Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Type of centre:</th>
<th>Children's Residential Centre</th>
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<tr>
<td>Service Area:</td>
<td>CFA DML CRC</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004164</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced Full Inspection</td>
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<tr>
<td>Inspection ID</td>
<td>MON-0024427</td>
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<tr>
<td>Lead inspector:</td>
<td>Jane McCarroll</td>
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<tr>
<td>Support inspector (s):</td>
<td>Bronagh Gibson</td>
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**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: 01 August 2018 09:45
To: 01 August 2018 17:30
02 August 2018 08:00
02 August 2018 13:30
02 August 2018 08:15
02 August 2018 15:00

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.

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<thead>
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<th>Standard</th>
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<td><strong>Theme 1: Child-centred Services</strong></td>
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<td><strong>Standard 4: Children’s Rights</strong></td>
<td>Compliant</td>
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<td><strong>Theme 2: Safe &amp; Effective Care</strong></td>
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<td><strong>Standard 5: Planning for Children and Young People</strong></td>
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<td><strong>Standard 6: Care of Young People</strong></td>
<td>Substantially Compliant</td>
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<td><strong>Standard 7: Safeguarding and Child Protection</strong></td>
<td>Non Compliant - Moderate</td>
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<tr>
<td><strong>Standard 10: Premises and Safety</strong></td>
<td>Substantially Compliant</td>
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<tr>
<td><strong>Theme 3: Health &amp; Development</strong></td>
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<td><strong>Standard 8: Education</strong></td>
<td>Non Compliant - Moderate</td>
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<tr>
<td><strong>Standard 9: Health</strong></td>
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<td><strong>Standard 1: Purpose and Function</strong></td>
<td>Compliant</td>
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<tr>
<td><strong>Standard 2: Management and Staffing</strong></td>
<td>Non Compliant - Moderate</td>
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<tr>
<td><strong>Standard 3: Monitoring</strong></td>
<td>Compliant</td>
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**Summary of Inspection findings**

The centre was based in a detached building which was keeping with the surrounding houses. It was located in a rural location in the Midlands area.

The centre, according to its statement of purpose and function, provided medium and long term care for up to 4 children, both male and female aged between 13 and 18 years. The children were referred to the centre from the regional central referrals committee. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 4 children, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children’s files and staff files.

In addition, inspectors interviewed one child, spoke with one parent and one carer, two social workers and the interim service manager.
Overall, the children received good quality care provided by an experienced and committed staff team and managers. There was a homely atmosphere in the centre and the staff team were warm in their interactions with children. Children’s care needs were identified and met with due consideration to each child’s individual developmental needs, familial circumstances, ethnicity and cultural norms. The health, emotional, behavioural needs of the children were facilitated and promoted by staff in the centre, however, not all children had an educational placement for the coming academic year, and an education assessment for one child was not timely.

Relationships between children and the staff team were prioritised and inspectors found that good attachments and relationships between children and staff were present and forming in the centre. However, inspectors found that attachments and relationships amongst children at the centre were weak. This observation was also acknowledged by a social worker, a parent and carer who spoke to inspectors. Inspectors found that improvements were required to ensure that the social integration of the group of children as a whole was promoted where appropriate.

Children’s rights were promoted by staff and children had access to advocacy from their court appointed Guardians ad Litem, the staff team and external advocacy services. Children's complaints were managed effectively. Children were supported and empowered to maintain their familial relationships and support networks within their communities. Children had access to a range of support services in the local community.

One child who spoke to inspectors spoke positively of the centre and told inspectors that she could speak to the staff team if she had any concerns.

Statutory requirements in relation to children in care were in not all in place. One of the four children did not have an up-to-date care plan. Inspectors found good quality placement plans and placement support plans for children in the centre. The staff team was responsive to the dynamic nature of risk to children and placement plans were regularly updated to in order to safeguard children.

Most safeguarding measures in the centre were effective. Children were safe in the centre but some safeguarding practices require improvement. Although centre staff were garda vetted, the centre manager could not demonstrate how they were assured of appropriate vetting of some persons who had direct contact with children in the centre.

There was a new management structure in place at the centre and managers were transitioning into their respective roles. Inspectors found that monitoring and oversight of the service required improvement.
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 by staff in the centre. One child who spoke to inspectors stated that she was aware of her rights and that this information was explained to her during her admission to the centre. At the time of this inspection, the centre's information booklet for children was being updated and there was clear evidence that children were consulted as part of this process. The draft booklet contained information in plain and appropriate language for children on various topics such as care planning, contact with family, house rules, access to information, children's rights and house routines. It also listed the various forums where children would be encouraged and supported to voice their views and wishes.

Information regarding children's rights and independent advocacy services were available to children. At the children's request, this information was displayed on a notice board in a separate building outside of the main house. Inspectors found that the staff team were considerate and respectful of children's views in relation to the how and where this information was displayed. The staff team facilitated and supported children to have contact with advocates. For example, inspectors found that children had visits and contact with guardian ad litems. The advocacy group, Empowering People in care (EPIC), which is a national agency that advocates for children in care, had also visited the centre to meet with particular children on their request.

The staff team promoted children's autonomy and independence appropriately. During a team meeting inspectors observed the staff team coordinating activities, free time and family visits in a way in which promoted children's developmental needs and safeguarded them from risk. For example, children were provided with free time to meet with friends and specific individualised safeguarding measures relevant to each child were taken.

There were regular house meetings where children were consulted about the running of the centre and this provided an opportunity for them to express their views and make requests. However, the house meetings were not always effective. Inspectors reviewed
the minutes of these meetings and found that children did not always attend. Staff responded appropriately to this by ensuring that children were met individually to discuss any issues arising for them. Inspectors found that when children were in attendance at meetings, they did not act as meeting chair or as minute taker. This was a missed opportunity to enhance the children's ownership of their house meetings.

There was an effective system in place to manage complaints. The centre held a complaints register which was updated regularly. There were 3 complaints recorded on the register since January 2018. All complaints were found to be appropriately recorded and resolved, and records indicated that children were satisfied with the outcome. Complaints were appropriately notified to children’s social workers.

Children were enabled to raise complaints and grievances through various forums. One child who spoke to inspectors said that they could talk to the staff team if they had a complaint. There was also a designated complaints officer for the centre. Children had access to information which explained how to make complaints. Staff also provided children with a more discreet way of raising concerns or suggestions by providing a secure box where children could leave commentary regarding any issues which may arise.

**Judgment:** Compliant

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### 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 well managed in line with policy and procedure to ensure placements were suitable and safe. There were two planned discharges and two admissions in the 12 months prior to inspection. Admissions were managed through the Tusla central referrals committee. Inspectors reviewed the admissions procedure and found that they were followed.

The centre manager told inspectors that a local process was in place to assess and plan for the transition of children to the centre prior to admission. Inspectors reviewed one
child’s file in detail in relation to this and found that this process took place over a two week period. The process promoted good information sharing practice between the centre and the assigned social worker. Key information about the child’s care needs were recorded. The process included a phased transition to the centre for the child, which was well documented and highlighted issues arising for the child and how they were addressed. The process also incorporated the views and wishes of the child. Whilst there was evidence of good practice in relation to the admission of this child to the centre, the child’s care plan had not been updated during this planned admission to reflect their placement in residential care. However, inspectors were informed that a child in care review was scheduled for this child following this recent admission to the centre.

In their description of the local process of admission, centre staff said that there may be times when the centre is determined as unsuitable for a child and this may result in them not being admitted. Inspectors found that caution was required within this process, to ensure that children, who may be less amenable to engage in this type of pre-admission process are not excluded from the service.

All children had an allocated social worker. Inspectors found that social workers regularly visited the centre and were in frequent contact with the children and centre staff. The centre held a visitor’s log which was well maintained and held a record of these visits.

Not all statutory requirements in relation to children in care were in place. While child in care reviews were held in line with the requirements of the Child Care (Placement of Children in Residential Care) Regulations 1995, one of the four children in the centre did not have an up to date care plan on file. Furthermore, inspectors found that in one of the four children’s files reviewed, the minutes of child in care reviews, which took place in June 2018, were not documented on file.

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 written 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. Plans were found to be comprehensive and detailed a broad range of children’s care needs. Actions were identified and delegated to key staff to be completed within a specific time frame. The centre manager and staff regularly reviewed and up dated placement support plans in situations where children’s circumstances changed or in scenarios where particular risks for children increased. This meant that staff were responsive to the dynamic nature of risk for children in the centre and that staff had access to up to date detailed plans to mitigate risk and safeguard children.

The centre prioritised and invested in the relationships that children had outside of the centre with their family and friends. The staff team facilitated visits for children and families and there was sufficient space in the centre to accommodate this. A parent and a carer who spoke to inspectors were positive about the level of support they received from staff to promote and maintain their relationships with their children.

Children received the emotional and psychological care they required and the staff team were proactive in this regard. Children participated in one to one sessions with staff on
topics related to their emotional wellbeing, for example relationships. A session on mindfulness had also recently been provided to children and staff. When further specialist support was required for children, this was provided. Inspectors found that a counselling service was available to children and members of this service attended staff team meetings from time to time to provide support and information to the staff team on what works for the children in their care.

Aftercare services were in place for the majority of children at the centre. Three of the children were eligible for aftercare services at the time of this inspection. Two of the children had an aftercare worker and inspectors were told that a referral had been made for the third child, who was a recent admission. Inspectors reviewed the aftercare plan for one child and found that it was of good quality. It was comprehensive and incorporated a diverse range of support needs for the child to ensure a successful transition out of care. Inspectors found that specific needs of this child were given the appropriate level of consideration and this was dealt with in a multi-agency way.

**Judgment:** Substantially Compliant

**Standard 6: Care of Young People**

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

**Inspection Findings**

Children in the centre were well cared for. Inspectors observed the staff team interacting with and discussing children's needs in a nurturing and warm manner. During a team meeting, inspectors observed the staff team giving appropriate consideration to the individualised needs of each child, for example their cultural background and religious beliefs. Inspectors found that the staff team had developed a good rapport with the children. One parent, one carer and two social workers who spoke to the inspectors were satisfied with the level of care provided to children by centre staff.

Developing relationship with children was a key priority for staff in the centre. Inspectors found from a review of children's files, that children in the centre had confided in staff in relation to various difficulties or concerns they had. However, inspectors found that as a group, the children in the centre did not gel well together. This was observed by inspectors during the fieldwork visit, was evident from attendance at group meetings in the centre and was raised as a concern by one parent, who felt that their child may be isolated within the group. This observation was also acknowledged by a social worker, and a carer who spoke to inspectors. Inspectors acknowledged that each child had their own interests and activities and children were offered to take part in some group activities in the centre. However, during inspection, there was a lack of evidence to show that the children were engaged in group living.

The centre celebrated children's achievements and children were rewarded.
appropriately for various accomplishments. For example, at the time of the inspection, the staff were planning a celebration for one child who was awaiting their leaving certificate results.

Inspectors observed that fresh nutritious food was available to children. Children were involved in meal planning. Some children helped with shopping for groceries and they had the opportunity to cook and bake. Children actively requested particular foods and this was facilitated appropriately by staff.

The staff team were committed to ensuring that children maintained their familial relationships and support networks within their communities. Inspectors found good practice in the level and quality of contact between the staff team and a range of external support systems for children, including their families, key stakeholders, professionals as well as a range of community based organisations relevant to the needs of the children. This meant that children's identity and heritage was promoted where possible, and support networks were developed for children.

Children received an allowance which was determined by their age and basic expectations that they would abide by house routines for example keep their room tidy. Children could purchase clothes in line with their own tastes and preferences.

Absences were well managed by the staff team and inspectors found that there had been a reduction in the number of absences at the centre prior to this inspection. There was a written policy and procedure for staff to follow when children were absent without authority. Each child had individualised absence management plans which were found to have been reviewed and updated as required. Parents, social workers and other professionals were informed when absences occurred and when necessary, professionals' meetings and strategy meetings were convened to devise a safety plan for children when required. Inspectors found that there was good oversight and review of safety plans in situations where the absence of a child placed a child at risk. The centre manager and staff team, in conjunction with the child’s social worker, parents and other key stakeholders, collaborated to complete a risk assessment and a safety plan, which identified actions to mitigate risk. These plans were found to have been implemented. At the time of the inspection, these steps were effective in changing patterns of absconding for one child.

Records of significant events were recorded centrally and were reflected in children's care files. The central log documented and recorded the notification of significant events to relevant professionals. Records of significant events were subject to review and audit by the centre manager. Two social workers who spoke with inspectors stated that significant events were notified in a timely way by the centre.

Behaviour was managed in the centre through the use of consequences. Records showed that when children failed to act responsibly, a consequence for their behaviour took effect. Inspectors found that consequences were proportionate to the needs of individual children and the behavior that presented. It was clear from centre records that the staff team remained supportive of the child and encouraged them to understand the reason and desired outcome of the consequence applied. Similarly, positive consequences were also consistently applied and inspectors found that children were rewarded for good behaviour and achievements. For example, trips to the cinema
and take out food.

Restrictive practices were used minimally in the centre. Room searches were carried out if required following a risk assessment and in accordance with the centre's policy.

**Judgment:** Substantially 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**

Children in the centre were safe. There were a number of safeguarding practices implemented within the centre including appropriate supervision of the children, An Garda Síochána vetting of staff, staff supervision and ongoing training. There was a protected disclosures policy and staff interviewed were aware of this.

The centre manager was the designated liaison person for the centre and staff members who met with inspectors were aware of this role. There was a system to assign the duties of the designated liaison person to a staff member, when the centre manager was not on duty. Staff interviewed were aware of child protection procedures and the measures to be taken in the event of an allegation of abuse or neglect. Staff in the centre had been trained in Children First: National Guidance for the Protection and Welfare of Children (2017).

There were 30 child protection notifications in the 12 months prior to inspection which were found to have been reported in line with national policy. The centre held a child protection register which recorded and tracked child protection notifications as they were processed and investigated by the relevant social work departments. Inspectors found that not all reported child protection concerns were dealt with by social work departments in a timely way. However, inspectors found that the centre manager was addressing this through regular communication with the social work department and advocating on behalf of the child for a timely response when allegations were made.

Inspectors reviewed child protection notifications and found that there were occasions when children were at potential risk in the community. Inspectors found that centre staff were vigilant in their identification, notification and response to these risks. For example, any increase in actual or potential risk to children was responded to by staff through individual risk assessment, and collaboration and consultation with children's social workers. Placement support plans were update regularly to reflect any change in safeguarding measures required for children and systems of communication were effective in ensuring that staff were aware of the care and safeguarding needs of children. The interim service manager and social worker were notified when children were at potential risk in the community and placement support plans were sent to them accordingly to ensure their oversight of same.

There was garda vetting in place for all staff in the centre. However, the system in
place to ensure the centre manager that all individuals who had direct contact with children in the centre were garda vetting was not strong enough. Inspectors found that two individuals provided tuition to children on a one to one basis on the premises. At the time of the inspection, the centre manager demonstrated how she was assured of garda vetting for one individual but not the other.

Other systems of safeguarding for visitors and children in the centre required improvement. The centre held a visitors log which recorded the names of external professionals and family members who visited children at the centre. However, the visitors log did not always record the professional title of visitors, where applicable. This meant that the centre manager did not have oversight of the professional identity of visitors.

**Judgment:** Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Standard 10: Premises and Safety</th>
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<tr>
<td>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.</td>
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**Inspection Findings**

The centre was well maintained and in good condition. It was a large bungalow which adequately accommodated four children. There were two communal living areas as well as an open kitchen and dining area. Each child had their own room which provided adequate space and storage for their belongings. Children had access to two communal bathrooms. There was smaller a self contained building, in the rear garden area, which included a staff office, a utility room and a garage. The centre was appropriately lit and ventilated.

The centre was homely and there was a pleasant ambiance. It had been refurbished in the previous 18 months and this work included fitting a new kitchen. The interior design of the centre was modern with appropriate fixtures and fittings which softened areas of the centre. Inspectors found that children chose furnishings for their bedrooms. This was a welcoming centre.

Maintenance issues were effectively dealt with in the centre. There was a maintenance log which clearly recorded and tracked the progress of maintenance requests. From a review of this log, inspectors found that maintenance issues were addressed in a timely way.

Health and safety measures were in place in the centre. The centre had policies and procedures relating to health and safety and there was an up-to-date health and safety statement which was specific to the centre. Named staff were identified as responsible for the implementation of health and safety policies and there were health and safety representatives within the staff team. Health and safety hazards were appropriately identified and risk assessed. Inspectors found evidence of oversight of health and safety measures by the centre manager.
Centre records showed that centre vehicles were maintained, taxed and insured. There was appropriate insurance in place for the centre.

There were effective fire safety systems in place. The centre had a fire safety register which contained all required information. Fire safety equipment was located around the centre and was appropriately maintained. There was a system in place for daily and weekly checks of fire safety equipment. Staff routinely carried out daily and weekly checks and records were found to be up to date. Fire drills and evacuations had taken place and these were well recorded. All children and staff had participated in a fire drill and children received a one to one with staff in relation to evacuation procedures. Inspectors found that the weekly emergency lighting test did not take place during a one weekly period in May 2018.

Children had personal emergency evacuation plans and there was a formal emergency plan available in the centre.

**Judgment:** Substantially Compliant

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**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.

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**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.

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**Inspection Findings**

The centre valued education and children were encouraged and supported to reach their educational potential. Inspectors found that staff in the centre had a good level of engagement and communication with a local school which had catered for the needs of some of the children in the centre. One child successfully completed their leaving certificate examinations in June 2018. Another child who had recently come to live in the centre was due to enrol in a local secondary school in September 2018.

Children approaching school leaving age had good plans in place in relation to further education and this was promoted and encouraged by the staff team.

Mainstream educational settings were not suitable for two children in the centre. Alternative educational placements had been sourced for one child and tutoring was provided to another child in the centre. Despite these efforts, there was no educational placement or plan in place for the coming academic year for one child and a delay in the provision of a psychological assessment for this child impacted on the centre’s and
social worker's ability to develop an appropriate educational plan.

**Judgment:** Non Compliant - Moderate

**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 assessed and met and children attended specialist appointments when required. These included outpatient, psychiatry, opticians and dental appointments. Children also attended their general practitioner when required. Therapeutic supports such as counselling were also available to children. Children newly admitted to the centre were medically examined, and children's medical cards and reports from other healthcare professionals were held on their file.

Staff promoted children's healthcare needs. Inspectors observed a team meeting and a handover meeting where the children’s particular health and dietary needs were discussed and highlighted. Actions arising from these meetings were assigned to staff members. Staff engaged with children in one to one age appropriate sessions which included health promotion topics such as sexual health, healthy eating, smoking cessation, and safe self-administration of medication. Inspectors found that risk assessments of children’s capacity to safely self-medicate were strong.

There was a medication management policy and procedure in use in the centre since April 2018. This policy guided staff in the management, recording and administration of medication. Inspectors reviewed medication administration records and found that the centre manager had regular oversight of the procedures and practice in place in the centre. The centre manager carried out audits of medication management records. From her audits, some errors were detected and promptly brought to team and handover meetings for improvement. Subsequent audits found that this had brought about the required changes to practice.

Medication cabinets were inspected and found to be appropriately stocked with medications for children. Records of the administration of medication were neat and orderly. Inspectors found that staff were familiar with the procedures. Records also showed that there was due diligence in place when children were taking medication outside of the centre during family visits for example.

**Judgment:** Compliant

**Theme 4: Leadership, Governance & Management**
Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.
**Standard 1: Purpose and Function**
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

**Inspection Findings**
The centre had an up-to-date written statement of purpose and function which adequately described the service being provided. The statement of purpose stated that the centre provided residential care for up to four children between 13 and 18 years and it reflected national national policy on placing children aged 12 or under in residential care. The statement further outlined that the aim of the centre was to provide a safe caring environment characterised by quality relationships with children, in order to help address the issues which are preventing children from living at home. When a return home was not possible, the centre aimed to prepare each young person for a successful transition to an agreed placement of choice. The criteria for admission was clear and key policies in use by the were identified.

**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**
Inspectors found a new management reporting structure was in place in the centre. The centre manager was recently appointed in February 2018. The deputy manager was interim centre manager prior to this permanent appointment. The centre manager worked office hours (9am-5pm) and was supported by the deputy manager. Social care leaders and the deputy manager reported to the centre manager. Social care workers reported to social care leaders. The centre manager reported to an interim service manager, who was appointed to the region in June 2018.

Inspectors found that systems of oversight were forming and developing at the time of inspection, as newly appointed managers were transitioning into their respective roles. During a focus group with members of the staff team, inspectors were told that, having both a manager and deputy manager enabled the team to have a greater focus on the day to day care needs of children.

Communication systems within the centre were effective. Inspectors observed a handover meeting and reviewed handover records and found that staff passed on important information regarding the children on a consistent basis. Decisions and actions made at this handover meeting were concise, timely and considered the views of staff. Team meetings were regular. From a review of team meetings minutes,
inspectors found that meetings were well recorded, child focused and effective. The voice of the child was evidenced in meeting minutes and the centre manager brought practice development issues and learning from internal oversight checks to the meetings. Other systems of information exchange included a staff communications book, daily logs and children’s meetings. Inspectors found that staff had significant knowledge of the children’s overall care and welfare.

The centre’s risk management system was effective. The centre had a risk register which formed part of a governance reporting system that is in place in Children’s Residential Centre’s throughout Tusla. This register was reviewed and it accurately reflected risks in the centre. The risk register recorded three occasions in the previous 12 months where risks to children were escalated. Inspectors spoke to the centre manager and interim centre manager to seek further information with regard to these escalated risks and the process that followed. Inspectors were told that these risks were reported rather than escalated to the interim service manager, in order to ensure their oversight of safeguarding measures and controls in place to mitigate risk. The inspectors found that there was due diligence in relation to the appropriate reporting of risks. However, inspectors found that some staff at the centre were not consistent in their understanding of the purpose and process of both escalation of risk and reporting of risk.

The centre’s policies and procedures were not all up to date. While some of these policies have been updated, the majority had not been reviewed for a number of years. Financial systems were effective. There was a good system in place in relation to petty cash.

Monitoring and oversight of the service required improvement. The centre manager was in the process of developing systems of audit and review of the service. Oversight visits by the interim service manager were commencing and systems of monitoring were being developed at the time of inspection. The previous acting centre manager had completed a self-audit of the centre in line with Tusla’s Quality Improvement Framework, at the end of 2017. This identified some gaps such as staff development and staff training. The deputy centre manager told inspectors that while this system of self-audit was now in place in the centre, it required improvement. Inspectors found that the actions identified in the improvement plan were not comprehensive and their progress was not tracked. The deputy manager was assured that the recent appointment of a full time centre manager would assist in the development of stronger quality improvement system. The interim service manager told inspectors that this self-audit was due to be reviewed in September 2018.

There was an adequate level of staff on the day of inspection. The centre had 16 whole time equivalent (WTE) posts. The centre did not utilise agency staff as there was a consistent staff team. The staff team were experienced and provided stability to the delivery of the service.

Inspectors found that staff were garda vetted.

There was no formal on-call system in place to provide support to the staff outside of office hours. Staff said managers were available by telephone on an informal basis outside of their working hours. The interim service manager identified that the
Childrens Residential Services National Management Team were developing on call provisions for out-of-hours support for children’s residential centres. In the absence of this provision, the interim service manager told inspectors that informal arrangements were in place to support staff. For example, the interim service manager and regional manager were available for contact outside of working hours. This informal on call system was not sustainable.

Staff supervision occurred in line with policy. Inspectors sampled supervision files of five staff members. Inspectors found that the supervision records were comprehensive and indicated clear accountable decision making. Children’s care was discussed in detail and any actions were defined by a timeframe and reviewed appropriately.

The majority of staff had received all mandatory training. Behaviour management training had not been completed by the staff team. This was discussed with the centre manager and inspectors found that the centre manager was assured that upcoming training was in place to facilitate this deficit. A training needs analysis had also been completed in the centre in July 2018. This identified various training the staff team would benefit from such as, cultural diversity awareness and report writing skills. On the day of inspection, a community based service was in attendance at the centre’s team meeting to conduct training which was requested by the staff team.

**Judgment:** Non Compliant - Moderate

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**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.

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**Inspection Findings**
The centre was monitored by a Tusla monitoring officer. The Monitoring Officer visited the centre in February 2018. Deficiencies were identified through this process and an action plan was in place to bring the centre into compliance with the national standards and regulations.

**Judgment:** Compliant

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**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.

<table>
<thead>
<tr>
<th>Action Plan ID:</th>
<th>MON-0024427-AP</th>
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<tbody>
<tr>
<td>Provider’s response to Inspection Report No:</td>
<td>MON-0024427</td>
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<tr>
<td>Centre Type:</td>
<td>Children's Residential Centre</td>
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<tr>
<td>Service Area:</td>
<td>CFA DML CRC</td>
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<tr>
<td>Date of inspection:</td>
<td>01 August 2018</td>
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<td>Date of response:</td>
<td>18 September 2018</td>
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These requirements set out the actions that should be taken to meet the National Standards for Children's Residential Services.

Theme 2: Safe & Effective Care
Standard 5: Planning for Children and Young People
Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:
Up-to-date care plans were not on file for all children.

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 Service Manager has addressed the issue with the relevant PSW identifying the requirement and urgency. This plan will be forwarded to the centre by the 30th September 2018.

The Regional Manager has highlighted issues relating to outstanding information required across all Centres with all Area Managers through the Regional Social Work
Management meeting on the 30 August 2018.

In the event there is a delay in CICR plans and minutes being furnished, the Centre Manager will escalate this issue to the Service Manager, who in turn will address the issue with the relevant Principle Social Worker. In all instances going forward, the young person’s Key worker will request this on a weekly basis for two weeks, if there is no response the centre manager will address the issue with the Social Worker Team Leader, on a weekly basis over two weeks. If no progress has been made, this issue will be escalated to the Service Manager, who will address with the appropriate principal social worker.

Where a young person is admitted to the centre, the Centre Manager will request that a CICR is held as soon as is practicable after the young person comes to live in the centre, not exceeding the time period of four weeks. If issues arise the Centre Manager will escalate this to the Service Manager whom will address accordantly with the revenant PSW.

| Proposed timescale: 30th September 2018 | Person responsible: Provider Regional Manager |

**Theme 2: Safe & Effective Care**  
**Standard 6: Care of Young People**  
**Judgment: Substantially Compliant**

The Provider is failing to comply with a regulatory requirement in the following respect:  
Children at the centre were not engaged in group living.

**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:  
A monthly plan for the centre is being developed in conjunction with the young people to incorporate a focus on planned activities that will further support and encourage integration. This will be finalised within the next young people’s meeting on the 25th September 2018. One to one’s will be completed outside of the young people meeting to encourage attendance on the group activities. In addition to this young people are encouraged to spend time together in communal areas of the centre where appropriate. YP are invited to eat together as a group and to share parties and celebrations when they occur.

| Proposed timescale: 25th September 2018 | Person responsible: Provider 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 system to ensure that Garda vetting was in place for all persons who had direct contact with children in the centre was not robust.

The visitors log did not always record the professional identity of visitors.

**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:**
Prior to the commencement of any additional individual support work with young people in the centre, the Centre Manager will that request that a copy of their Garda Clearance is forwarded to her so that she can satisfy herself that this person has been Garda Cleared in line with Garda Clearance protocol.

The centre manager has addressed the requirements of identifying professionals on the visitors log at the team meeting on the 12th September 2018. The centre manager will oversee this and address any gaps/deficits in a timely manner if they present.

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<td>Person responsible:</td>
<td>Provider Centre Manager</td>
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### 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:**
Inspectors found that the weekly emergency lighting test did not take place during one weekly period in May 2018.

**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:**

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"Page 3 of 5"
The Centre Manager has addressed this issue at the team meeting on the 12th September 2018 outlining the importance of completing all elements required in the fire register. The centre manager will review the fire register weekly in full and will address any gaps/deficits immediately.

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<td>12th September 2018</td>
<td>Provider Centre Manager</td>
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### Theme 3: Health & Development

#### Standard 8: Education

**Judgment:** Non Compliant - Moderate

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

Education placements were not in place for all children.

Not all children’s educational and training needs were assessed.

**Action Required:**

Under Standard 8: Education you are required to ensure that:

- 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.

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

- Education will be sought for all young people. An educational plan has been developed for each young person in addition to their placement plans. The Centre Manager will ensure that an educational plan is developed for each young person as standard practise going forward and will ensure the plans are reviewed and updated based on the young person’s presenting needs.

- Assessments will be sought for young people as so required. If difficulties present regarding the sourcing of appropriate services and / or assessments this will be immediately escalated to the Service Manager who will address with the relevant Principle Social Worker.

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<td>6th September 2018</td>
<td>Provider Service Manager</td>
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### Theme 4: Leadership, Governance & Management

#### Standard 2: Management and Staffing

**Judgment:** Non Compliant - Moderate

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

The centre staff were not consistent in their understanding of the purpose of escalation of risk and reporting of risk.

Monitoring and oversight of the service required improvement.

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<th>Proposed timescale:</th>
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<td>12th September 2018</td>
<td>Provider Centre Manager</td>
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<tr>
<td>6th September 2018</td>
<td>Provider Service Manager</td>
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</table>
The centre's policies and procedures were not all up to date.

Some mandatory training had not been completed by staff.

There was no formal on-call system in place to provide support to the staff outside of office hours.

**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 Centre Manager has reviewed the risk management policy with the Centre staff in the team meeting on the 12th of September 2018. This will be also reviewed in each staff members next planned supervision to ensure that all staff are clear on the procedure of escalation of risk.

The Service Manager has reviewed the gaps identified in relation to the service as highlighted in this inspection report. The Service Manager will incorporate two full audits per year. Risk management will be incorporated as a standing agenda item on both Centre Management and Service Management supervisions. In addition to this the Service Manager will review and monitor the development of the Centre audits to ensure that learning from review is implemented within the Centre to support the on going development of oversight mechanisms.

Policies and procedures are currently being developed at a National level for Children’s Residential Services and will be in place by year end 2018. In the interim the Centre will continue to review policies with Centre staff and implement any new policies as required.

A comprehensive Training Needs Analysis will be completed by the Centre Manager by the 30 September 2018 to reflect deficits that arising in Mandatory training as required. This will be forwarded to the Service Manager for review and input. At that time training will be sourced as required.

Formal on call arrangements are being developed at a national level and will be rolled out in 2019. In the interim the Service Manager and Regional Manager remain available to the Centre, outside of working office hours.

| Proposed timescale: April 2019 | Person responsible: Provider Regional Manager |