

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA South CRC
Centre ID:	OSV-0005720
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0021226
Lead inspector:	Ruadhan Hogan
Support inspector (s):	Rachel McCarthy

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:
12 March 2018 10:00	12 March 2018 17:30
13 March 2018 08:30	13 March 2018 12:30

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	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	Compliant
Standard 10: Premises and Safety	Non-Compliant - Moderate
Theme 3: Health & Development	
Standard 8: Education	Compliant
Standard 9: Health	Non-Compliant - Moderate
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Compliant
Standard 2: Management and Staffing	Non-Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

According to its statement of purpose and function, the centre provided medium to long-term residential care for up to three male children aged between 14 and 16 years on admission. The centre also provided day care for one child who attended the on-site school as a day pupil.

The centre was located in a single story building on a Tusla campus on the outskirts of a large town. The grounds on which the centre was located were extensive and had soccer pitches and horse stables. A public river walk ran adjacent to the site. This campus also accommodated other Tusla services, including: the regional residential services team, an outreach team, a fostering team and an access team. In addition a school and swimming pool used by local community groups were also located on the campus.

The centre was part of the Tusla statutory provision of national children's residential services in the South. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 3 children, 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 one social worker following the inspection.

This was the first inspection of this centre. Children living in this centre had been in residential care for a significant period of time in another centre located on the campus on which this centre was located. That centre closed in November 2017 when the children transferred to this centre. Inspectors found that, in planning for the closure of the older centre, Tusla had prioritised the children and ensured that their needs were being met through high quality care planning implemented by a staff group who had known the children for a significant length of time.

HIQA found a large number of major non-compliances in relation to the other centre located on the campus. This was in contrast to this centre which had seven standards complaint on this inspection. This indicated that the transfer and set up of the centre was well managed by Tusla.

Children told inspectors that they were happy living in the centre and got on well with staff. Children's privacy, dignity and respect were maintained in the centre. Children's health and education needs were met. Interactions between children and staff were warm, light hearted and respectful. On the day of the inspection, inspectors saw the three children prepare their lunch together with staff. During the preparation, there was lots of conversation after which everyone sat down together for a meal. The centre was homely and included features that personalised the setting such as a wood stove, cushions and rugs. Additionally, the walls were decorated with pictures that children picked themselves.

Practice in the centre was child centred and operated from a specific model of care. Children had comprehensive care plans and placement plans that set out their needs and how the needs would be met over the next year. Work undertaken with children was meaningful and addressed their core issues so as to prepare them for life outside the centre and adulthood.

The centre had appropriate measures in place to ensure children were safeguarded from abuse. Child protections notifications were appropriately made. Significant events were well managed and had positive outcomes for children.

The centre was well managed with good communication, administration, notification

and monitoring of events, oversight of finances and risk management. There was a surplus of staff which caused the centre to become crowded at times and was not an efficient use of resources. The regional manager said that negotiations were ongoing to address rosters and associated roles which would result in a reduction of staffing in the centre. Staff were well supported and supervised in their roles.

The location of the centre was in close proximity to Tusla services, a school and a public swimming pool. Inspectors found that this did not negatively impact on children living in the centre at the time of inspection as they had been living on the campus for a number of years. Therefore, they were used to living there. While the centre was closed to admissions at the time of inspection, there was a risk that potential future placements of children from the community may become institutionalised to this setting instead of a less public location that better facilitated privacy.

Improvements were required in medicines management and fire safety.

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

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

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

Inspection Findings

Children were aware of their rights and were facilitated to exercise them. Children in the centre had been in residential care for at least two years and were very well informed as to their rights. They had been given a booklet when they were first in care and the centre had written an updated version. Children were vocal in expressing whether or not their rights were being met. Consequently, inspectors were assured that children could advocate on their own behalf to an appropriate degree. Staff in the centre and children's social workers advocated on children's behalf. Centre records showed emails requesting specialist services. The centre also facilitated workers from EPIC (Empowering People In Care) when they visited.

Children's privacy, dignity and respect were maintained in the centre. Staff respected children's private space and were seen to knock on their bedroom doors and wait for permission before entering. While the children did not have en suite bedrooms, the location of the bathrooms was on the same corridor as their bedrooms and was on a different corridor from the staff room and communal areas thus maximising privacy for children.

Children told inspectors that they could access their information if they wished but chose not to.

Children were consulted, given choices and participated in decision making in the centre. Children attended child in care reviews and placement planning meetings. These were valuable opportunities for children to contribute on aspects of their care planning. A children's meeting was held weekly and records were kept which outlined the requests children made and also provided a forum for children to be informed of developments in the centre. Records showed that where requests were made, they were followed through by staff and feedback was provided to children if the request was approved or not.

Children were involved in the day-to-day running of the centre. For example, they choose wallpaper and paint colours for their bedrooms before they were decorated and they helped staff with food preparation, choosing the meals they liked and requesting specific shopping items so as to help staff cook the centre meals.

The centre was using the national Tusla policy to manage complaints. The centre manager was the complaints officer who managed the log of complaints. During interviews with inspectors, he demonstrated an awareness of how to process and manage a complaint. There were no complaints since the centre opened. Children told inspectors that while they knew they could complain if they so wished, they did not have anything to complain about.

Judgment: 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

There was a policy and procedure on admissions to the centre. At the time of the inspection, the centre was closed to admissions and a decision as to whether further children would be admitted to the centre, should any children be discharged, had not be reached. The children living in this centre transferred from another centre located on the campus, which had been closed in November 2017. The regional manager told inspectors that the opening of this centre was specifically to ensure continuity of care for these three children, some of whom had been living in the previous centre for five years.

All children in the centre had allocated social workers. Centre records showed that social workers visited regularly and had attended child in care reviews. Children told inspectors that they sometimes liked their social worker and other times did not.

Children’s files held all the required regulatory documentation such as birth certificate, care order and a history of medical interventions including immunisations while in residential care.

Children had comprehensive care plans and placement plans that set out their needs and how the needs would be met over the next year. Care plans were formulated at the child in care review meetings and written up by the social worker. Records showed these were held yearly in line with the regulations. Where there was a delay in the care plans being sent to the centre, the centre manager sent emails to the social work department requesting a copy of the care plan so that placement planning documentation could be updated. Placement planning documents were of high quality and reflected children's assessed needs along with comprehensive interventions that guided staff to meet these needs.

Interactions between children and staff were warm, light hearted and respectful. Children told inspectors that they got on well with all the staff and had close relationships with particular workers. Each of the children had two allocated key workers and could also engage with the campus based Tusla psychologist if they so wished. Key worker sessions held with children were recorded in the daily logs and integrated into placement planning documentation so as to record the progress of children with their placement goals.

Children were being prepared for life outside of the centre appropriate to their age understanding and maturity. Just one of the three children living in the centre was over 16 years of age and had their allocated aftercare worker. The aftercare plan had not been written as there was almost two years before their discharge. Staff in the centre encouraged children to develop independent living skills. Children were asked to clean their own bathrooms on a rotation in exchange for extra pocket money. Cooking in the centre often involved children who chose what they would like for meals and helped staff prepare thus learning skills as they went.

There were appropriate arrangements for children to have contact with their families. Social workers agreed contact with families in line with care planning and risk assessments.

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

Children living in the centre were valued and had opportunities and experiences similar to their peers. Children participated in a range of activities. Records showed that staff accompanied children to activities such as kayaking and canoeing. Children told inspectors that they could go to staff with an idea for an appropriate activity and it was often arranged. Inspectors observed children to be appropriately dressed. Inspectors saw that recent birthdays and achievements in school such as state exams were

marked and celebrated with children.

Children were provided with a nutritious and varied diet. On the day of the inspection, inspectors saw the three children living in the centre prepare their lunch together with staff. During the preparation, there was lots of conversation after which everyone sat down together for a meal.

None of the children in the centre were from diverse ethnic and cultural backgrounds. Children had opportunities to become involved in religious practices if they wished.

The centre operated from a specific model of care. This was informed by focusing on developing appropriate behaviour, so as to gradually displace disruptive behaviour. Staff had been trained in this approach and specific interventions with children, using this approach were integrated throughout the supporting documentation such as behaviour support plans and individual crisis management plans. The centre had access to specialist psychological supports who were working with children and advised on specific interventions with children. During the inspection, an information session was held with all the staff and Tusla psychologists to discuss interventions with children. Inspectors observed a portion of this meeting and saw that guidance was given to staff on how to refine and improve interactions with children based on assessments by psychologists.

There was a range of policies on the management of behaviours, use of restraint, use of consequences and on bullying. According to data returned to HIQA, 95% or 17 out of 18 staff had up-to-date training in a Tusla approved approach to manage behaviours that challenge. Staff had been trained to carry out appropriate physical interventions where required and there were a sufficient number of staff on duty should the need arise.

Significant events were well managed and had positive outcomes for children. Inspectors reviewed two children's files and found that significant events were appropriately recorded. There was a relatively low number of incidents on the files reviewed. For example, there was just one incident of absence without authority and there were no incidents of restraint since the centre opened. Records showed that the incident of absent without authority was appropriately managed. Other incidents such as self harm were more frequent, however, these were also appropriately managed. Overall, this showed that children were well settled in the centre.

The significant events notifications, which recorded incidents where staff were required to intervene, showed that the model of care in use influenced staff interactions with children. There was oversight on all SENs from the centre manager and from the interim service manager. On some occasions, psychologists working with children reviewed the respective SEN to provide feedback on the interventions used by staff and recommendations on future approaches. Inspectors found that this led to a therapeutic approach of responding to behaviours that challenge instead of a crisis led response. As a consequence, the work undertaken with children was more meaningful and addressed their core issues so as to prepare them for life outside the centre and adulthood.

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

There was a national child protection policy in place that was in line with Children First 2011: National Guidance for the Protection and Welfare of Children. However, this had not been updated to reflect the Children First 2017 national guidance document. The centre manager was the designated liaison person as outlined in the Children First 2015 Act. He demonstrated appropriate safeguarding knowledge including what was required to be reported to the social work department.

Staff had undertaken training on the role of a 'mandated person' in line with Children First 2015 Act. This included the introductory Tusla e learning module and a secondary module on Children First in Action. Staff who spoke to inspectors demonstrated an appropriate knowledge of how to make a child protection report and who to make it to.

According to data returned to HIQA, there was one child protection concern in the centre since it opened. The concern was reported appropriately and received an appropriate response. While this concern was still open at the time of the inspection, it related to an ongoing concern which was under investigation by the social work department.

The centre had appropriate measures in place to ensure children were safeguarded from abuse. Staff working in the centre had An Garda Síochána vetting. A national child protection practice note guided staff on safe interactions with children. Where staff accompanied children on activities, contact with families or other excursions outside of the centre, there were systems in place to record these journeys so as to adhere to good safeguarding principals. Records showed that staff spoke to children about how to keep safe and protect themselves and others from potential harm. Children told inspectors they could go to their social worker, key workers or the centre manager if they had concerns or a complaint they wanted to make.

Judgment: Compliant

Standard 10: Premises and Safety

The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Inspection Findings

The centre was homely, well kept and was in keeping with the stated purpose. There was adequate heating, light and ventilation. There were no maintenance issues. Children moved from a residential centre on the campus to this centre four and a half months prior to the inspection. Staff told inspectors that a significant amount of

planning was undertaken prior to and during the move to ensure a continuity of care. Before children relocated they were actively involved in the internal design of the centre and took pride in individualising and decorating their bedrooms. The centre was decorated with pictures that children picked themselves. A central room had a pool table which inspectors saw children playing with staff. A wood stove was installed into the main sitting room. There were cushions, rugs and other elements, all of which contributed to a homely atmosphere.

Not all precautions against the risk of fire were in place. The centre had a comprehensive suite of documentation outlining compliance with fire safety and building regulations that had been signed off by the relevant professionals prior to the children moving in. There were sufficient numbers of fire extinguishers located throughout the centre with labels that indicated they had been recently serviced. Fire alarm and emergency lighting were serviced and checked regularly. While fire exits were unobstructed, the centre did not have adequate fire safety signage put in place. Of the 17 staff, five (30%) did not have up-to-date fire safety training. Fire drills were undertaken three times per year and had been recorded. All staff and children had taken part.

The centre had an up-to-date health and safety policy and a safety statement. General risk assessments had been undertaken which identified hazards and other risks throughout the centre.

The centre had two cars which were relatively new and were road worthy and legally insured. They were driven by staff who held full driving licences. They were also fully equipped with safety equipment.

The centre was located in a single story building on a Tusla campus on the outskirts of a large town. The grounds on which the centre was located were extensive and had soccer pitches and horse stables. A public river walk ran adjacent to the site. This campus also accommodated other Tusla services, including: the regional residential services team, an outreach team, a fostering team and a Tusla team that oversaw access for children in care. In addition a school and public swimming pool were also located on the campus.

Future placements of children in the centre required close consideration given the proximity of the centre to other services on the campus. The centre was located in front of a car park. On the other three sides of the car park were: the Tusla residential services building, a school that provided education to children in the community and children living in the centre and the swimming pool. While the school and swimming pool were used by children living in the centre, the residential services was separate. On the day of the inspection, inspectors observed a steady flow of cars and movement of people through these buildings and services. Children living in the centre, were used to living on the campus as they had transferred from a now closed residential service in a different part of the campus. Hence, they did not seem negatively affected by the busyness that inspectors observed. The regional manager told inspectors that the model of care and centre systems safeguarded against institutionalisation of future placements of children in the centre. Additionally, she said there were plans in place to physically divide the centre from the campus to safeguard children's privacy. However, inspectors were of the view that should other children be placed in the centre, there

was a risk of becoming institutionalised to this setting instead of a less public location that better facilitated privacy.

Judgment: Non Compliant - Moderate

Theme 3: Health & Development

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.

Standard 8: Education

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

Inspection Findings

Education was valued by the centre and children's educational needs were met in the centre. The school was located directly beside the centre and all children in the centre had good attendance in school. Staff and the managers who spoke with inspectors said they focused on helping the children to achieve their potential, in terms of educational outcomes. Inspectors overheard staff call children in the morning and encourage them to get into school on time. Educational needs were outlined in care plans and placement plans and the school submitted reports for placement planning. Staff said there was good informal communication between the centre and the school as it was in such close proximity to the centre. School reports and educational attainments were maintained on file.

Judgment: Compliant

Standard 9: Health

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

Inspection Findings

Children's health care needs were appropriately assessed and met. The centre held the children's medical cards on file. Their files contained comprehensive medical records including reports from other health professionals, vaccination history and other medical details. The records showed good external liaison between the staff team and outside medical professionals when necessary. Children had access to specialist medical intervention when required. Children were supported in relation to health education programmes such as alcohol/substance misuse and smoking cessation with extra pocket money incentives to give up smoking. Staff encouraged children to engage in exercise and to become involved in community activities that promoted a healthy lifestyle. For example, accompanying children on a walk by the river near the centre. Key issues

regarding the health of the young people were identified and addressed. Records showed that key workers undertook individual work with young people on issues such as relationships and sexual health.

Medicines management practices in the centre were not robust. Inspectors reviewed the medicines management policy and found it was comprehensive and gave good quality guidance to staff for safe administration of medicines. The medicines management procedure was also inspected. An acting unit manager showed inspectors how medicines, including controlled and over the counter medicines were ordered, prescribed, transferred, administered and disposed. Where medicines were accounted for on administration sheets, the recording of the process was in line with the centre policy. However, there was a deficit in the recording and administration of over the counter medications. Inspectors spoke to the centre manager about this error who acknowledged that the system was new and had not been fully implemented into practice within the centre, hence there was learning for the centre.

Judgment: Non Compliant - Moderate

Theme 4: Leadership, Governance & Management
Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

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

Inspection Findings

The centre had a statement that accurately defined the purpose and function of the centre, what services were carried out in the centre and to whom they were aimed at. According to the statement, the centre catered for three young people of male gender aged between 13 years and 17 years on admission. The statement also identified that one young person was supported in attending the school located near the centre.

The statement adequately defined the statutory and legislative functions and listed the key policies and their availability to staff, children, families and other persons. The statement described the admissions procedure, setting out two referral pathways, one through an application to and decision by the admissions committee and a second pathway which was a transfer of a child from another care centre where the centre was deemed to be able to provide an identified element of service not provided for in the originating placement. The second referral pathway was managed by the service manager or regional manager in conjunction with the relevant centre managers and

social work departments with an application for transfer to be placed before the admissions committee or a suitable quorum. Inspectors could not see any significant difference between these referral pathways as both were managed via the admissions committee. The regional manager said that a review of the admissions process was due to be undertaken and the corresponding documentation, including the statement of purpose would be updated on foot of that review.

The purpose and function set out in the statement reflected the day-to-day operation of the centre. The staff and managers at the centre were clear about the purpose and function of the centre.

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

There was an effective governance and management structure in place with clearly defined lines of authority and accountability. A competent and qualified care manager or centre manager was in place. He was supported by two assistant unit managers. The centre manager was line managed by an interim service manager who in turn reported to a regional manager. While the centre manager did not have a qualification in management, he had been in the position in this centre since it opened in November 2017 and prior to that, had managed the residential centre from which the children had transferred. He was very familiar with the children and their circumstances and provided leadership to ensure the service was child centred and safe. Staff were aware of their roles and responsibilities and were supportive of each other. Staff told inspectors that the management structure enabled good quality care for children. Inspectors found that this was reflected in the day to day practices in the centre. The centre had a warm and homely atmosphere where children's needs were central to the service provision.

The centre manager maintained a register of children placed in the centre in accordance with the relevant regulation. Inspectors reviewed the register and found that appropriate details for each child were recorded.

The centre's administration files were organised and maintained to support the delivery of care. The centre manager told inspectors that as children in the centre attended school and the centre was stable, staff had capacity to undertake the business aspects of the centre such as typing up reports or completing administration tasks. As a result inspectors found files were easy to access during the inspection.

While there were policies, procedures and guidance policies in place, the Child and Family Agency, Tusla, had not reviewed a large number of these policies for a considerable amount of time to ensure they were in line with good practice.

Communication in the centre was effective. Records of team meetings showed they were held regularly, child centred and provided an opportunity for the staff team to be informed on all aspects of the centre. Inspectors observed staff reading daily logs and liaising with other staff prior to coming on duty.

Staff could purchase all that was required to meet the needs of children and there was good oversight from the centre manager. Staff were allocated procurement cards to buy day-to-day necessities such as food and fuel for the car. At the time of inspection, 12 staff members had allocated procurement cards. The regional manager told inspectors that this number of procurement cards was sufficient to resource the centre. Centre finances were also subject to external audits and an audit was due to take place after the inspection.

Risks were well managed in the centre. Inspectors reviewed children's files and found that individual risk assessments were completed for children. For example, the risk of a child absconding during an outing or a child at risk of self harm. These risk assessments were of good quality and had detailed strategies put in place to manage the risks identified. A risk register was contained within the centre governance report. This included general risks within the centre. However, risks associated with the campus were not included in this risk register. Additionally, risks were escalated to the interim service manager through supervision and through regular contact.

Not all staff files held the relevant documentation. While An Garda Síochána (police) vetting was in place, other documents were not. Of the six staff files sampled by inspectors for review, four did not have evidence of qualifications. Despite this, centre governance reports, which provided assurance to the service management that staff were qualified, indicated that the staff had particular qualifications. Therefore, this was not an effective means of providing assurance that staff had the professional qualifications required to work with children.

Serious and adverse events were appropriately managed in the centre. Notifications of these events to appropriate persons were consistent, timely and in line with centre policy. Records showed that the centre manager reviewed reports for factual accuracy before they were issued to relevant persons. The interim service manager also had oversight of reports and gave feedback to staff as to how events were managed. Any findings or deficits were communicated to the relevant staff to address before final sign off by the centre manager. In addition a monthly regional group was in operation for review of SENs to implement learning and improvement. It was comprised of regional and service managers, a principal social worker from the a Tusla child protection service and a psychologist from a Children's Residential Services South and discussed select SENs with feedback provided to the centre on the interventions.

While those working in the centre were sufficiently experienced to deliver the service, there was a surplus of staff. This meant that the house was at times crowded and was not an efficient use of resources. According to data returned to HIQA there were 16 whole time equivalent (WTE) staff at the time of the inspection and 16 individuals listed on the staff rota. Taking the centre manager into account, the full number of allocated staff was 17 individuals. The regional manager told inspectors that this staff allocation included a sleep over staff and two waking night staff. However, the waking night requirements of the role were not yet implemented. Ten additional staff members were

employed as night supervisors with two of these night supervisors rostered each night in the centre. The regional manager said that negotiations were ongoing to change existing rosters and associated roles for all staff which would result in a reduction of staff in the centre. She told inspectors that it was not envisioned that they would remain as night supervisors in this centre and that once changes to their role was implemented, the 16 WTE staff allocated to the centre would undertake the waking night role on a rotational basis. Consequently, at the time of the inspection, the centre was crowded with a surplus of day staff which impacted on the space in communal areas for children.

Monitoring and oversight in the centre was not fully established at the time of the inspection. The centre manager had oversight of documentation within the centre and signed off on reports, placement support plans and SENs. As stated, financial audits were to be undertaken by an external Tusla professional. The centre manager said that an audit of safeguarding practices by a Tusla quality and risk manager had commenced prior to the inspection but was subsequently postponed due to adverse weather.

Staff were supported and suitably supervised by the acting unit managers. Supervision was in line with the supervision policy. The centre manager supervised the assistant deputy managers. The centre manager was supervised by the interim service manager. Inspectors reviewed a sample of the supervision records and found they had supervision contracts on file. Supervision was held regularly and was recorded on templates. The quality of discussion was good on some records while others were not as focused on the placement plans. Other issues discussed during supervision included continuous professional development, support and training.

Staff training and development was encouraged and facilitated. An assistant unit manager had responsibility for oversight of training. During the inspection, he provided a training needs analysis which identified the deficits in mandatory training for staff in the centre. He then liaised with the regional training providers in Tusla who organised the dates for training. According to data returned to HIQA, staff had up-to-date training in Children First Act 2015, finance, ligature cutters, medication management and responding to behaviours that challenge. Nine staff did not have up-to-date training in manual handling and, as stated, not all staff had up-to-date training in fire safety. The acting unit manager was aware of this and had forwarded names so that training dates could be scheduled.

Judgment: Non Compliant - Moderate

Standard 3: Monitoring

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

Inspection Findings

At the time of the inspection the Tusla monitoring officer had not yet visited the centre since it opened in November 2017 in line with the Child Care (Placement of Children in

Residential Care) Regulations, 1995 – Regulation 17. Inspectors spoke with this monitoring officer who said they intended to visit before the end of quarter two 2018.

The monitoring officer told inspectors they had a meeting with the interim service manager about the centre and the plan for the service development. The monitoring officer said that he received the significant event notification (SEN) register from Tusla children residential services and the minutes of the monthly SEN review group in arrears which allowed him to monitor the SEN activity within the centre.

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-0021226-AP
Provider's response to Inspection Report No:	MON-0021226
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	12 March 2018
Date of response:	02 May 2018

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

Theme 2: Safe & Effective Care

Standard 10: Premises and Safety

Judgment: Non-Compliant - Moderate

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

Potential future placements of children from the community may become institutionalised to this setting instead of a less public location that better facilitated privacy.

Five out of 17 staff did not have up-to-date fire safety training.

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:

Plans for the young people currently resident in the centre would indicate that future placements are unlikely prior to 2019. Plans for the service site include a physical division to further safeguard existing privacy for the centre. This planned physical division and associated landscaping will incorporate the service requirement for appropriate levels of privacy balanced with community interaction. The centre's model of care, culture and systems will safeguard against potential institutionalisation of future admissions. Referring social workers will be aware of the centre's setting and the appropriateness of placement will be processed and determined by the regional referral pathway. The regional referral pathway is planned to be established by September 28, 2018

Fire safety training will be completed for the outstanding number of staff by June 29, 2018.

Proposed timescale: 29/06/2018	Person responsible: Regional Manager
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Theme 3: Health & Development
Standard 9: Health
Judgment: Non-Compliant - Moderate

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

Medicines management practices in the centre were not robust.

Action Required:

Under Standard 9: Health you are required to ensure that:
 The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

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

A medication management refresher scheduled to take place on April 11, 2018 was used to address the issues highlighted by inspection. A system has been established whereby an identified assistant unit manager audits completion of documentation associated with medication management on a monthly basis. These audit sheets are retained on site. Random checks are completed by the centre manager and service manager these checks are evidenced by initial and date.

Proposed timescale: 01/05/2018	Person responsible: Regional Manager
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Theme 4: Leadership, Governance & Management
Standard 2: Management and Staffing
Judgment: Non-Compliant - Moderate

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

There was a surplus of staff which caused the house to become at times crowded and was not an efficient use of resources.

Not all staff files held the relevant documentation.

Centre governance reports were not an effective means of providing assurance that staff had the professional qualifications required to work with children.

Many of the policies and procedures were out of date.

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 service plan is that a revised roster will be in place by August 30, 2018 this will address the numbers of staff present on each shift. In the interim staff plan the day and activities conscious of the need for ensuring adequate space and privacy for the young people in residence.

The centre manager will request detail specific to required documentation i.e. references, contracts, qualifications, Gardaí vetting and photographic i.d. from residential services HR department who are in a position to review file contents. Where a staff member is identified as having a shortfall in required documentation a note will be placed on the relevant file from the Regional Office detailing the background to the shortfall and service response to same. This piece of work will be completed by May 31, 2018. A system is already in place for the routine communication regarding Gardaí vetting between residential HR and the service. The vetting certification is forwarded by HR to the external file holding service. the Regional Office is informed by HR of the results of the e –vetting process and in turn informs Service and Centre Manager for their records.

Evidence of professional qualification is a matter that is addressed at recruitment stage. Existing staff member’s files contain documentation required at time of employment. Files are now retained physically off site with relevant detail captured in the Centre Governance Report. The Centre Manager will cross reference detail contained regarding qualification on the Centre Governance Report with residential HR to confirm correlation between the information contained on both.

A review group has been established at national level to review the policy suite for Children’s Residential Services with a view to completion by June 30, 2018. This will be followed by a regional roll out with associated briefings for planned completion by October 30, 2018.

Proposed timescale: 30/10/2018	Person responsible: Regional Manager
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