and activities, menu planning, child in care reviews and placement management meetings. This was clearly recorded in care files reviewed by inspectors. Parents interviewed confirmed that they were invited to meetings about the young people's care and were given opportunities to express their views and opinions. House meetings were held every two weeks and the young people who met with inspectors said they liked the meetings and could bring up any issues or requests which would then be brought to the staff team meeting. A review of the minutes of these meetings found that a restorative practice approach was taken by staff during their discussions with young people. This approach supported young people to problem solve well and that responses to issues were proportionate and fair. Observation of a staff meeting during the inspection showed that issues raised in the

house meetings were discussed and young people were given feedback on decisions made.

The centre operated within Tusla's national policy for the management of complaints. Complaints were recorded in a central register of complaints which provided managerial oversight of complaints. A review of this register by the inspector found that 11 complaints had been made since September 2017. While the majority were dealt with in a timely manner to the satisfaction of the young person, two (18%) complaints made in April 2018 did not have a recorded outcome. Data provided by the acting manager after the inspection reported that 10 complaints had been made in the 12 months prior to inspection and all were closed to the young person's satisfaction. However, this was not clearly recorded in the review of the complaints register during the inspection.

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 a clear admissions policy. All referrals were considered by the regional manager in conjunction with the centre manager, a principal social worker and the senior psychologist who works directly with the young people in relation to their residential treatment plans. A collective risk assessment was completed to assess the eligibility of each young person referred for a specialist residential placement and to assess the impact of a new admission on the other young people already living in the centre. Once accepted, pre-admission meetings were held and pre-admission assessments were carried out and the young person and their family were invited to visit the centre prior to admission. These assessments and meetings were well recorded in young people's care files. Each young person was assigned a case manager, key worker and a family link worker on admission. There was one admission to the centre in the 12 months prior to the inspection in line with the admissions policy. The young people who met with the inspectors understood the reason for and the purpose of their placement, and both knew what was expected of them and engaged with professionals and staff in their residential treatment plan. The young people were provided with

appropriate information in relation to all aspects of their care.

The statutory requirements in relation to both young people were in place. Each young person had an allocated social worker and centre records showed that they visited and were in regular contact. Care planning and review processes were generally within the required timescales and care plans were up to date; however, a child in care review was overdue for one young person but was scheduled to take place at the end of September 2018. Parents and young people told the inspectors that they attended review meetings. Preparation for review meetings was evident from records of direct work sessions completed by staff with the young people.

Placement plans and placement support plans were in place for each young person and were comprehensive and of good quality. Staff also completed a placement plan evidence record (PPER) which documented if a formal key working session or an informal discussion took place with the young person on a particular topic linked to the goals within their placement plan. A placement progress report was completed monthly. Each young person also had an integrated residential treatment plan as part of the model of care provided by the centre. Individual sessions with each young person were completed on a weekly basis by the senior psychologist. A room to the rear of the centre was the designated area for young people to meet with the psychologist in relation to their residential treatment plan. The young people engaged well with the programme and they told the inspectors that while sometimes this was challenging, they liked meeting with the psychologist.

Programme meetings were held on a monthly basis between the staff team, senior psychologist and other external professionals including social workers and guardians-ad-litem. Staff were accountable for the work undertaken with the young people since the previous meeting. Decisions made following a review of each young person's integrated residential treatment plan were then incorporated into their placement and placement support plan. External professionals interviewed told inspectors that while the treatment programme is a formal and structured process, they were satisfied that the young people adapted to the programme and were happy to engage with the psychologist and staff to achieve their specific goals.

Young people were able to maintain positive relationships with family and friends as appropriate. Each young person was assigned a family link person and parents interviewed spoke positively about the centre. There was a family room in the centre which provided private space for young people to have family visits without impacting on other young people. Parents interviewed told inspectors they were kept informed about all events in the young person's life and are invited to participate in meetings and other events related to the young person. Parents also spoke positively about the care provided to the young people and that staff were very supportive of them.

Both young people living in the centre were 16 years of age. One had been referred for an aftercare service and a referral was in progress for the other young person. External professionals told inspectors that while referrals to the aftercare service were completed once the young person turned 16 years, not all young people get an allocated aftercare worker or a formal aftercare plan in a timely manner. The regional manager told the inspector that if this was the case, there was an escalation process in place. Staff actively encouraged and facilitated the young people to develop their social and

independent living skills.

Discharges took place in a planned manner. There was one discharge in the previous 12 months to a private residential service.

Young people's records were kept securely and information was accessible. Care files reviewed held all the required regulatory documentation such as a birth certificate, care order, medical, educational and other required reports.

Judgment: Compliant

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

Leisure activities, hobbies and interests for young people were encouraged and promoted by staff. The young people in the centre spoke about the activities and opportunities they had which included golf, music lessons, cooking, baking, going to the gym and other physical activity such as walking. External professionals and parents told the inspectors that staff were very proactive about the young people's interests and cared for them in a positive and respectful way. Young people's physical needs were met in terms of food, clothes and material goods. The young people received a basic rate of pocket money based on their age and also had the opportunity to gain extra money by the completion of a specific household task at the weekend. Both young people had bank accounts and were encouraged to save money. Records were kept of pocket money for each young person. The young people who met with the inspectors said they had a sufficient allowance for clothing, enjoyed shopping for clothes and were encouraged to make choices about their personal appearance and clothing.

Inspectors observed healthy nutritious meals being provided to the young people which were prepared by a part-time cook and or by staff or staff with the young people. Staff were aware of healthy eating practices. One young person loved to bake and inspectors had the opportunity to taste these treats and joined staff and young people for lunch on both days. A new open plan kitchen/dining area had been developed since the last inspection and this was observed by inspectors as being the hub of the house, where young people and staff sat around and chatted and interacted in a relaxed manner.

Direct work with young people in understanding their cultural identity was carried out by staff and the centre recognised the importance of family. Parents interviewed could not say enough about the care and positive support provided by the staff and managers. The young people who met with the inspectors spoke positively about the staff who supported them in their care and treatment plans and said they could talk to staff about any issues arising or if they were worried about anything.

The centre operated from a trauma informed approach to understanding the young person in the context of their overall life experiences. The model emphasises physical, emotional and psychological wellbeing as paramount and supported the provision of a specialist residential service for young people with specific complex behaviours. Clinical oversight, consultation, and direction to staff was provided by a specialist psychology team comprised of a principal clinical psychologist and a senior psychologist who meets with each young person in the centre. Staff and managers interviewed were very clear on the model of care and the residential treatment plans that were developed for each young person. Sixteen staff (84%) had received training in the specialist model of care. This model was operating alongside the Child and Family Agency approved approach to crisis intervention, and 85% staff had up to date training in this approach, which did not include the physical restraint element of the model. The young people told the inspectors that they understood what was expected of them within their residential treatment plan and met with the psychologist individually each week. They also spoke about the staff who supported them in their treatment plan.

The staff team had a good understanding of each young person's behavioural support needs and were consistent in their approach. Each child had an individual crisis management plan (ICMP) and an absence management plan (AMP) as part of their placement support plan and a safety plan as part of the residential treatment plan which were subject to regular review as seen on the young people's care records. External professionals and parents interviewed were positive about the support the young people received from staff in relation to their specific needs.

The centre maintained a consequence log. A review of this log found 48 consequences were recorded from September 2017 to August 2018 and related to behavioural issues such as property damage, unsafe behaviour in the car and access to electronic games and other media that were not age appropriate. While the recorded consequences were found to be reasonable, age appropriate and proportionate to the behaviour being addressed, it did not always record which young person received the consequence. Inspectors found that five audits of the consequence log had been completed by the centre manager in 2017. Information provided by the centre manager after the inspection reported that a further four audits had been completed in 2018.

Data provided by the acting manager showed that there had been no incidents of the use of physical restraint, physical interventions or environmental restraint in the 12 months prior to the inspection. This was confirmed by the young people who met with inspectors. Inspectors reviewed a sample of significant event notifications and found that care practices and interventions by the staff team were appropriate and well contained.

There were 11 absences without authority from the centre in the 12 months prior to the inspection. Staff followed policies and procedures in each incident and reported them to relevant persons. External professionals and parents interviewed were satisfied that they were kept informed of any incidents in relation to the respective young people.

Judgment: Compliant

Standard 7: Safeguarding and Child Protection

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

Inspection Findings

Inspectors found that there were effective safeguarding practices in place and child protection concerns were reported in line with Children First (2017). Staff implemented safe care practices and there was a high level of supervision of the young people in the centre. Staff who spoke to inspectors demonstrated good knowledge about their role in safeguarding young people. A Tusla national child protection practice note guided staff on safe interactions with young people. The young people who met with inspectors said they felt safe living in the centre and could speak with staff or their social worker if they had concerns or a complaint they wanted to make. External professionals and parents interviewed were satisfied that the young people were cared for safely. Data provided by the acting manager reported that all staff (100%) had completed training on Children First 2017 which included the introductory Tusla e-learning module and a secondary module on Children First in Action. Training records of staff reflected this. The number of staff with up to date vetting could not be confirmed at the time of the inspection as staff files were maintained centrally within the Tusla National Personnel Records (NPR) department. Some staff details were provided by the acting manager following the inspection which did not include vetting. The regional manager and acting manager were satisfied that vetting was in place for staff; however, written evidence of up to date vetting of staff was awaited at the time of writing the report.

Staff told inspectors that there was a culture of openness within the centre and said that a member of the management team was always accessible to discuss any concerns they may have. There was a protected disclosures policy in place which staff were familiar with. One child protection concern had been reported in March 2018 and remained open at the time of the inspection. The young person involved also made a complaint in August 2018 about the length of time the concern was taking to be addressed. Inspectors found it difficult to find up to date information regarding this concern from a review of the files as records were not chronological. The deputy manager provided clarification in relation to the matter and outlined what meetings had occurred to address this. This was confirmed by the social work team leader as the allocated social worker was on planned leave during the inspection, who acknowledged the delays in progressing the matter due to difficulties in carrying out interviews with relevant persons involved. Notwithstanding this, the delay in bringing the matter to a conclusion was frustrating for the young person involved as the family access arrangements in place were now supervised.

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 premises was suitable for the residential care of young people as outlined in its statement of purpose. On entering the centre, there was a sense of coming into a person's home rather than a residential centre which was complimented by the finishing touches in the design, décor, furnishings and artwork. The young people who met with the inspectors liked living there and external professionals were positive in their views on the ambience in the centre. Significant renovation had been carried out on the ground floor which saw the installation of a new kitchen/dining area which provided an open plan area. Inspectors observed this area being the hub of the house where young people and staff chatted and interacted in a relaxed manner. Young people's bedrooms had new furnishings and fittings which provided more comfort and storage for personal items. This was commented on by the young people who met with the inspectors.

The centre was spacious, well maintained, clean and had a part-time housekeeper. It was adequately lit, heated and ventilated. There was sufficient private and communal space for the young people. The centre was located on substantial grounds with sufficient parking and recreational facilities, including an enclosed basketball/tennis court. A family room and games room were accessible to the rear of the centre which provided private space for visits. Another room to the rear of the centre had become the dedicated space where the young people met with the psychologist as part of their residential treatment plan and had appropriate and sufficient furnishings and décor.

The use of closed circuit television (CCTV) was in operation in the centre. There were six external and three internal cameras. The CCTV footage from the external cameras was digitally recorded and held for 30 days, at which point it was deleted. The three internal cameras were located on the bedroom corridor and the stairway with no footage recorded. The purpose of its use internally as described in the centre's policy and during interviews with staff, was to assist in the monitoring of young people's movements at night so as to supervise in a non-intrusive manner. Staff were very clear that the use of CCTV was not a substitute for adequate supervision and inspectors observed this to be the case throughout the inspection. There was a CCTV viewing monitor in both staff offices and the inspectors observed the monitors in operation all day as opposed to just at night time. This was not reflected in the policy reviewed during the inspection. The young people who met with the inspectors were aware of it and did not see it as impacting on their rights. However, the use of CCTV was not subject to regular review to ensure its necessity and effectiveness.

Inspectors observed the centre to be well maintained and in good repair. A review of the maintenance log demonstrated that it was not always clearly recorded if repairs had been completed. Staff and managers interviewed said that issues were generally followed up in a timely manner. The inspector brought an outstanding maintenance requirement to the attention of the acting manager in relation to water temperature. This had been raised by an external service provider in February 2018 and subsequent emails to the maintenance department were evident. It was not clear from the log if the matter had been addressed. At the time of writing the report, the acting manager was seeking written confirmation from the maintenance department on this issue.

Risk was effectively managed in the centre. The centre maintained risk assessments in relation to the centre and to individual young people. A review of these by the inspector

found that there was good evidence of appropriate actions being taken to mitigate risks. The centre was adequately insured.

The centre had policies and procedures relating to health and safety and there was an up-to-date health and safety statement. The deputy manager had recently been given the responsibility for health and safety and an audit was due to be undertaken by a newly appointed Tusla health and safety officer for children's residential services. The deputy manager outlined to the inspectors what the role entailed and they had developed a health and safety audit system which will be completed on a monthly basis. This was evident in a review of centre records.

Fire safety precautions were adequate with sufficient fire fighting equipment in place throughout the centre. There were adequate means of escape and prominently displayed signage and procedures for safe evacuation in the event of a fire. Staff completed daily, weekly and monthly checks on equipment, escape routes, electrical and other hazard controls. Data provided by the acting manager reported that 83% of staff had up to date fire safety training. A total of 11 fire drills had taken place in the 12 months prior to the inspection, eight of which occurred since January 2018. A review of the centre's fire register demonstrated all information recorded in relation to fire drills, training, checks and maintenance of equipment.

The centre had access to three vehicles. A review of centre records demonstrated that checks and services were completed on each vehicle. The inspector viewed two of the three vehicles onsite and found that both had up-to-date tax and insurance and contained suitable safety equipment.

Judgment: Substantially Compliant

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

Education was valued and encouraged by staff and young people were supported to attend their educational placements while living in the centre. Educational needs were outlined in young people's care and placement plans. One young person was attending a local school and told inspectors that he enjoyed attending and wanted to get a good education. The second young person received their Junior Certificate results on the second day of the inspection and this achievement was acknowledged and celebrated

with family members and in the centre with staff. The centre supported young people's wishes to attend specific school placements and school attendance was good. The young people spoke very positively about school and were ambitious to pursue their education further.

External professionals and parents confirmed to inspectors that the respective young people's educational needs were being appropriately met or were being addressed. Staff were proactive in encouraging and supporting young people in their educational placements. They maintained good contact with teachers and attended meetings when required with educational staff and advocated for the young people when necessary. Educational reports, attainments and correspondence were maintained on the young people's file. A homework plan was developed in consultation with the young people so as to support them in completing their school work and study for the remaining school period. The young people who spoke with the inspectors confirmed that the plan was discussed with them and was there to help them stay focused on completing their school work. The plan was also discussed as part of the staff team meeting observed by the inspector.

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

Young people's health care needs were appropriately assessed and met and each young person had a medical examination on admission to the centre. Medical cards and immunisation records were held on file and the young people's health needs were adequately reflected in the care and placement plans as well as other documentation within their care files. Medical records were stored securely and the care records reviewed showed that young people had timely access to a general practitioner (GP), other relevant health professionals and specialist services where required. Both young people told inspectors that they were happy that their health needs were met. External professionals and parents interviewed confirmed this. Health promotion was encouraged by staff. A review of care records demonstrated individual or key working sessions which provided guidance on health care issues such as smoking, healthy eating, exercise, illegal substances and sexual health.

The national Tusla medication management policy and procedure was in use in the centre which guided staff in the management, recording and administration of medication. Medication management practices were good. Records of the administration of medication were well maintained and audits of medication management records were completed with regular checks of medication in the centre. However, not all staff were trained in the safe administration of medication as some staff were new to the centre. The acting manager outlined that training for new staff was scheduled for the 20 November 2018. In the interim, the acting manager told the inspector that the administration of medication would be assigned to an appropriately trained staff member at the handover meeting for each shift going forward.

Judgment: 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 an up-to-date, written statement of purpose that set out the service being provided to young people. The centre provided placements for up to four young people aged 13 to 16 years. The aim of the centre was to provide a specialist residential care and treatment programme. An integral part of the programme was a risk assessment and management model. Clinical oversight, consultation, and direction to staff was provided by a specialist psychology team comprised of a principal clinical psychologist and a senior psychologist as part of a national programme, who also worked directly with each young person in the centre.

The staff and managers in the centre were clear about the purpose and function of the centre and were knowledgeable about the model of care provided. It reflected the day-to-day operation of the centre. External professionals interviewed were clear about the programme provided and what it aimed to achieve with each young person.

Judgment: Compliant

Standard 2: Management and Staffing

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

Inspection Findings

An effective management structure was in place with clearly identified lines of authority and accountability. The centre manager was on planned leave at the time of the inspection. There was an experienced and qualified acting manager in place who provided adequate cover for the centre manager in their absence. There was an equally experienced deputy manager in post since June 2018 who supported the role of the acting manager. The acting manager reported to the regional manager who in turn

reported to the director for the national children's residential services. The centre had four social care leader posts of which three were vacant. This was being addressed at the time of inspection. Notwithstanding this, there was a system in place to identify a shift leader on a daily basis. Staff reported to either the acting manager or the deputy manager.

The regional manager confirmed that she visited the centre regularly and met with the young people and staff, and monitored records and any issues relating to the premises. Up to 2017, centre governance reports to senior managers were completed as part of a quality assurance mechanism; however, this practice had ceased due to information technology difficulties. The regional manager was satisfied that the centre manager provided regular updates on all aspects of the centre and care practices during formal supervision, management meetings and as necessary. A review of the minutes of these meetings confirmed this. Meetings were also held between the centre manager, regional manager and the senior psychologist in terms of the specialist treatment programme.

There were a number of effective management and communication systems in place, including team meetings, programme meetings, management meetings, supervision, informal and formal daily contact and handover to the staff coming on duty. A restorative practice approach was observed by inspectors at the start of the staff meeting. The approach ensured inclusion of each staff member in a respectful manner where their opinions could be voiced. Staff spoke positively about this approach to inspectors and said the meeting was brought to a close using the same approach so as to ensure no conflicts existed in their decision making. A clear agenda guided the team meeting and it was evident that the care and treatment needs of each young person, centre routines, significant events, child protection issues were routinely reviewed and any issues raised by the young people were discussed. The minutes of the meetings were focused and well recorded. A task sheet was completed after each meeting to ensure decisions made were followed up by an assigned person. Regional management meetings were held on a quarterly basis and the minutes demonstrated discussion on issues such as policy and procedures, staffing, significant events, risk, inspection and monitoring reports and finance, amongst a wider agenda. The records indicated clear accountable decision making. While there were policies, procedures and guidance documents in place, a number of these had not been reviewed for a considerable length of time so as to ensure they were in line with best practice.

Risk was effectively managed in the centre. The centre assessed risks and maintained a risk register. Each risk was rated, noted the controls required to manage and reduce these risks and any additional information or controls required with an action due date. Risks were reviewed by the centre manager and regional manager on a regular basis. There were no escalated risks at the time of the inspection. Individual risk assessments were also completed for the young people. A review of these by the inspector found that there was good evidence of appropriate actions being taken to mitigate risks.

The centre manager maintained a monthly register of young people placed in the centre in accordance with the relevant regulation. This was up-to-date and contained the required information. However, the register was not a bound document and a number of the actual records had an incorrect or duplicate month recorded in the wrong monthly section of the register.

Serious and adverse events were appropriately managed and notifications of these events to relevant persons were consistent, timely and in line with centre policy. External professionals interviewed confirmed this. These incidents were discussed at staff meetings. Incidents were also referred to a significant event review group who meet on a monthly basis. The manager of this centre was a representative for the Midwest area on this review group. This group of professionals reviewed incident records so as to ensure that practice was appropriate, recording was of a good quality and to implement learning and improvement. The inspector examined the minutes of the review group meetings and found clear records with good decision making including follow up required. The regional manager had oversight of incident reports and reviewed the minutes of the significant event review group so as to ensure follow up action as required.

There were sufficient staff in place during the inspection; however there were times when there was inadequate staffing numbers due to planned and unplanned leave. This resulted in a reduction in the capacity of the centre from four to two young people. Data provided by the acting manager outlined that six new staff had been recruited and some of these staff had commenced in their position. The centre had a clear induction policy. New staff interviewed clearly outlined the induction process they experienced to date which was in line with the policy. The induction process also incorporated a number of training modules. The impact of new staff being introduced to the young people was given due consideration as part of their care and treatment plan. Inspectors observed a qualified, dedicated and vibrant team who were enthusiastic in their account of the model of care provided.

Inspectors reviewed 17 supervision records for staff and found that with the exception of one file, supervision was provided in line with Tusla national policy. A schedule of supervision sessions was maintained which recorded completed sessions and reasons for cancellation of supervision with evidence of oversight by the regional manager. Supervision records were generally comprehensive with good quality discussion and accountable decision making with a small number of gaps in the signing off of the record by either the supervisor or supervisee. Supervision contracts were not evident on 12 (70%) of the 17 files reviewed. Discussion in relation to professional development, support and training was evident on supervision records, however, there was no evidence of professional development plans to support this on eight (47%) of the 17 records reviewed by the inspector. The regional manager supervised the centre manager and records of these sessions showed that they were held in line with Tusla policy. It was evident from centre records that there was managerial oversight of the provision of supervision however, there was no evidence of regular supervision record audits undertaken to ensure consistency and continuing improvement.

The centre maintained an electronic record of all training attended by staff. The inspector reviewed the training records for 16 staff. While a number of mandatory training modules had been completed with staff, some modules had not been completed or had expired. Data provided by the acting manager after the inspection demonstrated that all staff had up-to-date training in child protection, 85% in behaviour management, 89% in manual handling, 83% had up-to-date fire safety training and 84% had completed the training in the centre's specialised model of care. Training in the safe administration of medication was scheduled for the 20 November 2018 for new

staff and those returning from planned leave. Staff interviewed identified training they had completed in the previous 12 months which included medication management, complaints, Children First, fire safety, first aid and general data protection regulation. A comprehensive training needs analysis for the overall service had been carried out in May 2018. A copy of this was provided to the inspectors who found that outside of the core mandatory training requirements, the area had identified training needs in relation to social media, risk management, signs of safety, restorative practice and data protection. The outcome of this review was then submitted to a national working group for children's residential services.

The recording systems in the centre were organised and maintained to facilitate day to day practice and accountability. A care file audit had been undertaken in May 2018 to ensure record keeping supported the delivery of service. This was demonstrated in an email between the centre manager and a social care leader. However, this record did not identify if actions required were completed.

A procurement card system was operational in the centre, whereby staff could purchase day-to-day necessities such as food, other essential items or requirements to meet the needs of the young people. There was good oversight of financial records from the centre manager and regional manager. Centre finances were also subject to external audits.

Judgment: Substantially Compliant

Standard 3: Monitoring

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

Inspection Findings

The centre was monitored by a Tusla quality assurance monitoring officer. A monitoring visit had been carried out over two days in July 2018 and the centre was awaiting a copy of the draft report at the time of the inspection. The young people and staff who met with the inspectors were aware of the monitoring officer and what their role entailed. The quality assurance monitoring officer told the inspector that the draft report was due to be issued to the centre and that several of the findings of this report reflected a number of the findings of this inspection. The Tusla monitoring officer told the inspector that they found the centre to be managed effectively and that it provided a good quality service.

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-0024622-AP
Provider's response to Inspection Report No:	MON-0024622
Centre Type:	Children's Residential Centre
Service Area:	CFA West CRC
Date of inspection:	11 September 2018
Date of response:	18 October 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:

The practice of night checks were not based on a formal risk assessment.

The outcome of complaints was not always clearly recorded.

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:

The night checks in relation to the current residents were reviewed at the staff meeting on the 10/10/2018. Risk assessments were completed and night checks have ceased. Checks will only take place if there are concerns in relation to the young person's presentation and will continue only for the period when these

concerns remain. Formal risk assessments regarding the requirement for night checks will take place for any new admission.

The outcome of the two complaints was recorded in the complaints register on 08/10/2018. The centre manager will ensure the outcome of any future complaints are entered into the register at the time.

Proposed timescale:
01/11/2018

Person responsible:
Provider

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 number of staff with up to date vetting could not be confirmed at the time of the inspection.

The delay in progressing the investigation into a child protection concern reported in March 2018 was impacting on a young person's family access arrangements.

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:

Confirmation has been received that all staff have up to date vetting except for one. The updated vetting for one staff member is in process and the centre manager will confirm to the Regional manager when the up to date vetting is confirmed.

The Child protection investigation has been completed. The outcome has been notified to the young person. Access arrangements have been reviewed and amended in accordance with the outcome.

Proposed timescale:
30/11/2018

Person responsible:
Provider

Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Substantially Compliant

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

The closed circuit television (CCTV) viewing monitors were operational 24 hours a day as opposed to monitoring movement at night which was not reflected in the

policy reviewed during the inspection.

The use of CCTV was not subject to regular review to ensure its effectiveness.

The maintenance log did not clearly record when an issue was completed.

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:

A review of the effectiveness of the CCTV took place with the staff team on the 17/10/18. The monitors will only be operational at night time. This will be reviewed as required.

The maintenance log was amended on 08/10/2018 to ensure the completion of issues are recorded.

Proposed timescale:
01/11/2018

Person responsible:
Provider

Theme 4: Leadership, Governance & Management

Standard 2: Management and Staffing

Judgment: Substantially Compliant

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

Policies and procedures had not been reviewed and updated by Tusla so as to ensure they were in line with best practice.

The centre register was not maintained in a secure format.

Supervision contracts were not evident on 12 (26%) of the 17 files reviewed.

Regular audits of supervision records were not undertaken to ensure consistency and appropriateness.

Professional development plans were not in place on eight (47%) of the 17 records reviewed.

Training records did not demonstrate all the required mandatory requirements.

The follow up to actions identified in a care file audit in May 2018 were not recorded.

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:

The development of a national suite of policies for residential services is underway and there is representation from this centre on this group. The completion date for full implementation is November 2018. In the interim the Regional manager will ensure that any developments to care practices required in keeping with best practice or changes to regulations will be discussed with the centre manager and implemented as appropriate.

The centre register will held in a bound format.

Supervision contracts will be reviewed and updated with all staff and placed with the supervision records.

The centre manager will carry out quarterly audits of supervision records.

All outstanding personal development plans will be undertaken with staff and placed with supervision records.

The training record template will be amended to ensure that all mandatory training and the dates staff completed this training is reflected on them.

Proposed timescale:
31/01/2019

Person responsible:
Provider