

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-0005764
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0025190
Lead inspector:	Sharron Austin
Support inspector (s):	Ruadhan Hogan

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: 23 October 2018 09:30 To: 23 October 2018 17:30

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

Summary of Inspection findings

The centre was a large detached property on the outskirts of a major urban area in the West region. It provided a respite and support service for children and young people who were in foster care or living at home, and aged between eight and 17 years of age. The centre could accommodate up to four children on a nightly basis who had been assessed as requiring additional supports. The service primarily worked with children and young people who would benefit from initiatives designed to provide alternatives to state care.

The service provided was underpinned by a trauma informed approach to understanding the child in the context of their overall life experiences. An outcomes framework was in place to review the work of the centre and progress of the children availing of the service. This was carried out in consultation with an external social work consultant who developed the framework, and provided monthly input and on-going training to centre staff. At the time of the inspection, there were 0 children living in the centre.

During this inspection, inspectors met with or spoke to managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke with two social workers.

This centre provided respite breaks for children who were either living at home or in a foster care placement. At the time of inspection, the centre was providing respite services to eight children. However, there were no children in the centre who had stayed overnight into the morning of the inspection. As a result, the centre was assessed against four out of 10 national standards.

The centre's statement of purpose clearly set out the service being provided. Staff and managers understood the aims and objectives of the service. An outcomes framework was in place but it was new and as a result, on-going review and support was being provided by an external social work consultant on its implementation. External professionals who spoke with inspectors were clear about the programme provided by the centre and what it aimed to achieve with each child.

Each child availing of the service had an allocated social worker and children who were in the care of the State had statutory care plans in place. Care records were well organised and accessible, and contained a significant amount of information to inform placement plans. However, these were in the early stages of development.

The centre premises had undergone significant refurbishment and decoration prior to opening in August 2018 and it had a warm and inviting homely ambience.

The centre was well managed by a competent and experienced manager and there was an effective governance and management structure in place to support overall service delivery. A number of systems were in place to ensure good communication, leadership and accountability. Systems of monitoring and auditing were at an early stage of development. Staffing levels were adequate to fulfil the centre's statement of purpose. There were gaps in the provision of supervision for a small number of staff and in the provision of mandatory training.

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

NOT ASSESSED

Judgment:

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 provided a respite and support service for children who were either living at home or in a foster care placement. The service primarily worked with children who were identified as benefitting from the 'Creative Community Alternatives' (CCA), which was a Tusla initiative that aimed to provide alternatives to care for children and young people. Referrals were considered by a regional residential referral forum that met monthly or as required. Referrals were appropriately screened and a review of centre

records demonstrated that pre-placement planning meetings took place with appropriate external professionals. Social workers interviewed said that they provided information to the centre in advance of each placement and confirmed that children and their parents or carers visited the centre prior to the child being accepted into the service. Inspectors observed a pre-placement visit by a child and their social worker on the day of inspection. This process allowed the child to see what the centre looked like, to experience some of the facilities and to get information on what it would be like to live there. As this centre provided respite care, a risk assessment was completed to determine the mix of children staying in the centre on any given night. This process was evident from discussions with centre managers and staff and a review of children's care records. While the regional manager told the inspector that decisions in relation to placements offered to children were part of the pre-care planning process, there was no record of any written agreement between the centre, the social worker and the parents of children who were not in the care of Tusla.

An impressive information album prepared by staff was available in each child's bedroom. Much consideration had been put into its format so that the album was set out in such a way that it was like reading a child's story book. Information leaflets for children and their families were also available in a colourful and accessible format.

All children availing of the centre's respite services had an allocated social worker. A review of the centre register on the day of inspection found that nine children had stayed in the centre on a respite basis since the centre had opened. Not all children availing of respite breaks were children in care, but were children Tusla had identified as requiring additional supports. Regulations require social workers to carry out visits to children in their placements. As this was a respite service, these visits were usually made to the children in their main placement, which was in foster care.

Regardless of whether a child referred to the service was in state care or living at home, a plan to support their placement in the centre was required from the social worker. A review of a sample of children's care records found that statutory care plans were in place for children in care, and there was evidence to show that child in care reviews had taken place. Children's care records also contained a significant amount of information and guidance to inform individual placement plans however, these were in the early stages of development.

Capacity on any one night in the centre was informed by an impact assessment completed by the centre manager to ensure that a safe service was provided at all times. There were times when a larger sibling or family group could be accommodated if required. The centre register showed that two sibling groups of two children had availed of respite breaks to date. Two families had stayed overnight in the centre on different nights as part of the support provided to the child and their family.

The service provided as outlined in the statement of purpose was underpinned by a trauma informed approach to understanding the child in the context of their overall life experiences. Positive attachments and relationship building was central to staff interventions with children and their families. All staff in the centre had core training in working with families and initial and on-going training in the outcomes framework was provided by an external social work consultant. Social workers who spoke with inspectors said that staff were aware of the emotional and psychological needs of the

children and that the outcomes framework supported the meeting of those needs. While staff who met with inspectors were knowledgeable about the model of care, a review of centre records showed that the outcomes framework was new and its implementation was kept under review. This process included consultation with an external social work consultant.

Children’s records were kept securely and children's information was accessible and contained the relevant documentation.

Judgment: Substantially 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

Not assessed as there were no children residing in the centre at the time of inspection.

Judgment:

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

NOT ASSESSED

Judgment:

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 service being provided as outlined in its statement of purpose. The centre was a large detached property on ample grounds on the outskirts of a major urban area in the Mid-West region. The grounds contained a large playground area with appropriate equipment. There was a self-contained apartment adjacent to the main building. As outlined in the statement of purpose the apartment could be used to support a semi-independent living programme or for families. At the

time of inspection, this facility was not in use as some remedial work was still required. There was ample parking and the garden area located on either side of the driveway was well maintained.

The property had undergone extensive refurbishment prior to its opening in August 2018. Much thought and consideration had been put into the refurbishment by managers and staff, which resulted in a centre that felt homely, which was complimented by the finishing touches in the design, décor, furnishing, fittings and artwork. Children's bedrooms were decorated well with ample space for storage of personal items. There was a sufficient number of toilet and bathroom facilities. There was a large open plan kitchen/dining area, two living rooms and a large games room. Each of the communal spaces had individual touches in terms of design and décor, with ample seating and appropriate recreational equipment such as books, games, DVD's, pool table and a play station.

The use of closed circuit television (CCTV) was in operation in the centre. There were seven external and four internal cameras. The CCTV footage from the external cameras was digitally recorded and held for 30 days, at which point it was deleted. The internal cameras were located in the main hall and on the bedroom corridor. The purpose of its use internally as described in the centre's policy and during interview with the centre manager, was to assist in the monitoring of children's movements at night so as to supervise in a non-intrusive manner. The use of CCTV was not a substitute for adequate staff supervision. There was a CCTV viewing monitor in the night office and this office was not used by staff during the day. Inspectors observed the monitor in operation during the day which displayed views from the external cameras only. The centre's policy on the use of CCTV did not include the need to regularly review the use of CCTV inside the premises to ensure it was necessary, effective and did not impinge on children's right to privacy.

Risk was effectively managed in the centre. The centre completed risk assessments in relation to centre risks and risks to individual children. A review of these assessments by the inspector found that there was good evidence of appropriate actions being taken to mitigate risks identified.

The centre was adequately insured. The centre had policies and procedures related to health and safety and there was an up-to-date health and safety statement. An appropriate number of staff were trained in first aid techniques. Medicines were safely stored in a secure cabinet and administered in line with centre policy.

The centre maintained a safety file which demonstrated all the renovation works required and completed. There was written confirmation that the statutory requirements related to fire safety and building control had been complied with. Fire safety precautions were adequate with a sufficient number of fire fighting equipment in place. A review of the centre's fire register demonstrated all information recorded in relation to fire drills, training, checks and maintenance of equipment. Records of service checks undertaken by external service providers of the fire alarm, fire equipment and emergency lighting were evident in the fire register. Fire exits were unobstructed and fire exit procedures were clearly displayed throughout the centre. Data provided by the centre manager after the inspection reported that 94% of staff had up to date fire safety training. A total of 11 fire drills had taken place since the centre opened in

August 2018. A review of the centre's fire register confirmed this.

The centre had access to three vehicles. At the time of inspection, one vehicle was on loan to another residential centre. A review of centre records demonstrated that checks and services were completed on each vehicle. The inspector viewed one of the two available vehicles and found it 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

NOT ASSESSED

Judgment:

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

NOT ASSESSED

Judgment:

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's written statement of purpose was operational from 1 October 2018 and subject to review on an annual basis. The centre provided respite and support services for up to four children or young people aged between eight and 17 years of age on any given night, who are either in foster care or living at home and required additional supports. The statement clearly described the model of care in the centre which was a trauma-based model. 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. The service was being delivered in line with the statement of purpose. A colourful children's information booklet provided the key information as set out in the centre's statement of purpose.

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 a clear management structure for the centre. A competent and qualified centre manager was in place and she was supported by an equally competent and experienced deputy manager. Each manager held a relevant qualification. The centre manager was line managed by a regional manager who in turn reported to the director for Tusla national children's residential services. Three social care leaders were part of the centre's management team and they had specific responsibilities. The lines of authority and accountability were clear and staff interviewed knew their roles and responsibilities. A review of management meeting minutes demonstrated regular discussion of cases, staff, safety, and risk amongst other relevant agenda items.

The regional manager described the oversight arrangements in place and 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 required. There were a number of measures in place to ensure good governance of the centre. Team meetings, management meetings, formal and informal communication systems as well as supervision, took place regularly to facilitate good communication, co-operation and consistency. The centre manager and regional manager outlined that the service outcomes framework developed by an external social work consultant provided a structure for measuring the outcomes for children. Staff interviewed were knowledgeable and understood the framework in place. While there were policies, procedures and guidance documents in place, a number of these had not been reviewed for a considerable length of time. The centre manager reported that she was

awaiting a suite of updated policies from Tusla's national director for children's residential services.

The centre manager maintained a register of children placed in the centre in accordance with the relevant regulation. However, on review, inspectors found that the centre register recorded the date on which a child was admitted for their first respite break but not their discharge at the end of this break. Furthermore, it did not record a child's admission to and discharge from the centre for each subsequent respite break. This meant that children remained on the centre register as staying there when they were not.

Given the nature of the service, the administrative functions in the centre supported the delivery of the service. Respite arrangements were well planned and supporting documentation was in place prior to the child availing of the service. Capacity on any one night was informed by an impact risk assessment so as to ensure a safe and effective service.

The centre maintained a risk register. A review of same found that the register demonstrated risk assessments in relation to the centre completed in August 2018. 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. There were no escalated risks at the time of inspection. Individual risk assessments were also completed for individual children when they were required.

Both the centre manager and regional manager were satisfied that there was a prompt notification system in place in the event of a serious or adverse event occurring. Social workers who spoke with inspectors confirmed this and reported that overall communication with the centre was good.

There were sufficient staff in place to deliver the service as outlined in the statement of purpose. This was demonstrated by a review of the roster in place and observation during the inspection. Data provided by the centre manager reported that there were 16 whole time equivalent posts, with one vacant post. One social care worker had recently commenced and described their induction to the inspector. This was found to be in line with the centre's policy. The centre also had a part-time chef and a part-time housekeeper. The staff team were a well-established, experienced and qualified team, which had moved from another residential service in the area following its closure. Staff personnel files were maintained in the Tusla national personnel records (NPR) offsite. At interview, the centre manager informed the inspectors that she was satisfied that all staff had up-to-date Garda vetting and she maintained an electronic record of same. A review of this record for a sample number of staff confirmed this.

Inspectors reviewed 11 supervision records for staff of which seven (63%) were provided in line with Tusla national policy. Supervision records were generally comprehensive with good detailed discussion which was not confined to case issues. However, accountable decision making was not always clearly recorded on these records. Supervision contracts were evident on nine (81%) of the 11 files reviewed. Discussion in relation to professional development, support and training was evident on supervision records, but professional development plans to support this were only evident on five (45%) of the 11 records reviewed by the inspector. Three of these plans

were undated. The regional manager supervised the centre manager. Records of these sessions were not available on the day of inspection. However, the regional manager and centre manager confirmed that regular supervision took place. It was evident from centre records that there was managerial oversight of the provision of supervision but formal audits to ensure consistency and continuing improvement required further development.

A training needs analysis for the children's residential services in the West region had been carried out as part of a regional management meeting which was then submitted to a national working group for children's residential services. A review of a sample number of training records held by the centre showed that while a number of mandatory training modules had been completed with staff, some modules had not, or had expired. Data provided to the inspector by the centre manager after the inspection showed that all staff had up-to-date training in behaviour management and medication management, 94% in child protection and fire training, 88% in manual handling and 76% had completed first training. The majority of staff had received initial training in the outcomes framework which was operational in the centre. On-going training was provided on a monthly basis by the external social work consultant in conjunction with the regional manager.

The recording systems in place were organised and maintained to support the delivery of care. Information was easily accessible during the inspection. A review of these records demonstrated good oversight by managers and they signed each record they reviewed. As the service was only in operation since August 2018, the centre manager outlined the plan to implement further monitoring and auditing systems in relation to care records, staff supervision and maintaining a centralised record of all significant events to ensure a safe and effective service.

There were systems in place to manage finance and procurement within the centre. Inspectors viewed these records which demonstrated good oversight from the centre 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

NOT ASSESSED

Judgment:

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-0025190-AP
Provider's response to Inspection Report No:	MON-0025190
Centre Type:	Children's Residential Centre
Service Area:	CFA West CRC
Date of inspection:	23 October 2018
Date of response:	05 October 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 5: Planning for Children and Young People

Judgment: Substantially Compliant

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

There was no record of any written agreement between the centre, the social worker and the parents of children who were not in the care of Tusla.

Action Required:

Under Standard 5: Planning for Children and Young People you are required to ensure that:

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

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

A written agreement will be devised for use between parents, social work and the

Centre when a child/young person is not in care and is availing of respite.

Proposed timescale:
31/12/2018

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 centre's policy on the use of CCTV does not reflect if its use is subject to regular review so as to ensure its necessity and effectiveness.

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:

The Centre's policy has been updated to include monthly reviews and these will be undertaken by the Centre Manager in conjunction with the staff team.

Proposed timescale:
20/11/2018

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 did not reflect each admission and discharge related to each respite placement.

Formal audits of supervision records to ensure consistency and continuing improvement required further development .

Professional development plans were not in place on six (54%) of the 11 supervision records reviewed.

Training records did not demonstrate all the required mandatory requirements.

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 is underway and there is a representative from the West on this group. The completion date for full implementation has been extended to end of the first quarter 2019. In the interim the Regional Manager will continue to ensure that any developments to care practices required in keeping with best practice and changes to regulations will be discussed with the Centre Manager and implemented as appropriate.

The admission and discharge register will be amended to reflect each period of respite.

A formal audit has been completed by the Manager and follow up actions have been identified and assigned. This audit process will be completed quarterly.

Professional development plans will be completed for all staff this will incorporate a training needs analysis for the Centre.

The training records demonstrate that all staff have the required mandatory training completed. Where a new staff commences a plan will be attached to this record to indicate when the required training will be completed.

Proposed timescale:
31/03/2019

Person responsible:
Provider