

## **Health Information and Quality Authority Regulation Directorate**

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



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Phaisnéis  
agus Cáilíocht Sláinte

<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Centre ID:</b>	OSV-0004175
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0025359
<b>Lead inspector:</b>	Una Coloe
<b>Support inspector (s):</b>	Grace Lynam

## **Children's Residential Centre**

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

The Authority is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011, to inspect children's residential care services provided by the Child and Family Agency.

The Authority monitors the performance of the Child and Family Agency against the National Standards for Children's Residential Services and advises the Minister for Children and Youth Affairs and the Child and Family Agency. In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- assess if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- seek assurances from service providers that they are safeguarding children by reducing serious risks
- provide service providers with the findings of inspections so that service providers develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of the Authority's findings.

## Compliance with National Standards for Children's Residential Services

### The inspection took place over the following dates and times:

From: 23 October 2018 10:30 To: 23 October 2018 18:00

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

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

### Actions required

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

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

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

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

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

### **Summary of Inspection findings**

The centre provided respite care to both children living at home and in a foster care placement. For children living at home, the provision of respite care for regular periods of time supported them to stay at home and provided breaks for children and families from particular family dynamics. Foster care placements were supported to continue for extended periods in times of complexity. The centre had the capacity to provide respite care for up to 15 children and young people, four of whom could stay in the centre on any given night. At the time of the inspection, regular respite care was being provided to 8 children for different periods of time and with varying regularity, depending on their individual circumstances. At the time of the inspection, there was 1 child living in the centre.

During this inspection, inspectors met with or spoke to 5 parents, 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.

The centre was providing a service to eight children however, on the day of inspection there were no children resident in the centre and one child had been discharged before inspectors arrived. As a result, the centre was assessed against four out of 10 national standards.

As inspectors did not get to talk to children directly, children's questionnaires were provided to the centre. Inspectors received five questionnaires completed by children who had experienced a respite break in the centre. Inspectors spoke with three allocated social workers.

Children reported through questionnaires that they felt safe living in the centre, enjoyed their respite breaks and had staff to talk to during their stay. The staff team engaged with the children in a creative way to obtain their views and ensure they participated in the running of the centre. Children's rights were promoted and children took part in meaningful and fun activities during their stay in the centre.

Children's files were well maintained but some of the statutory requirements were not present. Respite agreements between the children's parents, Tusla and the centre were in place but these were not always up to date or accurate. Admissions were planned in advance with time allocated for a phased introduction to the centre, and information about the centre was shared with the children. The staff team completed risk assessments on the mix of children having respite breaks together to ensure they were safe and their needs could be met.

The centre was maintained to a high standard and was clean, homely and welcoming. Risks in the centre were well managed. However, there was insufficient ventilation in the centre and this posed a fire safety risk. The alternative care manager provided inspectors with a plan to manage this risk and rectify the problem.

The centre was managed by a competent management team and there was a committed staff team that were dedicated to providing good quality care. There were some good management systems in place to ensure effective oversight and monitoring of service. However, responses to identified gaps in children records needed improvement.

Further details of the findings of this inspection are contained within the body of this report.

## 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. Children were provided with adequate information regarding their rights on their admission. Inspectors observed information on children's rights displayed for children in the centre, including details about a national independent advocacy service. Children who responded to questionnaires said that they were aware of their rights. Inspectors spoke with children's family members and carers who said that staff respected and promoted the rights of children and provided a child centred service. Staff were aware that children could access their information. Children were given the opportunity of visiting the centre prior to admission and met with managers and staff and it was their choice to attend the service.

Children had their own bedrooms when they stayed in the centre and their right to privacy was respected. However, there were alarms on children's bedroom doors to alert staff if a child left their bedroom at night. Although the centre completed a general risk assessment on this practice, risk assessments were not completed for each child every time they stayed in the centre. As a result, the centre did not demonstrate why this restrictive practice was required for each child, or the risk it was a control for.

Children were actively encouraged to participate in decisions about them and planning their respite stay. There were records of opportunity-led and structured keyworking sessions with children, to plan activities and to obtain their views. The staff facilitated monthly activities relating to a particular theme, to encourage participation and learning in specific areas. For example, a poster campaign had commenced regarding bullying to support learning and information sharing on this topic. Other themes covered included healthy eating and lifestyle, recycling and summer activity planning. Family members and carers told inspectors that children felt listened to and children and their family members were encouraged to attend placement reviews. Changes to the placement only occurred with the child's knowledge and consent.

There was an effective system in place to manage complaints. Children who returned questionnaires said they were aware of how to make a complaint. Inspectors found that there were three complaints recorded on the centre's complaints log and these had been effectively managed, and to the satisfaction of the children involved. The centre manager managed complaints in a timely manner and in line with policy. It was evident that complaints were routinely discussed at team meetings for learning.

**Judgment:** Substantially Compliant

**Theme 2: Safe & Effective Care**

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

**Standard 5: Planning for Children and Young People**

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

**Inspection Findings**

Admissions to the centre were planned. There was a policy and procedure describing the admissions process and all admissions were managed through a central referrals committee. However, the policy was generic for Tusla residential centres and did not account for the specific nature of this service. Respite services were provided to children who were in the care of Tusla and also for children who were living at home. However, there was a lack of guidance on the provision of respite care for children who were not in the care of the State, and on the information required about these children as part of their referral. Respite agreements were completed prior to the children's first admission, but commencement dates were not always recorded or updated when the plan for respite changed. There had been seven new admissions in the 12 months prior to the inspection.

There were eight children receiving respite services at the time of the inspection and a further three children had been referred. The centre manager requested specific information including a risk assessment and an overview of the child's needs from their social workers, before an admission. This was to ensure the team had sufficient knowledge of the child's needs and that the service was suitable for the child. Children had a choice to avail of the service or not and all children had opportunities to visit the center before their first admission. There was evidence of good engagement with children, their families and social workers in the admissions process. Children were admitted on a phased basis depending on their individual circumstances. Consideration

was given to appropriateness of the mix of children availing of the service together. A collective risk assessment was completed when there was a new group of children, and inspectors found that these were detailed and sufficient to identify any potential difficulties or risks which may arise.

Discharges were planned in a child-centred way. The centre manager said that placement review meetings identified any changes required to a child's current plan and discharges were planned and phased. There were seven discharges in the 12 months prior to the inspection and records related to these children were archived, as appropriate.

There was sufficient detail in each child's file to guide their day-to-day care, but not all of the statutory requirements were present. Inspectors reviewed five files and found that a care order was in place for the relevant children who were in care of Tusla. However, the voluntary consent for admission to care form was present for one child but not for three children who were in the care of Tusla on a voluntary basis. There was a care plan on file for each child who required one but four of the seven plans sampled were out of date. Although the staff, and subsequently the centre manager, had attempted to obtain the most recent plans, the centre's escalation procedure had not been followed to ensure the required documentation was provided. The deputy centre manager told inspectors that staff attended child-in-care reviews and had detailed up-to-date knowledge about the children. However, minutes of these meetings were not retained on file. Each child had an allocated social worker and the team had sufficient contact with them as required for a respite placement.

Each child had a placement plan which documented their needs and provided a plan for their care while on a respite break. These were informed by information provided prior to admission along with placement reviews and the staff's knowledge of the children. Inspectors found that placement plans were sufficiently detailed to guide the care of the children on a respite basis and they were subject to regular review.

The views of carers and family members were valued by the centre staff. The centre manager and deputy centre manager told inspectors that they maintained contact with families. Parents said they were contacted on a regular basis to arrange the respite break and to update them after a visit. Parents and carers said they had visited the centre and felt welcome there.

Children's emotional and physical needs were assessed and met. Children were supported by the staff team and had regular opportunities to reflect on any aspect of their lives with a staff member. Children were allocated a keyworker on admission and had regular individual sessions, which were informed by their plans. The centre had introduced a new model of care and this guided all aspects of working with the children, including individual work and meetings regarding their care. This was evident from care files. Inspectors found that the team had creative ways to engage positively with the children.

Children's records were well maintained and filing systems were adequate. Children's files were legible and well organised.

**Judgment:** Non Compliant - Moderate

### **Standard 7: Safeguarding and Child Protection**

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

#### **Inspection Findings**

There were measures in place to protect children and promote their welfare. Children who completed questionnaires reported that they felt safe while in the centre. Parents and carers who spoke with inspectors said their children were safe while on respite visits. The staff were proactive in their approach towards bullying in the centre. A bullying campaign had commenced to heighten awareness among the children and to generate discussion and learning about this topic.

There was an interim child protection policy which outlined the steps to be taken in the event of a child protection or welfare concern. The centre manager was the designated liaison person and she was aware of her role in this regard. Inspectors spoke with staff members who were clear on their mandated role and understood the steps they should take if they had a child protection and welfare concern about a child. There was one child protection concern reported in the last 12 months. Inspectors found that this concern was reported and subsequently closed appropriately. A child protection log was maintained by the centre manager and this was up-to-date.

All staff had An Garda Síochána (police) vetting in place. The majority of the team had updated vetting and this was being progressed at the time of inspection for three staff members. Training in Children First, National Guidance for the Protection and Welfare of Children (2017) was provided to all staff members.

**Judgment:** Compliant

### **Standard 10: Premises and Safety**

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

#### **Inspection Findings**

The centre was clean, very homely and fit for purpose. It was very well maintained with suitable furnishings. The kitchen was recently renovated and there were child friendly areas available to the children, such as a gym and a playroom. There was adequate space for children to engage in group activities or have time alone if they wished. Children had their own bedroom while in the centre, and efforts were made to ensure children returned to the same room on their next break. If this was not possible, their belongings were safely stored. Inspectors observed suitable outdoor play equipment, board games and computer consoles for the children to use during their stay.

There was an up-to-date health and safety statement that was signed in April 2018.

Regular health and safety checks were completed. Maintenance issues were generally responded to in a timely manner but it was not always recorded on the centre's log when the issue was resolved.

There were some adequate precautions in place for the prevention of fire. Inspectors viewed the fire register and there were regular checks of fire fighting equipment including fire extinguishers and emergency lighting. All staff members had up-to-date fire training. A staff member was named as the fire officer and the centre manager had oversight of the fire safety procedures. Fire drills were carried out regularly and there was a system in place to ensure all adults and children had completed a drill. Inspectors reviewed an audit which highlighted that two children had not engaged in a drill in over 12 months and these children participated in a drill on their next visit. There was correspondence from an engineer regarding fire safety which highlighted inadequate ventilation in the centre.

There was insufficient ventilation in two areas in the centre and the centre manager said this was in the process of being addressed. Inspectors sought additional information following the inspection to ensure there were no immediate risks related to fire safety. Inspectors were provided with a satisfactory response and an outline of the plan to address the issues of concern.

**Judgment:** Non Compliant - Moderate

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

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

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

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

#### **Inspection Findings**

The centre had a statement of purpose and function which was updated in July 2018. It accurately described what the centre set out to do and the manner in which care was to be provided. The model of care in the centre was clearly described as a model to strengthen a child's natural ability to respond to their needs rather than react to problems, and encouraged children to accept responsibility. This model was recently introduced in the centre and the team had been adequately trained.

The statement of purpose stated that the centre aimed to provide short- to long-term respite care for children aged between 12 and 17, where it is believed that by

providing a respite placement, their home placement would be sustainable. Referrals were accepted for children living in foster care and children who were not in care and living at home. The key policies that guided the provision of care were listed on the statement, but there was no reference to a specific policy for working with children who were not in the care of Tusla. In addition, the statement of purpose referenced unplanned admissions and although there had not been any, a procedure to guide the team, should this be requested, was not available.

The statement was available to the children in a child friendly format and was visible in the centre.

**Judgment:** Substantially 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 governance structure in place with lines of responsibility and accountability. The centre was managed by a qualified, committed and experienced manager and deputy manager. The staff team were experienced and dedicated to providing a good quality service to children. The centre manager was supported in the role by a deputy manager and management duties were shared among both managers. The centre manager reported to the alternative care manager through formal and informal processes. Inspectors spoke with the alternative care manager and it was evident that she had thorough knowledge of the service and the care provided to the children. There were five social care leaders who had shift leader responsibilities on a day-to-day basis.

There was a system in place to provide on-call support to staff outside of normal working hours. The centre manager and deputy centre manager provided this support on a rotational basis with other managers in the area.

Although there were policies, procedures and guidance documents in place, the Child and Family Agency (Tusla), had not reviewed a large number of these policies for a considerable amount of time, to ensure they were in line with good practice. As documented previously, the centre did not have a specific policy to guide the care of children who were not in the care of Tusla.

Communication systems were effective. Staff members reported that communication was good between the centre manager, deputy manager and the staff team. There were systems in place to ensure information was communicated to staff members on each shift. These included daily handover meetings, shift planners, a daily diary and regular team meetings. Team meetings were structured and regular. There was a set agenda to ensure that the needs of each child were routinely discussed. Inspectors found that significant events, child protection and health and safety issues were reviewed at each meeting. The minutes reflected child focused and creative discussions

about approaches to working with the children. The centre manager said attendance at team meetings was not optimal following the introduction of live nights. The alternative care manager said this was being addressed with the regional manager.

While there was a management oversight system in place, there were some gaps identified. The centre manager said she utilised team meetings, handovers and supervision with staff to ensure she had sufficient oversight. In addition, it was evident that the centre manager and deputy centre manager regularly reviewed children's records, complaints and fire records. The alternative care manager regularly visited the centre and it was evident that she reviewed records and documents. She also supervised the centre manager and had informal communications with the centre manager to ensure she had oversight. The centre manager and deputy centre manager completed audits of children's files, supervision records, medication and health and safety records. However, some of these audits were not always effective as deficits identified did not result in the required improvements. Inspectors found that gaps related to children's care plans were identified during an audit in April 2018 and this continued to be the case at the time of the inspection.

The centre maintained a register of children which contained all of the information required by the Child Care (Placement of Children in Residential Care) Regulations, 1995. It reflected every admission and discharge from the respite service on a weekly basis.

There was a system for notifying significant events and the review of significant events took place at team meetings. Significant events were minimal and records relating to the events had been archived as the children had been discharged. There was a significant event review group for the area and it was evident that feedback was provided to the team following these meetings.

There was a system in place to control risk but this was not adequate. There was a risk management system and the deputy centre manager had responsibility to oversee this. She presented as knowledgeable about risk and the process required to manage any risks but had not received formal training in this area. Risks relating to the children and environmental risks were assessed with adequate control measure out in place. However, the risk assessments did not always clearly record the actual risk. In addition, not all risks were risk rated and therefore it was not evident what risks needed to be placed on the risk register or escalated. There was a risk register in place but this needed to be developed further to ensure it reflected the current risks in the centre.

The staff team were experienced and provided stability and consistent care to the children. The centre had 14 whole time equivalent (WTE) posts and there were sufficient staffing levels to ensure full cover on a daily basis. There were occasions when there were no children in the centre but the centre manager said these occasions were rare. This was discussed with the alternative care manager who advised that the staff team were available to cover shifts in other units on these occasions.

Staff supervision did not occur in line with policy. The centre manager and deputy centre manager supervised the social care leaders and they in turn supervised the social care workers. Inspectors sampled supervision files and found the quality varied and the timelines were not in line with those recommended on Tusla's policy. The

centre manager and alternative care manager advised that this was due to the introduction of live night cover and plans were being considered to address the gaps.

Most of the staff files were retained onsite. The centre manager provided inspectors with an overview of the contents and there were some gaps relating to identification and records of employment history. The files of two staff who recently joined the team were held at a central office. Most of the staff had received the mandatory training. Inspectors found that all staff members had completed training in medication management and fire safety. However, first aid, supervisee and the behaviour management training programme had not been completed by staff who joined the team this year.

**Judgment:** Non Compliant - Moderate

## **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

# Action Plan

**This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.**

<b>Action Plan ID:</b>	MON-0025359-AP
<b>Provider's response to Inspection Report No:</b>	MON-0025359
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Date of inspection:</b>	23 October 2018
<b>Date of response:</b>	24 December 2018

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

<b>Theme 1: Child - centred Services</b> <b>Standard 4: Children's Rights</b> <b>Judgment: Substantially Compliant</b>  <b>The Provider is failing to comply with a regulatory requirement in the following respect:</b> The rationale for the use of alarms on bedrooms doors was not clear.  <b>Action Required:</b> Under Standard 4: Children's Rights you are required to ensure that: 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.  <b>Please state the actions you have taken or are planning to take:</b> • The centre manager will ensure that any use of a restrictive practice is as a result of an identified and assessed risk specific to a young person. Where such a risk assessment indicates the use of a restrictive practice, the risk assessment will be conducted in a manner possible and for the shortest duration necessary. The risk assessment and the associated control measures will be reviewed at a minimum of every month and upon admittance or discharge of a young person.
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<b>Proposed timescale:</b> 01/12/2018	<b>Person responsible:</b> Centre Manager
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**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:**

The admissions policy was generic for Tusla services and did not account for the specific nature of this service.

Respite agreements were not adequate.

Voluntary care agreements were not on file for all of the children in voluntary care.

An up-to-date care plan was not present on all files.

Child in care review minutes were not present on all files.

The centre's escalation procedure was not effectively utilised.

**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 new national suite of policies and procedures are scheduled to be in place by end 3rd quarter 2019. In the interim the centre manager ,in conjunction with the Alternative Care Manager, will develop centre specific guidelines to include updated guidelines on the admission procedures
- Respite agreements will be completed accurately on admission and up-dated when placements are reviewed if necessary.
- Voluntary care agreements, Child in Care Review minutes and up –to date Care Plans will be requested from the allocated Social Workers by Monday 26th November. If the requested paperwork is not received by 7th December 2018 then the centre manager will escalate the matter to the Alternative Care Manager who in turn will raise the matter with the principal social worker If the paperwork is not received within two weeks then the Alternative care manager will escalate the matter to the Regional Manager who in turn will raise the matter with the area manager.

- In future, where documentation is not provided to the centre, the young person's Keyworker will write to the assigned social worker to request a copy of the documentation. If the documentation is not received within 10 working days, the Social Care Manager will raise the matter with the social work team leader. If the documentation remains outstanding after a further 5 working days, the social care manager will escalate to the alternative care manager who will in turn raise the issue with the principal social worker. If the documentation remains outstanding after a further 10 working days, the alternative care manager will escalate the matter to the regional manager who will in turn raise the matter with the area manager.

**Proposed timescale:**  
30/09/2019

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

## **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:**

It was not consistently recorded when a maintenance issue was resolved.

Ventilation in the centre was not sufficient.

#### **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 date that a maintenance issue is resolved is now recorded in the record. The centre manager has reviewed this process with the team. Maintenance issues and records of maintenance will remain a standing item on the team meeting agenda.

A new audit tool, which can be used by the Alternative Care Manager and the Centre Manager, will be introduced by 14th January 2019. Any audit conducted will have a clear record indicating the SMART actions identified the person responsible and clear timeframes for completion. Outcomes of audits will be reflected in team meetings and supervision. Audits will remain a standing item on the team meeting agenda.

- The centre manager held a meeting with a Chartered Engineer, Fire Safety Consultant and the property owner on 23/10/2018 to discuss work to be carried out to ensure sufficient ventilation in the building. Assurance has been given that all works will be completed by 1st March 2019.

In the interim the following has been put in place:

The centre manager has liaised with the Fire Officer and has been assured in writing that once all the staff and residents that occupy the centre are all able bodied and do not need any form of assistance, should the need for an evacuation occur, then the centre is not at significant risk. At present all staff have completed their fire safety training and all staff and young people are able bodied.

Room number 12 and number 2 remain vacated as in the event of a fire both stairs could be vented via the windows in these rooms. The doors in rooms 12 and 2 are removed to provide natural ventilation.

All fire procedures have been reviewed with the staff team. Additional fire drills are scheduled.

All staff have reviewed the fire evacuation plan, who phones 112, who evacuates and who carries floor map (listing who is present in the centre) who is responsible for calling what young people and the agreed support required for each young person based on circumstances

Consultation has occurred with all young people to highlight the additional measures to manage fire risk in the centre.

A specific walk around checks are being completed in the house with an emphasis on fire prevention and fire risk management including young people's bedrooms These occur immediately after 11am handover completion and when the house is locked up at 22.00 This is completed and signed off by 2 staff.

Live night cover currently in the centre will minimise the risk of fire due to supervision and monitoring of the house during the night. Live night staff will ensure that all fire doors remain closed when not in use.

We have offered all young people replacement chargers for their phones to ensure all chargers are safe and have reduced fire risk. All young people are requested to leave their phones in staff office at night time.

<b>Proposed timescale:</b> 01/03/2019	<b>Person responsible:</b> Centre Manager
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#### **Theme 4: Leadership, Governance & Management**

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

##### **Judgment: Substantially Compliant**

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

The statement of purpose did not list all of the required policies to guide the care within the centre.

The centre was available to take unplanned admissions but there was no further

information to guide the team in this regard.

**Action Required:**

Under Standard 1: Purpose and Function you are required to ensure that:

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

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

- The new national suite of policies and procedures are scheduled to be in place by end 3rd quarter 2019. In the interim the centre manager, in conjunction with the Alternative Care Manager, will develop centre specific guidelines to include updated guidelines on the admission procedures including unplanned admissions of young people not in care. At present staff are guided by Policies and Procedures for Children's Residential Centres for unplanned admissions. These guidelines will be completed by 31st January 2019. The statement of purpose and function will then be updated to include the centre specific guidelines to guide the care within the centre.

<b>Proposed timescale:</b> 30/09/2019	<b>Person responsible:</b> Director of CRS, C&FA
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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:**

Policies and procedures had not been updated by Tulsa.

Monitoring systems were not consistently effective to ensure gaps were rectified.

The risk management system was not adequate.

Supervision of the staff team did not occur in line with timeframes set out in the policy.

Staff files did not contain all of the required information.

Not all of the mandatory training requirements had been met for the full team.

**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 new national suite of policies and procedures are scheduled to be in place by end 3rd quarter 2019.

- A new audit tool, which can be used by the Alternative Care Manager and the Centre Manager, will be introduced by 14th January 2019. Any audit conducted will have a clear record indicating the SMART actions identified the person responsible and clear timeframes for completion. Outcomes of audits will be reflected in team meetings and supervision. Audits will remain a standing item on the team meeting agenda.
- The Alternative Care Manager will provide a workshop to the staff team regarding Tusla risk management systems and how they should operate within the centre. This workshop will be delivered by 31st January 2019. Risk management will be reviewed at team meetings and during supervision to ensure that all staff is clear on the processes involved and supported in the management of risk within the centre.
- The Social Care Manger, in conjunction with the Alternative Care Manager, will undertake a review of risks in the centre by 31st January 2019 to ensure that all risks have been identified and placed on the risk register. The Social Care Manager will ensure that all risks are reviewed and updated monthly.
- A supervision schedule will be in place from all supervisors by Thursday 6th Dec 2018. The new audit tool will include an audit of supervision.
- Staff files will contain all required information by 10th Dec 2018
- The Centre Manager will liaise with Workforce Learning Development to ensure that staff receives all mandatory training by 31st March 2019.

<b>Proposed timescale:</b> 30/09/2019	<b>Person responsible:</b> Director of CRS, C&FA
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