

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 DML CRC
Centre ID:	OSV-0004159
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0024901
Lead inspector:	Sabine Buschmann
Support inspector (s):	Jane McCarroll

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:
03 October 2018 09:00	03 October 2018 17:00
04 October 2018 09:00	04 October 2018 17:00

During this inspection, inspectors made judgments against the *National Standards for Children's Residential Services*. They used three categories that describe how the Standards were met as follows:

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

Substantially compliant: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-compliant: means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

The table below sets out the Standards that were inspected against on this inspection.

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

Summary of Inspection findings

The centre provided medium to long term care for up to five boys and girls aged between 13-17 years on admission. It is located in the Midlands region. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 3 children, 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 spoke with two social workers and the interim deputy regional manager.

Children were supported to pursue personal interests during their stay and they were consulted about decisions concerning their care. Children were safe in the centre and safeguarding measures in place, including practice in relation to safeguarding and child protection was good. Children said they felt safe in the centre and that they felt

comfortable talking to staff and discussing any issues they had.

Staff had warm and respectful relationships with the children and provided good quality care to them. They were well informed about the individual needs of the children, experienced and committed to the care of the children.

Children who spoke to the inspector knew their rights and were familiar with the complaints policy. Children met with friends and family and participated in activities and hobbies similar to their peers. However, children's child in care reviews did not always take place in the timeframes required by the regulations, and not all children had an up-to-date care plan. Not all children had an allocated child in care social worker.

The maintenance of the premises required improvement. The centres three bathrooms and the back sitting room required refurbishment.

The governance and management systems in place were good. The management team was experienced and competent. The systems of communication in the centre were effective and inspectors found that the staff team were sufficiently aware of the children's day-to-day needs. There was good oversight of the centre which ensured that good quality care was provided to the children. The inspector found that managers had effective systems in place to record and review all aspects of children's care.

There was a well-established staff team working at the centre and the majority of staff were qualified and had up-to-date 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

There were systems in place to ensure that children's rights were promoted and respected. Children were given the opportunity of visiting the centre prior to admission and to meet with managers and staff. Records showed that keyworkers provided each child with a child friendly booklet, which explained the purpose and function of the centre and children's rights.

Children told the inspectors that they were aware of their rights and that they had been provided with information about a national independent advocacy service for children in care. They told inspectors that staff members had actively set up meetings for them to meet with members of this service. The inspectors observed that information on children's rights was openly displayed in the centre for children to access.

The right of children to privacy, dignity and respect was valued in the centre. Children had their own bedrooms and the house had enough communal space for children to spend time together or be on their own if they wished. Inspectors observed staff knocking on their bedroom door and waiting for permission before entering.

Children were regularly consulted on all aspects of their care while residing in the centre. They were encouraged to attend their child in care reviews but not all children exercised that right. Children told the inspectors that they talked to their keyworkers or guardian ad litem when they did not choose to attend review meetings, and they were satisfied that their views were presented in their absence. Children said that they felt listened to.

Children were consulted about food preferences and their individual interests. Children who met with inspectors said that they had been taken to the cinema and on day trips to other cities. They enjoyed those activities. Inspectors reviewed a shopping list written by children articulating their food preferences. One of the children was taken weekly to a shop to buy the child's culturally preferred foods, which was not available in

a supermarket, and inspectors observed the child cooking culturally preferred foods for dinner.

Children were involved in decision making in the centre by participating in children's meetings. Inspectors reviewed minutes of these meetings and found that the children raised issues that were important to them, such as access to the internet and keeping their mobile phones at night. However, inspectors found that children's meetings were not held regularly to ensure that children had an on-going opportunity to raise issues that affected their day to day life in the centre. The centre manager told inspectors that children's meetings had been infrequent due to the recent mix of children and the dynamics in the house. However, the issue of irregular children's meetings had been discussed at team meetings and the staff team had agreed to hold these meetings on a fortnightly basis.

The centre had a complaints policy which was explained in a children's booklet. The centre manager was the designated complaints manager for the centre and maintained a central register of complaints. The inspectors reviewed this register and found that three complaints were made by children since the last inspection. Each complaint was well recorded and extensive work was done to resolve issues to the satisfaction of the children. Outcomes of complaints were clearly recorded, including the views of children. In addition, inspectors found evidence of audits and reviews of complaints by centre managers. Staff who spoke with the inspectors had good knowledge of the complaints policy and said the policy has been discussed at staff team meetings. Inspectors reviewed minutes of staff meetings and found this to be the case.

Children told inspectors that they could access their records but that they had not felt the need to read them.

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 an admissions policy in place for the centre and admissions to the centre were usually well planned and managed. There were effective procedures in place for admissions to ensure placements were suitable. There was a regional referral committee who met to discuss new referrals, and a collective risk assessment was completed to consider how a new admission may impact on other children living in the centre. Comprehensive referral forms and supporting documentation were required from each child's social worker. The inspectors sampled three children's files and found that the information provided to the centre about the children was of good quality and informed decisions about admissions.

Children told the inspectors that they were involved in the decision to move to the centre. The admission process included an induction period, when children, their families and social workers could visit the centre. They were provided with an information pack, including a child friendly information booklet about the centre. There were three admissions to the centre since the last inspection. From a review of care files, inspectors found that two admissions were planned and included the induction period of visiting the centre before moving in.

Inspectors found that the local admissions process was flexible enough to ensure that the centre could respond appropriately to a child at risk. Through interviews with staff and a review of centre documents, inspectors found that one child's admission was expedited, as they were deemed unsafe and living in unsuitable accommodation. This was a planned admission in that the centre collaborated with the child's social worker and the local admissions committee to ensure the child's best interests were promoted. This child was doing well in the centre at the time of the inspection.

Not all children were discharged from the centre appropriately and the centre's emergency discharge process was ineffective at times as it did not always keep children safe. There were four discharges in the 12 months prior to the inspection. Three of these discharges were planned and one was not. Three of the children discharged went on to live in age appropriate accommodation. The centre made the decision to discharge the fourth child on an emergency basis as their behaviour posed a risk to other children. Despite this decision, the centre manager told inspectors that this child remained in the centre for a further three months as the social work department was unable to find another placement. As a result, the decision to discharge was not effective as it could not be carried out.

Not all of the statutory requirements in relation to the children were in place. Two of the children were allocated a named child in care social worker. A third child was assigned to a duty social worker and it was not clear from records reviewed by inspectors when this child would be allocated to a child in care social worker, who would manage their case in the medium- to short-term. This matter was brought to the attention of the relevant principal social worker and area manager, who informed inspectors that they were satisfied with the current allocation of a duty social worker to this child, as it met their immediate emotional needs.

Social workers visited children in the centre and it was evident from centre records that they were actively involved in the children's day to day care. Records showed that social workers had frequent contact with centre staff in relation to the children they were allocated to. Records of social work visits and contacts with staff were maintained

on the children's files.

Not all children had an up-to-date care plan as required by regulations. On review, inspectors found that where care plans were in place, they were of good quality as they identified the children's assessed needs in relation to their health, education, emotional and behavioural development and family contact. The children who had a care plan had a child in care review in line with statutory timeframes.

Placement plans and placement support plans were developed for children in the centre but these were not always supported by an up to date statutory care plan. However, inspectors found that, despite this, the content of placement plans and placement support plans in place for each child in the centre was good. The plans were clear about the objectives of each placement and were of good quality, contained details about the child's assessed needs and how they would be met by the centre. The centre managers and staff regularly reviewed and up dated placement support plans when children's circumstances had changed or when there was a change in risk to the child. The staff who spoke to the inspector had very good knowledge of the needs of the children and this was reflected in their daily records.

Aftercare planning was not effective. Two children in the centre that were 16 years of age did not have an allocated aftercare worker in line with Tusla's aftercare policy. However the social workers for the children had submitted referrals to the aftercare service. The centre manager told the inspector that aftercare provision in the area was a local resource issue and expressed concern about the delays in the provision of suitable aftercare services.

Children received the emotional care they required. Children who met with inspectors said that they could talk to staff and discuss issues that were important to them. Staff who spoke with inspectors had very good knowledge of the needs of the children. Inspectors sampled individual keyworking sessions and found that they reflected individual conversations between staff members and children about issues that were relevant to them. Each child had a number of keyworkers who completed individual work with them and provided emotional support when they were experiencing difficulties in their lives. Staff members were observed by inspectors interacting respectfully and warmly with the children. Children were referred and some were attending appropriate supportive services to assist them in their emotional and physical development. Examples of these services included psychology and counselling. The staff team facilitated children to attend these appointments.

Children were supported in their relationships with their family, friends and significant others. On the day of inspection, one child was visiting their family. Inspectors observed staff helping to arrange children's visits with family members and friends. Parents told inspectors that they had regular weekly visits with their child in the centre or in their own home, and that they had regular contact with their child over the phone.

The national policy for children missing from care was implemented in the centre. There were 49 children missing in care episodes in the 12 months prior to the inspection. Records reviewed by inspectors showed that staff followed the protocol when a child went missing from care and incidents were appropriately reported to all relevant parties. While the number of absences from the centre was moderate, the centre

manager explained to inspectors that the risk to children was low, as their whereabouts was usually known to the staff team and staff members maintained contact with the children by phone until they returned. In addition, the children's absence management plans were regularly reviewed at team meetings.

Children's files were of very good quality in that they were organised and accessible. Inspectors noted from file reviews that records were factual and accurate and direct work with children was well recorded. These records showed that practice in this regard was child-centred. Individual children's files were securely stored and appropriate arrangements were in place for archiving of records.

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

The care provided to children at the time of the inspection was of good quality and catered for their individual needs. Staff members were observed by the inspectors to interact respectfully and warmly with the children and staff encouraged them to engage in decision-making about their daily activities such as going to the gym, swimming or shopping and accessing other local amenities.

Inspectors observed that healthy food was available to children. Children told inspectors that they sometimes cooked for themselves and that they had provided staff with a list of foods they all enjoyed. Inspectors observed that staff offered a variety of healthy food and snacks to the children and children were consulted in the planning of meals.

Each child had an individual crisis management plan (ICMP) and an absence management plan (AMP) as part of their placement support plan which was subject to regular review. When behaviours required interventions, staff used a positive behaviour approach which was documented in children's keyworking sessions. All staff were trained and received regular refreshers in a Tusla approved approach to managing behaviours and inspectors observed staff managing heightened behaviours well. Interviews with managers and a review of centre records found there were no physical restraints in the 12 months prior to the inspection.

There were 398 significant event notifications (SEN's) in the past 12 months. The centre manager explained to inspectors that most of these incidents were related to previous residents that no longer lived in the centre. This was described as a particularly challenging time for the centre. Records reviewed by inspectors showed that staff followed protocol and appropriately reported significant events to relevant parties. Social workers told inspectors that SEN's are completed in a timely manner, were detailed and that the centre phoned the social worker to inform them of incidents.

The centre had a proportionate approach to the use of consequences and recorded both positive and negative consequences in a central log. A review of this log found that 17 entries had been recorded over the year. Eight of those were positive consequences rewarding good school attendance or adhering to house rules. Nine were negative consequences and included the withholding of money for activities, or a small reduction of pocket money. Inspectors found that consequences were proportionate and appropriate to the behaviours they responded to. Inspectors reviewed minutes of staff meetings and found that consequences and incentives were reviewed and discussed by the staff team. The centre manager had a system in place to review consequences applied by the centre.

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

The centre had measures in place to ensure that children were safeguarded and protected from abuse but they were not always effective. However, children living in the centre at the time of the inspection were found to be safe and this was the view held by social workers and parents.

The centre had a safeguarding statement in line with Children First 2017. The centre manager was the designated liaison person and was familiar with Tusla's recently revised national child protection practice note. The designated liaison person was responsible for ensuring that reporting procedures within the centre were followed, so that child welfare and protection concerns were referred promptly to the Child and Family Agency (Tusla). The centre manager told inspectors that child protection concerns were reported to the local duty social work team. Staff interviewed had good knowledge of their responsibility as a mandated person and had completed training on Children First 2017, which included the introductory Tusla e-learning module.

There were 22 child protection and welfare concerns since the previous inspection. From a review of files, inspectors found that all child protection and welfare concerns were appropriately reported to the relevant social work departments. The centre manager kept a child protection concern register and notification forms were completed appropriately and were signed off by staff and managers. Eighteen of the child protection concerns had been closed and were related to children no longer living in the centre. The four remaining open child protection concerns did not meet Tusla's national threshold for concerns and the centre manager was waiting for the social worker to speak to a child about the issues raised.

There were other measures in place to ensure that children were safeguarded. An Garda Síochána (Police) vetting was in place for all staff, although two staff members required Garda vetting renewal and this process had begun. All staff had updated

training on Children First legislation and guidelines and staff who spoke with inspectors were knowledgeable about developing and implementing safety plans.

A review of children's records and children's meeting minutes showed that staff spoke to children about how to keep safe, including substance misuse, internet safety, health and peer abuse.

There was also a policy on protective disclosure and staff who spoke to the inspectors said that they were comfortable raising issues with each other and the management team.

Although the staff team did what they could to keep children safe, there were times in the year prior to inspection that children were placed at unnecessary risk. The centre made a decision to discharge one child on the basis that they posed a risk to other children and these risks were well documented in centre records. Despite this decision, the centre manager told inspectors that this child remained in the centre for a further three months as the social work department was unable to find them another placement. This meant that children living in the centre were placed at unnecessary risk during this three month period. Inspectors were informed by the centre manager that the risk was so high for one child; they were removed from what was essentially their home, to stay in a hotel for one weekend for their own safety, while the child who posed the risk remained in the centre. This was not good practice.

Judgment: Non Compliant - Moderate

Standard 10: Premises and Safety

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

Inspection Findings

The centre was a six-bedroomed detached house with three bathrooms and was located in a rural area in the Midlands region. The centre was clean, mostly warm, homely, adequately lit, ventilated and had recently been painted. Children told the inspector they liked the centre and there was sufficient communal space for them to have privacy or to spend time together. The children had their own individual bedrooms with a wardrobe and a chest of drawers which provided sufficient storage for their belongings. There was a large kitchen and two sitting rooms and a large garden to the rear.

At the time of the last inspection the centre was not in a good state of repair and was poorly maintained. This current inspection found that the centre was recently decorated and well maintained but some work was required. Inspectors observed that maintenance work completed included painting and redecorating of children's bedrooms and repairs to damaged walls. The centre manager kept a maintenance log and this contained details of the issues that had been reported and the dates when the repairs had been completed. The inspector found that most maintenance issues were dealt

with promptly with some minor delays in more recent times. These were followed up by the centre manager. On a walk around the premises, inspectors found that the centres three bathrooms required refurbishment. Two bathrooms upstairs required suitable showering facilities. One of the centres sitting rooms was not insulated and as a result was cold. This room also required refurbishment.

The centre had policies and procedures related to health and safety. There was an up-to-date health and safety statement that was reviewed in September 2018 and was signed off by all staff to indicate they had read it. Health and safety checks of the centre were carried out monthly and signed off by the centre manager. Inspectors reviewed a sample of staff meeting minutes and found that health and safety was a regular item on the agenda. Risk assessments were completed when hazards were identified and appropriate controls were put in place. For example, all sharp kitchen knives were held in a locked cupboard for safety reasons and this risk was re-assessed on a regular basis. All staff were trained in first aid and refresher training was being organised for the staff team. The centre was insured under the insurance arrangements for the Child and Family Agency (Tusla).

The centre had access to three vehicles. Inspectors viewed documents related to all three vehicles and found that they had up-to-date tax and insurance. However, these vehicles did not contain first aid kits. This was rectified on the second day of the inspection, when the centre manager supplied first aid kits to all three vehicles.

There were fire safety precautions in place against the risk of fire but some improvements were required. The centre had written confirmation from a qualified engineer which stated that the centre was in compliance with relevant building and fire regulations. All staff were trained in fire safety and had completed a refresher in October 2018. Fire safety equipment such as fire extinguishers and fire blankets were located strategically throughout the premises and inspectors observed them being serviced on the first day of the inspection. There was a nominated fire safety officer who was a member of the staff team, and daily, weekly and monthly checks of fire fighting equipment took place. The centre was fitted with a fire alarm and emergency lighting, and these were checked weekly and serviced quarterly. There were doors with self-closers attached throughout the premises that were checked weekly and faults were reported as appropriate. There were adequate means of escape and staff knew what to do in the event of a fire. The centre had appropriate signage to indicate fire exits and the assembly point for the safe evacuation of children and staff in the event of fire. However, inspectors found that three internal fire doors that were reported as faulty by staff for not closing properly were not fixed for a period of 10 days.

There were three fire drills since the last inspection and records showed that all but one child had taken part in a drill. The centre kept records of fire drills which included the names of the staff and children who had participated. However, the centre did not always record how long it took to evacuate the building and one child had not yet participated in a fire drill.

Medicines were safely stored in a secure cabinet in the staff office and the administration of medication was recorded in line with centre policy.

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

Children's educational needs were assessed and every effort was made to meet these needs. From a review of care files, inspectors found that education was valued by the staff team and children were encouraged to reach their full educational potential. Inspectors read keyworking records and found that education and attendance were discussed, and that children were encouraged and supported to attend school or alternative educational programs.

Three of the children were attending college or an alternative education program and particular efforts were being made to secure an appropriate educational placement for the fourth child. Staff told inspectors that they had developed good relationships with local schools in the area and on the day of the inspection the third child was attending an interview at a local school. Staff told inspectors that one school provided home lessons for one of the children when they were unable to attend school for a period of time.

Inspectors read the children's files and found that social workers and staff liaised appropriately with school personnel in relation to the children's education. The staff team facilitated and encouraged the children to have a routine around attending education and they ensured children were up in plenty of time to get to school. The staff team provided transport to and from school or education programmes when required. In addition, inspectors observed the level of commitment and advocacy staff provided to keep children in education. For example, when a young person had been suspended from their educational program the centre staff and managers negotiated with the school's programme co-ordinator to have the young person returned to the program. This was effective.

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 healthcare needs were adequately assessed and met. Children had timely access to a general practitioner (GP), therapeutic supports and specialist services where required. Medical examinations for children were undertaken prior to admission to the centre and medical cards were up-to-date. Children's medical records were on file, for example children's immunisations records and medical history. Healthy lifestyles were promoted and encouraged by the staff team. From a review of files and key working sessions, inspectors found that staff provided guidance and information on issues such as smoking, healthy eating, bullying and sexual health, positive peer relationships where appropriate.

Inspectors found the practices for the management of medicines to be safe. Medicines were labelled appropriately and administration of prescribed medicines was recorded on an administration sheet in the child's file. From a review of files and interviews with staff, inspectors found that all staff had been trained in the safe administration of medication. The manager told inspectors that the deputy manager had oversight of medication management and inspectors reviewed a folder which contained the Tusla national policy on medication management and all the appropriate associated records. While the responsibility of the management of medication laid with all staff on duty, each shift assigned a member of staff to oversee medication management and correct recording to provide additional oversight. Inspectors found one gap in the recording of medication which had already been noticed up by the duty manager from their daily file audit and had been discussed with the member of staff.

Judgment: Compliant

Theme 4: Leadership, Governance & Management

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

Standard 1: Purpose and Function

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

Inspection Findings

The centre had an up-to-date, approved statement of purpose and function which was accessible to children in an age appropriate format. It had been reviewed by the centre manager on the 28th of June 2018 and was approved by the regional manager for implementation. The statement of purpose and function reflected the day to day operation of the centre and clearly outlined the child centred model of care provided. It listed the key policies and procedures which guided the centres operations.

Centre staff and managers 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 a management structure in place with clearly defined lines of authority and accountability. The centre manager reported to the interim deputy regional manager, who in turn, reported to the regional manager. Social care staff reported to the deputy and the centre manager.

The centre manager was experienced, competent and appropriately qualified. The manager was supported by an equally experienced and competent deputy manager who had been in position since June 2018. Staff and managers were clear about their roles and responsibilities and the management team provided strong leadership and support to the staff team. Staff described their centre management team as supportive and approachable. Centre managers were supported by three social care leaders who were also suitably qualified and experienced.

The centre manager was supervised monthly by the interim deputy regional manager and the minutes of their meetings showed that the regional manager was kept up-to-date of all the activities of the centre.

The centre had a register of children which was well maintained and contained all the information required by regulations.

The majority of centre risks were well managed. The centre had implemented a risk management policy. The centre manager maintained a risk register that identified the majority of risks within the centre. Risks were described and appropriate control measures were in place to mitigate these risks. Risks assessments completed included general risks to children, for example social media and bullying. However, control measures in place to manage violent and threatening behaviours were not always effective.

There were a number of good management systems in place to ensure that the services provided to children were safe and appropriate to meet the children's needs, but others required development. While there were policies, procedures and guidelines in place in the centre, the Child and Family Agency (Tusla) had yet to review a large number of these policies to ensure they were in line with good practice.

Communication across the centre team was effective and was conducted through weekly team meetings, staff supervision and formal daily handover to the staff coming on duty. In addition good communication was evident in the daily shift handover book,

the daily staff communications book as well as in informal daily interaction between staff and managers. Inspectors observed a staff handover and found that the communication between staff was child centred and sensitive. Staff developed a daily plan that included all appointments for the day and allocated the attendance of those to individual members of staff.

There were a number of good oversight mechanisms in place. The centre manager had implemented a monthly file audit and a system was in place to review and sign all relevant documents before they were filed. In addition, the manager observed practice to ensure quality of care. When issues were identified in areas such as recording, clear instruction was given to the staff by the manager, identifying what needed to be done to rectify the deficiency. This ensured that those deficiencies were addressed as they arose. The interim deputy regional manager had external oversight of the centre and had effective systems in place to monitor the quality of the centre. The interim deputy regional manager received six weekly reports from the centre manager which provided them with up-to-date information on the centre. The interim deputy regional manager visited the centre regularly and met with children, staff and managers. In addition they observed practice, reviewed and signed the centre's records to ensure quality of care. When issues were identified, these were discussed with the centre manager to identify what needed to be done to rectify the deficiency. This was evidenced in supervision records.

There were mechanisms in place to monitor and improve the quality of the service provided to the children. The centre was monitored externally by a by a Tusla monitoring officer. The monitors report and actions to address HIQA's most recent report were used to address deficiencies and to improve the care provided to the children staying in the centre. The alternative care manager provided oversight that these actions were implemented. The centre manager attended meetings of the agency's significant review group (SERG) in the Dublin Mid Leinster area. This allowed for monitoring of all significant events occurring in the centre and recommendations were shared and discussed at team meetings and promoted learning among the staff team. In addition, the centre manager attended monthly regional management meeting where HIQA action plans, policies, practice and national standards were discussed and shared in team meetings to foster on-going learning and development among the staff team.

There was a system in place for the notification of significant events. Significant events were notified promptly and managed appropriately in line with the national centralised notification system. The inspector spoke to a social worker who confirmed the timely receipt of notifications.

There were clear financial management arrangements in place in the centre. The inspector reviewed a sample of financial records and found that the manager had good oversight of money spent in the centre..

The centre was sufficiently resourced in terms of staff. This was evident at the time of the inspection and in the staff rota reviewed by inspectors. There was a stable staff team of 14.5 whole time equivalent posts, which included three social care leaders in addition to the centre manager and the deputy manager. A fourth social care leader post had just been filled but the post-holder had yet to commence in the position. The

centre had some changes to the staff team in the year prior to inspection and the new staff who had joined the team were found to be experienced.

While the majority of staff had a qualification in social care, one staff was not qualified. However, inspectors found that the member of staff had extensive experience working in the centre, received regular supervision and had attended regular training for up skilling. The centre manager told inspectors that the centre was willing to support the staff member to gain formal qualifications and will continue to raise this in supervision sessions.

A training needs analysis had been completed by the centre for 2018 and a training plan was developed based on the analysis. All staff had attended mandatory training including Children First (2017), medication management, fire safety, ligature training and First Aid. In addition the training needs analysis identified that staff requested training in the areas of sexual health and education, psychiatric disorders, child and youth participation and more information on the management of violent and aggressive behaviours.

Staff personnel files were held centrally in the Tusla national personnel records (NPR) office. A completed written declaration was submitted to HIQA by the centre manager confirming all required documentation was in place for each member of staff.

While staff interviewed told inspectors they received regular supervision, it was not provided in line with Tusla national policy. Inspectors reviewed the supervision records of five members of staff and found that the quality of supervision was mixed. Two files had evidence of good quality supervision, detailing the issues discussed included professional development, support, training needs as well as the progress of children and staff practice issues. However, three files reviewed showed evidence of poor recording of supervision and it was not clear what issues were discussed. In addition, inspectors found that there were gaps in the provision of supervision and a number of sessions were outside the six week period required by Tusla national policy. Records showed that the Tusla standardised supervision template was not always used to record supervision sessions.

In the absence of national provisions for out of hours support for children's residential centre's, the centre had informal on-call arrangements in place to support staff which was shared between the centre manager and the deputy manager. However, the level of demand that this placed on centre managers was not sustainable.

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

The centre was monitored by a Child and Family Agency (Tusla) monitoring officer. The monitoring officer had visited the centre in May 2018 in line with the national standards and their report was received by the centre in June 2018..

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-0024901-AP
Provider's response to Inspection Report No:	MON-0024901
Centre Type:	Children's Residential Centre
Service Area:	CFA DML CRC
Date of inspection:	03 October 2018
Date of response:	14 December 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: Non-Compliant - Moderate
The Provider is failing to comply with a regulatory requirement in the following respect: Not all children had an up-to-date care plan as required by regulations Not all children were discharged from the centre appropriately and the centre's emergency discharge process was not always effective. Not all children had an allocated child in care social worker. Placement plans were not always supported by an up-to-date care plan. Aftercare planning for children over 16 was insufficient. 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 Deputy Regional Manager have requested the outstanding Care Plan from the Social Work team. Assurance has been given that this will be received by 7th December. 2018. If not received the matter will be escalated to the Regional Manager by 14th December 2018 who will address immediately with the relevant Area Manager.

The Deputy Regional Manager and the Centre Manager reviewed the admission and subsequent discharge of the young person in question. This review concluded that the local process was sufficiently robust to allow the admission of the young person. The review further found that every effort had been made to avoid an emergency discharge but the discharge process took too long. Where a decision is reached to discharge a young person on an emergency basis, due to a risk to the safety of others, the Regional Manager will outline a specific time frame for this to occur, to the Social Work Area Manager.

This matter has been raised by the Deputy Regional Manager with the Acting Principal Social Worker. The matter will be escalated to the Regional Manager by 14th December if the case is not allocated to a child in care Social Worker and will be addressed directly with the relevant Area Manager.

One outstanding Care Plan was received. The Centre Manager and Deputy Regional Manager have raised the matter of the other outstanding Care Plan with the Social Work Team Leader and Principal Social Worker. Assurance has been given that it will be received by 7th December 2018. If not received, the Deputy Regional Manager will escalate to the Regional Manager by 14th December 2018.

One young person who is 17 years old has been allocated an Aftercare worker. The Centre Manager will seek that the needs assessment is completed by the 31st January 2019. The Centre Manager has liaised with the Social Worker for another young person who is 16. This Needs Assessment is currently being worked on. It has been agreed that this will be completed by 31st January 2018.

Proposed timescale:
31/01/2019

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Non-Compliant - Moderate

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

The measures in place to ensure that children were safe guarded and protected from

abuse was not always effective.

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:

The Centre Manager will ensure that young people's Placement Support Plans are updated to include Safety Plans where required. Risk Assessments will continue to be carried out. Where the Centre Manager is concerned about the safety of a young person, she will escalate to the Deputy Regional Manager and a meeting of all Social Work Departments will take place to ensure a comprehensive and supportive strategy is developed to ensure that all young people are safe guarded and protected from harm. Where this is ineffective the Deputy Regional Manager will escalate to the Regional Manager who will progress and or address any outstanding issues that may present.

Proposed timescale:
31/01/2019

Person responsible:
Centre Manager

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:

The maintenance system in place did not support the centre to resolve all maintenance issues in a timely way, for example the timely fixing of fire doors.

Not all children had been on a fire drill.

Three bathrooms and the back sitting room required refurbishment.

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 Manager will escalate delays in work being completed by maintenance that could compromise safety to the Deputy Regional Manager after three working days to ensure that work is carried out in a timely manner. This will commence immediately.

A Fire drill was held on 12th October 2019 to include the young person who hadn't completed one at the time of inspection. The Centre Manager will ensure that all young people are routinely involved in Fire Drills following admission to the Centre and on an ongoing basis throughout the year.

The Deputy Regional Manager has contacted TUSLA Estates to highlight the need to progress refurbishment plans that are already in place. It is intended that work on the refurbishment of the property will have commenced by end of the first quarter 2109 this refurbishment plan includes the bathroom upgrade.

Proposed timescale:
30/04/2019

Person responsible:
Centre 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:

A large number of national/regional policies had not been reviewed.

Supervision was not provided in line with timeframes identified in the supervision policy.

Supervision was not always of good quality.

Not all staff had formal social care qualifications.

There was no formal on call arrangements for 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:

The Policies and Procedures are currently being developed at national level for Children Residential Services and will be in place by year end 2019. In the interim the centre will continue to review policies with centre staff and implement policies as required.

The Deputy Regional Manager has addressed the deficits in supervision with the Centre Manager. The Deputy Centre Manager appointed to the Centre this year will support the consistent delivery of supervision. The Centre Manager supervision schedule will be drawn up for the upcoming year. This will be reviewed by the Centre Manager and Deputy Regional Manager at 6 weekly intervals as part of the System Checks to ensure the Centre remains on track with delivery of supervision as required.

The Deputy Manager and Social Care Leaders will be assigned supervisees. The Centre Manager will oversee the supervision records to ensure that the supervision records are of sufficient quality. Deficiencies will be addressed by the Centre Manager as part of their supervision.

The Centre Manager will ensure that the issue of formal qualification will be raised and reviewed with the individual staff member through supervision. This will remain as a standing agenda item for supervision and all staff members will be encouraged and support to gain a relevant qualification as required.

The On Call arrangements are being developed at national level and will be rolled out in April 2019. In the interim, the Regional Manager and Deputy Regional Manager remain available to the centre outside of office hours.

Proposed timescale:
30/04/2019

Person responsible:
Centre Manager