

## Health Information and Quality Authority Regulation Directorate

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



<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Centre ID:</b>	OSV-0004178
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0018975
<b>Lead inspector:</b>	Grace Lynam
<b>Support inspector (s):</b>	Catherine Vickers

## **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:
07 June 2017 09:30	07 June 2017 17:30
08 June 2017 09:00	08 June 2017 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.

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

## Summary of Inspection findings

The centre was a large detached seven bedroomed house located in a rural setting near a town in North Dublin. It had a large well maintained garden to the front and rear of the house. There were a range of local amenities in the nearby town. The centre had capacity to provide medium to long term care for four children, male and female between the age of 13 and 18 years and for young people over the age of 18 where there was a clear aftercare plan. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 1 child, 1 parent, 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 met with an alternative care manager and, following the inspection, spoke with the centre manager, the monitoring officer assigned to the centre, a social work team leader, an aftercare worker and the interim regional manager for the

service.

At the time of the inspection there were two children and one young adult living in the centre. Two of the young people living in the centre were siblings and had moved together from another residential centre. All of the young people were over 16 years of age old and were placed in the centre with a view to remaining there in the long term. One was a young adult who was receiving aftercare. The centre had had some placements of children with challenging behaviour in the 12 months prior to this inspection, including a situation where a placement in special care was sourced to ensure a child's safety.

Children presented as comfortable in their surroundings and at ease with the staff team. Children told inspectors that living in the centre was fine. They interacted with members of staff as they want about their daily activities throughout the course of the inspection.

Children were supported and encouraged in all aspects of their lives by the staff team. There was a relaxed and calm atmosphere in the centre which reflected the caring and nurturing approach of the staff team. Children's rights were respected and promoted and complaints were well managed. Children attended school or training programmes and this was encouraged and facilitated by the staff team. The staff team were respectful in their interactions with the children and encouraged them in all their endeavours. However, not all of the young people were utilising their placement or engaging with the programmes and supports available to them. Staff worked with children to support them to be safe and to take responsibility for their own safety outside of the centre. However, children did leave the centre without permission and some of the children's behavior placed them at risk. Plans to support children around this behaviour had not resulted in a reduction of incidents.

There was a good management structure in place and managers provided good leadership to the staff team. However some management systems required improvement, for example policies were out of date, not all risks were effectively managed and some monitoring and oversight arrangements were not always effective. The staff team were experienced and there was good teamwork between them.

Areas for improvement included the statement of purpose, admissions and discharges not always being in line with children's care plans and discharges were not always reflective of child-centred practice. Improvements were also required to ensure that training was available to continually up-skill staff in meeting the needs of children currently placed.

## 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's rights were respected and promoted. Children were given written information about their rights as part of their transition to the centre and their social workers confirmed this. Children's rights to dignity, respect and privacy were important to staff and inspectors observed them interacting respectfully with the children. The centre had been visited by a representative from a national children's rights organisation- Empowering Children in Care ( EPIC) in order to further inform children about their rights and children had visited the EPIC offices to avail of their service. Individual work was carried out by keyworkers with children from time to time to remind them about their rights.

Children's views were sought and encouraged in various ways. Individual sessions were conducted by keyworkers with the children to ascertain their views and preferences. Inspectors found that staff were familiar with the preferences of the children. Inspectors observed the staff team encouraging the children to participate in their chosen activities and were considering how to facilitate a child's interest in animals. While staff endeavored to hold children's meetings, this group of children chose not to participate.

Complaints were well managed. Inspectors reviewed the complaints register in which six complaints had been recorded for the 12 months prior to the inspection. Three of these complaints related to a young person being unhappy with an aspect of the service. Inspectors found that all the complaints had been had received a timely response and were investigated in line with Tusla's new 'Tell Us' complaints policy. The complaints log reflected that complaints were resolved to the satisfaction of the complainants. Complaints were discussed at staff meetings to reflect on the staff response. Some complaints were brought to the significant events review group for discussion and identification and sharing of learning between staff members from different centres.

**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**

Admissions and discharges were effectively managed. There had been five admissions to the centre in the 12 months prior to this inspection. The normal procedure for admissions had been followed: collective risk assessments were conducted prior to children being admitted to the centre and these were presented to the admissions panel in line with procedures. The centre manager told inspectors that they would veto an admission if they deemed it to be an unsuitable mix for the children already living in the centre.

Whilst correct admission procedures had been followed and the admissions were appropriate to the centre, two siblings had been admitted earlier this year, as a result of a decision to close another service. This meant that the young people had to move placements and settle in to this new centre at a critical time in their education as they were both sitting state examinations. Both young people were unhappy with this decision and the staff team had to work hard to engage both young people in the service. Not all of the young people living in the centre were utilising their placement or engaging with the programmes and supports available to them.

The register of children showed that there were two discharges from the centre in the 12 months prior to this inspection. One was planned in line with the wishes of the child and in consultation with their allocated social worker. Another child had required a therapeutic intervention in another unit with a plan to return to this centre. However, inspectors found that the week that the child was due to transition back to the centre, (which was the same timeframe that the other two young people were admitted) this plan changed abruptly and the child was told that they would remain in their current placement until an alternate centre was identified.

The service fulfilled its statutory responsibilities in relation to the children. All the children had an allocated social worker in line with the regulations. Inspectors observed that a social worker visited the centre during the inspection to attend a child's planning

meeting. Inspectors found that children had up-to-date care plans and placement support plans which reflected their individual needs. Children also had detailed crisis management plans, where appropriate. These involved all relevant personnel and were focused on keeping the child safe. Child in care reviews had taken place as appropriate to update the children's care plans. Children and their parents, where appropriate, attended their care plan reviews and revised care plans were signed by them.

Children were able to maintain positive relationships with friends, family and significant others as appropriate. Children told inspectors they had sufficient contact with their families and parents confirmed this. Children's contact with and family visits to and from the centre were encouraged in line with the children's care plans. The staff team were proactive in facilitating children's contact with their families and inspectors heard staff discuss how best to achieve and promote positive relationships with family. Inspectors observed that staff were sensitive to the individual circumstances of each child and were respectful of family dynamics that impacted on children. Where family relationships were difficult the staff team were instrumental in rebuilding these relationships for children in a sensitive manner. Inspectors heard staff discussing how they would handle their contact with families to achieve the best outcome for the child.

Children received the emotional and physical care they required. Inspectors observed staff interacting in a caring manner with the children. Supports were provided to children with complex needs. Children's emotional needs had been assessed and they were linked in with appropriate services such as mental health services, art therapy and psychotherapy. Follow up referrals such as psychiatric assessments were sought by the children's social workers to ensure that all identified needs were met. Staff facilitated the children's attendance at these services. Throughout the two days of the inspection the staff team were engaged in providing transport and support for the children to and from a variety of important activities and appointments. These included speech and language therapy, art therapy and specialist psychotherapy.

Planning for leaving care and aftercare was in progress. The children were both at an age when they should be preparing for aftercare. Children had either met their aftercare workers or had been referred for allocation of an aftercare worker. One aftercare needs assessment had been conducted and a preparation for leaving care plan produced. However, there was no aftercare plan for this young person and the other young person had not had an aftercare needs assessment completed. The staff team were implementing a tailored programme of work with the children to support the development of independent living skills such as budgeting, laundry and cooking. These activities were scheduled into children's daily and weekly plans.

**Judgment:** Non Compliant - Moderate

**Standard 6: Care of Young People**

Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

**Inspection Findings**

Children were well cared for in a manner that was respectful. They were given choices and were encouraged by the staff team to make good lifestyle choices for themselves. Inspectors heard staff interacting positively with the children and observed them offering support to the children in their various daily activities.

Children's diverse needs were accommodated. Children's differences were respected and staff demonstrated their acceptance in their approach and interactions with the children and their families. Children were encouraged to pursue their leisure interests and to take up new activities that would benefit them. This included their attendance at a local community service run by Tusla that organised group outdoor pursuits for children and young people. Inspectors found that the staff team supported the children to maintain and develop interests and activities. Children's activities and free time were recorded on a weekly plan maintained in their files to ensure they had routine.

Children's diets were poor. There were ample quantities of healthy, nutritious food available for the children but they did not always choose healthy options at mealtimes. Inspectors observed that children ate purchased convenience food in preference to the fresh food available in the centre and that children chose not to sit with staff for mealtimes. Inspectors noted that staff sat together for meals to provide a good example of how mealtimes can be sociable events. Inspectors found that children often refused meals. The poor diets of some of the children was acknowledged by staff as an ongoing issue and they had discussed ways of encouraging healthy eating at staff meetings. Social workers told inspectors that they were satisfied that every effort was being made by the staff team to improve the diets of children. Inspectors found that the staff team consistently provided healthy food options, and undertook individual sessions on healthy eating and nutrition, and included children in shopping and meal planning. Despite the staff team encouraging the young people on a daily basis to choose healthy foods, they had not been successful in improving the children's diets. Children had been brought to their general practitioners to ensure their poor diets were not having a negative impact on their health.

The centre employed a strengths-based approach to behaviour management. Some children engaged in challenging behaviours outside the centre. These behaviours included anti-social behaviour, history of absconding, criminal behaviour and drug and alcohol use. These behaviours were managed through the implementation of detailed plans specific to each situation. After each incident staff conducted individual sessions with children on topics such as alcohol awareness and keeping safe when outside of the centre. Individual plans were updated to ensure they addressed the current behaviours of the child and staff liaised with An Garda Síochána when required.

Some restrictive practices were used in the centre but others had ceased. The staff team no longer switched off power to sockets at night time and window restrictors had been removed. However, the routine use of an alarm on each bedroom door every night continued. While inspectors found that these were acknowledged as a restrictive practice and there were risk assessments in place, staff and managers identified that their use was for alerting sleeping staff if children woke at night.

Physical interventions were based on risk assessments of each individual child. The deputy manager told inspectors that a physical intervention had been used on one occasion in the 12 months prior to the inspection and this was recorded in the child's records but there was no separate log maintained of when these interventions were used. Staff were trained in the use of physical interventions.

Some of the children behavior placed them at risk. Inspectors reviewed significant event notifications which showed that there had been 223 significant events in the centre in the 12 months prior to the inspection. These events included negative events such as children going missing from care, substance misuse, violence and aggression, property damage and court appearances. Positive events included recording of educational achievements. Inspectors found that there had been an improvement in the number of significant events since one child was transferred to another centre.

However, episodes of children going missing from care continued. One child had had 27 episodes of missing from care. Inspectors found that missing from care protocols had been followed and individual work was carried out with the child to discuss safety issues with them. Individual crisis management and safety management plans were in place and were regularly and appropriately updated by the staff. However, this had not led to a reduction in incidents.

**Judgment:** Non Compliant - Moderate

**Standard 7: Safeguarding and Child Protection**

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

**Inspection Findings**

There were a number of safeguarding measures in place. Children told inspectors they felt safe in the centre. Inspectors found that staff conducted individual sessions with children on keeping themselves safe in the community. All staff had been vetted by An Garda Síochána. Staff described the open transparent culture that was promoted by the centre manager and the deputy manager in which they were encouraged to bring issues to the attention of the centre manager for attention. Staff told inspectors they were familiar with the protected disclosures policy - and that they would feel comfortable in reporting a colleague if they had any concerns about their behaviour. However, while staff developed plans to safeguard children, some children's behavior continued to place them at risk

There were no child protection concerns reported since the last inspection. Staff were familiar with the child protection practice guidance note and knew that the centre manager was the designated liaison person for child protection concerns. However, there was no national policy on the management of child protection and welfare concerns.

**Judgment:** Substantially 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 health and safety of children was protected and promoted. The centre had policies relating to health and safety which were available to staff. The centre had a Tusla health and safety statement which was up-to-date and had sections on hazard identification and control measures that were specific to this centre.

The design and layout of the centre was in line with the statement of purpose. The centre provided a spacious environment and there was adequate private and communal space for children to access. On a walk around the centre, inspectors found it was clean and well maintained as well as appropriately lit, heated and ventilated. However, there was further scope to include additional furnishings in order to create a more homely environment. Children had their own bedrooms and there was space in the house to provide children with privacy and a place to meet with their visitors. There was ample recreational space around the house.

Maintenance of the centre was good and well recorded. There was a maintenance log in place and this recorded all maintenance requests made and repair work carried out including dates of completion. Inspectors found that staff made maintenance requests by email and these requests were subsequently followed up and rectified in a timely way.

Risk was effectively managed in the centre. Risk assessments had been conducted on a number of identified environmental and individual risks. These included a ligature point assessment and a risk assessment for the large number of missing in care incidents for one child. The centre was located on a busy country road with no footpath. Staff had risk assessed this and routinely provided children with lifts to local amenities and public transport in order to mitigate this risk. Staff also carried out individual work with children in relation to road safety awareness. Risks were reviewed regularly and appropriate control measures put in place to mitigate the risks.

There were regular checks of health and safety hazards. Weekly and monthly health and safety checks of the centre were carried out and were well recorded and any deficits identified were addressed. The centre had a named health and safety officer who was responsible for these checks. The alternative care manager also carried out checks of health and safety items such as fire safety systems, electrical items and aggression and violence in the centre. The alternative care manager's checklist recorded and rated each potential health and safety risk, the actions required to mitigate the risk and the dates of completion of actions identified.

There were effective fire safety systems in place in the centre. There was a fire safety certificate and verification that maintenance of the fire equipment was completed. A staff member was allocated the role of fire safety officer. Inspectors found that fire

fighting equipment was in place and appropriately maintained. There were adequate means of escape and prominently displayed signage and procedures for safe evacuation in the event of a fire. Inspectors reviewed the fire register which recorded that weekly checks of fire equipment and emergency lighting were carried out and signed by staff. Cleaning materials and chemicals were appropriately and safely stored.

The majority of staff had recently attended fire safety training and all had taken part in a fire drill. An appropriate number of fire drills were completed in the centre including when there were new admissions. These drills were well recorded and showed that staff and children participated in drills.

The centre had two vehicles and these were appropriately taxed and insured and were driven by persons that were properly licensed. Inspectors reviewed staff files and found that copies of staff driving licences were kept on file for the staff that were involved in driving duties.

**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 and training was valued at the centre and educational achievements were celebrated. Staff encouraged and supported children to avail of educational opportunities and their attendance was good. At the time of this inspection, all children had full-time educational or training placements and they were supported by staff to attend on an ongoing basis. When children were newly admitted to the centre and were not engaged in education, staff actively endeavoured to source an appropriate educational or training placement for them in consultation with the child's social worker. Children recently admitted to the centre were able to continue attending their schools.

Inspectors found that children's educational needs were identified and met. Care plans and placement plans clearly identified individual educational needs and the actions identified to meet those needs. Staff had regular communication with educational and training facilities in relation to children's progress and attendance. Staff also attended meetings with teachers. Children's educational progress and school attendance were discussed by staff at team meetings. The importance of education was discussed with children during individual keyworking sessions. There were copies of school reports on children's files. Children were encouraged and facilitated to complete state examinations. Inspectors observed children being brought to and from examinations by staff during the course of the inspection. Children were encouraged to reach their full potential and were provided with one-to-one extra tuition with an educational co-ordinator who had an office based onsite.

**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 needs were assessed and they had timely access to health services as required. Inspectors read children's files and found that they all had medical cards. Medical checks were organised following their admission to the centre. Records showed that staff maintained contact with children's health providers such as general practitioners, dental and ophthalmic services to organise appointments and follow up. Staff encouraged and facilitated children to attend their medical appointments as required.

Medical and health records were maintained but some were not complete. Children's health needs were outlined in the medical sections of their files as well as in their care plans and placement plans. There were records of immunisations on one of the children's files. Where immunisation records were missing, records showed that staff requested these from the social work department. However, when these were not received there was no escalation process in place to secure them. Children's medical records were stored securely.

Children were encouraged to participate in exercise and physical activities. When children demonstrated a lack of interest in particular activities, staff continued to explore a variety of other options that may appeal to them. Staff members carried out individual work with children in relation to alcohol and drug awareness, smoking cessation and sexual health.

Medication management practices were adequate in the absence of a medication management policy. Inspectors found that medication was stored securely in a locked cabinet. There were no children on prescribed medications at the time of the inspection. Prescriptions for children were held on children's individual files for the administration of over the counter medication. Neither the centre manager nor the staff team had been trained in medication management.

**Judgment:** Substantially Compliant

#### **Theme 4: Leadership, Governance & Management**

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

#### **Standard 1: Purpose and Function**

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

#### **Inspection Findings**

The centre had a written statement of purpose and function that had been reviewed in February 2017. The statement accurately described the care provided in the centre and the manner in which it was to be provided. The statement identified that a strengths-based model of care would be used by the staff team to promote effective interpersonal engagement with the children to ensure that positive, nurturing relationships developed between the staff and children. The statement was available and accessible to the children as it was provided to them as part of their induction to the centre.

The care provided in the centre a day-to-day basis was reflective of the statement of purpose.

However, inspectors found that the statement was very broad identifying that the centre accepted admissions of four children:

- between the ages of 13 - 18 years for medium to long term residential care.
- in exceptional circumstances a young person who is 18 years of age at placement once there is clear and focused aftercare planning
- who are pregnant
- children with challenging behaviours where substance misuse is an issue

In addition, the statement did not reference Tusla policies and procedures or where these were available for the children, their families and other relevant parties.

**Judgment:** Non Compliant - Moderate

## **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 management structure in place which identified clear lines of responsibility. The centre was managed by a centre manager supported by a deputy manager. The centre manager was line managed by an alternative care manager. The centre manager worked a 36 hour week and was on call at weekends for the centre. Inspectors found that managers were approachable and the staff looked to them for leadership.

Staff were aware of their roles and responsibilities. Inspectors observed the staff team fulfilling their responsibilities with the children throughout the inspection. Staff displayed a caring and nurturing approach to the care of the children. Inspectors observed members of staff working well together, and communicating clearly about the needs of the children. Staff were proactive in meeting children's needs in all areas of their lives and this was evident from file reviews, staff interviews and inspectors' observations in the centre.

There were some good management systems in place to ensure a safe and appropriate service that would meet the children's needs. The deputy manager demonstrated good leadership and was observed to be supportive to the staff team. There were effective communication systems in place including handover meetings, shift planners, diaries and staff team meetings. Inspectors observed a handover meeting and found the deputy manager demonstrated good leadership, support and guidance to the staff team regarding the care of the children. At the staff meeting a shift leader was identified and tasks were allocated to members of staff to ensure that children's needs were met.

While the staff team had a suite of policies and procedures available to guide them in their care of the children these were not up-to-date. There was a revised policy on complaints but other policies dated back to 2009. There were no medication management policy or child protection policy in place.

Significant events were well managed and appropriately recorded and reported. All relevant personnel such as the monitoring officer, social workers, parents and the alternative care manager were notified in a timely manner.

Some risks were well managed but others were not. The centre had a risk register in place. Risk assessments were carried out in relation both to children and to environmental risks. Risks were described and control measures put in place to mitigate the risks. All risks were regularly reviewed and signed by the centre manager. Additional controls were put in place as required. Some risks, such as the risk to a child who was regularly going missing from care, were appropriately escalated to senior managers. However, it was not clear what actions had been taken in response to these escalations. In addition to this, incidents of children going missing from care had not

been reduced and children's behaviour continued to put them at risk.

There was some good external oversight of the centre. The alternative care manager visited the centre during the inspection. She told inspectors that she had oversight of the work of the centre through a number of activities including audits of files and reviewing registers, visiting the centre and meeting with children, attending team meetings and reviewing the governance reports and significant events reports and through her supervision with the centre manager. Inspectors reviewed files which reflected that the alternative care manager had reviewed files and identified deficits. In addition, actions to address the deficits were assigned to named individuals to ensure accountability. However, other issues, for example staff not having up-to-date mandatory training and children's behavior continuing to place them at risk had not been identified in this oversight.

Information management systems were good. Files were well organised and maintained to facilitate effective management and accountability. There was a good filing system in place and relevant records on the children were held. Inspectors found files were easy to navigate. There was evidence that both the centre manager and the alternative care manager reviewed files to ensure consistent quality was maintained. The centre maintained a register of all children admitted and discharged. Inspectors reviewed the register and found it was completed in line with the regulations.

There were good financial management systems in place in the centre which involved the use of petty case, procurement cards and co-signed receipts. These were recorded on a computer log. Inspectors viewed the recording systems and observed the daily handover of petty cash to staff coming on duty and found that these systems ensured accountability in relation to the expenditure in the centre. The system in place ensured that small amounts of petty cash were available to support the staff team in their work with the children such as doing activities together.

The centre had adequate numbers of experienced staff to carry out its function. The staff team of 12 were experienced and worked well together. There were three unqualified staff on the team. Inspectors reviewed the staff rota and found that there was a good mix of experienced skilled staff on duty on a daily basis. The centre had not had to make use of agency staff in recent months but had used agency staff in the 12 months prior to the inspection. There was a comprehensive induction folder available to ensure that agency staff could familiarise themselves with all the information required to carry out their role.

Staff files were well organised. Inspectors found that staff files included the necessary information including Garda Síochána (police) vetting, references and qualifications.

Staff received good quality, regular supervision in line with Tusla's supervision policy. Staff said their supervision was good. Inspectors reviewed a sample of staff supervision files and found that a template was used to guide the supervision process. The template included discussion about each child and their care needs, professional development, training and support needs of the staff member. Whilst records of supervision were brief, they reflected the issues that had been discussed and the actions decided on to address issues identified. Subsequent supervision sessions reflected progress made thus ensuring staff accountability and good oversight of

practice. Staff were supervised by the centre manager and the deputy manager and all staff files sampled contained a schedule of supervision. When supervision was cancelled the reasons were recorded and another session scheduled. The alternative care manager supervised the work of the centre manager. Inspectors reviewed records of supervision and found that good quality supervision was provided and comprehensively completed.

Not all staff were up to date with mandatory training. The centre governance reporting tool reflected that the centre manager was not trained in Children First or safe administration of medication and only eight staff were trained in occupational first aid. These reports had been received by external senior managers but had not been responded to at a local level.

The provision of training required improvement to ensure that training being provided to the staff team upskilled them to meet any additional needs of each newly admitted child. Staff said the provision of training was good and that they were informed of training events by the centre manager. A training needs analysis had been conducted in September 2016 which identified the training needs of the staff team at that time. This analysis had identified that need for training in risk assessment, dealing with psychotic episodes and the attachment styles of traumatised children. Whilst training in these topics was still relevant for the staff team the current group of children presented with challenges, such as their dietary habits, which had not been added to the training needs analysis. The centre governance report reflected that no staff member had been trained in nutrition or the protected disclosures policy. The alternative care manager agreed that the training needs analysis required updating to ensure it reflected the current training needs of the staff team.

**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**

Monitoring systems were in place to improve the quality of the service. A Tusla monitoring officer was assigned to the centre who was not part of the line management of the centre. The last monitoring officers report had been issued in October 2015. The current monitoring officer had visited the centre within the month prior to the inspection and the report on that visit was in progress. The monitor had identified deficits in relation to the admissions and discharges similar to those found by inspectors. They had also identified gaps in mandatory training for staff. Inspectors found from a sample of significant events reviewed that significant events were appropriately notified to the monitoring officer.

**Judgment:** Substantially 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.**

<b>Action Plan ID:</b>	MON-0018975-AP
<b>Provider's response to Inspection Report No:</b>	MON-0018975
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Date of inspection:</b>	07 June 2017
<b>Date of response:</b>	14 August 2017

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: Non Compliant - Moderate**

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

Admissions and discharges did not always reflect child-centred practice.

Not all of the young people living in the centre were utilising their placement or engaging with the programmes and supports available to them.

Children's preparation for leaving care and aftercare had not been progressed.

**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:**

The centre manager and the Alternative Care Manager will monitor admissions and discharges regularly in consultation with the Regional Manager CRS DNE.

Staff will continue to facilitate young people in utilising their placements. Strategy meetings will be convened with all professionals and relevant others if a young person is not utilising their placement to explore alternative ways to help the young person engage with the service.

The centre manager and keyworkers will ensure that all preparation for leaving care and aftercare planning is progressed in a timely manner.

**Proposed timescale:**  
**31/10/2017**

**Person responsible:**  
**Centre Manager**

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

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

Children's diets were poor.

Alarms were routinely used on bedroom doors at night.

There was no separate log of physical interventions used.

Incidents of children missing from care had not reduced despite protocols being followed and crisis management plans being in place.

**Action Required:**

Under Standard 6: Care of Young People you are required to ensure that: Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

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

1. Relevant training in nutrition will be sourced for the staff team.
2. The use of alarms on bedrooms doors will be reviewed at every team meeting. This will be reviewed by the unit manager and ACM on a monthly basis.
3. A log book for physical intervention is now in use.
4. If there is no reduction in incidents of a child being missing from care this will be risk escalated to the Regional Manager for CRS in DNE. The SCM will escalate to ACM

**Proposed timescale:**  
**30/09/2017**

**Person responsible:**  
**Alternative Care Manager**

**Theme 2: Safe & Effective Care**  
**Standard 7: Safeguarding and Child Protection**  
**Judgment: Substantially Compliant**

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

There was no national policy on child protection.

Some children's behaviours continued to put them at risk.

**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:**

1. A child protection practise note is in place for this centre since Oct 2016, The National Management team are currently procuring an external service to develop a suite of policies and procedures which will be in place by March 31st 2018 in the interim the Regional Management team will review the need for additional practise notes to be completed in the interim period.

2. Risk management plans will be reviewed in consultation with the young person's social workers and other relevant professionals on a weekly basis. This will ensure that all necessary supports are in place to support the young person in their placement in the centre.

**Proposed timescale:**  
**31/03/2018**

**Person responsible:**  
**Director of CRS, C&FA**

**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:**

There was scope for the centre to be more homely.

**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:**

1. Pictures and soft furnishings will be purchased to make the centre more homely. The young people will be involved in this process.

**Proposed timescale:**  
30/09/2018

**Person responsible:**  
Principal Social Worker

**Theme 3: Health & Development**

**Standard 9: Health**

**Judgment: Substantially Compliant**

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

There was no policy on medication management.

The centre manager and the staff team had not been trained in medication management.

Immunisation records were not available for all of the children and there was no escalation process to ensure they were received.

**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:**

1. National suite of policies to be developed by March 31st 2018. An interim practise note on medication management will be developed within the region by September 30th 2017

2. The centre manager and staff team will receive training on the first available scheduled date.

3. If there are difficulties in obtaining immunisation records, the manager will escalate this to the young person`s team leader. If this does not work, the ACM will liaise with the PSW for the young person to ensure records are obtained.

**Proposed timescale:**  
31/03/2018

**Person responsible:**  
Director of CRS, C&FA

**Theme 4: Leadership, Governance & Management**

**Standard 1: Purpose and Function**

**Judgment: Non Compliant - Moderate**

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

The statement was broad and did not list the Tusla policies and procedures used to guide practice.

**Action Required:**

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

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

The purpose and function will be reviewed by the ACM and SCM and amended by the 31st August 2017 and will refer to the policies and procedures that guide current practise.

**Proposed timescale:**  
**31/08/2017**

**Person responsible:**  
**Alternative Care Manager**

**Theme 4: Leadership, Governance & Management****Standard 2: Management and Staffing****Judgment: Non Compliant - Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

The majority of policies were out of date and there were no policies on child protection or medication management.

Risk management systems were not robust.

External monitoring and oversight arrangements were not always effective.

Not all staff were qualified.

Staff were not up to date in mandatory training and refreshers.

The training needs analysis required review and updating.

Training was required to ensure staff were appropriately up-skilled to meet the needs of children currently in the centre.

**Action Required:**

Under Standard 2: Management and Staffing you are required to ensure that:  
The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

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

1. The policies and procedures for the region are being reviewed and updated and this work will be completed by the 31.3.18. Practice notes will be developed as an interim measure in relation to Medication Management and Restrictive Practise. Practice note in place for Child protection since Oct 2016.

2. The SCM and ACM will send risk escalations to the Regional Manager for CRS in DNE when required and seek a follow up response in a timely manner.
3. The SCM and ACM will identify children's behaviour that is continuing to place them at risk and in conjunction with the social work department will devise strategies to address these behaviours and help to mitigate the risk to the young people.
4. The SCM will continue to encourage unqualified staff to seek the recognised qualification.
5. The SCM and ACM have submitted the staff member's names for scheduled training in August 2017.
6. The SCM and ACM will update the training needs analysis by September 2017.
7. Relevant training in nutrition will be sourced for the staff team.

**Proposed timescale:**  
31/03/2018

**Person responsible:**  
Director of CRS, C&FA

**Theme 4: Leadership, Governance & Management**  
**Standard 3: Monitoring**  
**Judgment: Substantially Compliant**

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

Written reports of the monitoring process had not been made available on an annual basis in line with the standards.

**Action Required:**

Under Standard 3: Monitoring you are required to ensure that:  
 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.

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

Monitor will undertake to conduct a visit not less than once per annum and will provide a written report of these visits. Monitoring Report and Action plan issues to the Service on the 11th of July 2017.

**Proposed timescale:**  
11/07/2017

**Person responsible:**  
Provider

