

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA DNE CRC
Centre ID:	OSV-0005624
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0020346
Lead inspector:	Jane McCarroll
Support inspector (s):	Grace Lynam; Lisa Horgan

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: 10 January 2018 9:00am To: 10 January 2018 6:00pm

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

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

Actions required

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

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

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

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

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

Summary of Inspection findings

The centre is based in a three storey detached residential house with a large outdoor garden space. It is located in a rural setting on the perimeter of County Dublin. At the time of the inspection, there were 6 children living in the centre.

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

Inspectors also spoke with the monitoring officer, two social workers and a principal social worker.

The centre, according to its statement of purpose and function, provided medium to long term residential care to up to six children, between the ages of 12 to 18 years, seeking asylum in Ireland.

The children spoke very positively of the centre. Children remarked on the quality friendships they have made with one another. The children expressed great satisfaction with the recreational facilities available to them. They told inspectors that they could trust staff, which was invaluable to them. The children also expressed concern for their

future and uncertainty as to where they would live when they reached 18 years. At the time of the inspection, all of the children were 17 years of age.

Inspectors found that the children's quality of life was good. Inspectors observed good meaningful connections between staff and the children at the centre. Staff treated children respectfully and warmly. The staff team placed a significant amount of focus on the integration of children into the local community, as well as a focus on encouraging the children's cultural and religious beliefs. This focus was evident all through the centre for example, from the provision of a prayer room for children to staff sourcing particular specialist food from the children's country of origin.

Some factors negatively affecting the quality of life for children were directly related to the process and experience of separated children seeking asylum. Children in the centre had little or no contact with their immediate family and wider support networks by virtue of their pathway into care. Children in the centre also presented with very specific emotional needs which were influenced by the negative experiences they had endured prior to coming to Ireland. Inspectors found that staff were being creative in the ways in which they supported the children's vulnerabilities and promoted their resilience. However, the provision of therapeutic interventions for children was not wholly adequate. Language barriers also compromised staff in fully understanding the needs of children in times of crisis.

Inspectors were informed that all children in the centre were in the care of Tusla on a voluntary care basis, under Section 4 of the Child Care Act 1991. However, inspectors found that the children's files did not contain the relevant documentation to support their care status. Of the files sampled, there were no copies of any court order relating to the children or parental consent to the children's admission to voluntary care on files in accordance with the Child Care (Placement of Children in Residential Care) Regulations 1995.

All children had an allocated social worker. However, inspectors found that the frequency of visits to the centre by social workers was not in line with the Child Care (Placement of Children in Residential Care) Regulations 1995.

Management systems to ensure safe and effective service delivery were evolving at the centre. The systems of communication in the centre were robust and inspectors found that the staff team were sufficiently aware of the children's day-to-day needs and general wellbeing. Oversight and quality improvement measures were developing in the centre. Inspectors found that the manager and staff were open to developing new practices and initiatives to meet the dynamic needs of the children. Supervision of staff required improvement. Not all staff had completed mandatory training.

These and other findings are outlined throughout the 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

For the majority, the rights of the children were promoted and supported by the care practices and policies of the centre. The centre used a rights based approach to care. Inspectors found that this approach was embedded well within the residential centre.

Following their admission, children were given a welcome pack. The welcome pack contained written information which was explained to the children by staff through the use of an interpreter. Inspectors reviewed the welcome pack which included information on the guiding principles of the United Nations Convention on the Rights of the Child, the centre's mission statement, house rules, complaints procedures and other key information relevant to the child and their care. Inspectors found that the centre were developing and improving this pack. At the time of the inspection, the centre manager informed inspectors that the welcome pack was being sent for translation into the children's first languages.

The staff team were committed to promoting communication and participation of all children in the centre. The centre had access to an interpreter who attended meetings and other forums with children as required. Inspectors found that the staff were being creative in the ways in which they communicated with children on a daily basis. For example, some routines were displayed as drawings in key areas of the centre. Inspectors observed staff engage with the children in a child centred and respectful way.

There were frequent meetings held for the children at which they could make suggestions about the operation of the centre. Inspectors reviewed a sample of the minutes of these meetings held since the centre opened in March 2017. All children attended the majority of these meetings. Children were given the opportunity to raise issues relevant to them. Inspectors found that the minutes of these meetings reflected that the forum was also used to discuss and inform children of the day to day routines and processes in the centre. Inspectors found that the children actively participated in

voicing relevant issues or concerns. While these issues were not entirely related to the running of the centre, children were utilising this forum to voice their views and needs. For example, one child asked for guidance and support from staff on how to approach his sports coach to discuss the impact of his fasting period on his sports performance. Inspectors found that there was improvement in the recording of these meetings in recent months, to include timely actions to resolve and address children's questions.

Children were aware of their rights. Children had access to advocacy services. In July 2017, all children at the centre met with EPIC (Empowering People in Care), which is a national agency that advocates for young people in care. Children were also brought to meet the Ombudsman for Children.

There was a system in place to manage complaints but not all concerns and grievances were recorded in the register of complaints. Tusla's national complaints policy, Tell Us, was utilised in the centre. There was one complaint recorded in the centre in November 2017. Inspectors found that the complaint log did not explicitly record the conclusion of the complaint. The centre manager told inspectors that this complaint was not yet finalised. The resolution of this complaint was not timely.

Inspectors found that children were encouraged and supported to utilise the national complaints policy when dissatisfied in the centre. For example, when children expressed grievances, staff reminded children that they were entitled to make a complaint. Assistance was offered to children to enable them to make a complaint. Inspectors found that there was a tendency in the centre for children to voice their grievances with staff in isolation of the formal complaints process. However, these grievances were not logged.

Inspectors found that staff were aware of children's concerns and these were addressed through key working sessions and children's meetings. Inspectors found that the centre manager also consulted with the social work department and the alternative care manager if required, in order to address children's concerns. As the centre did not have a system of recording all concerns or grievances, this meant that concerns for children were not considered in a way that could ensure overall learning and improvements in the quality of the service.

Children were integrated well into the local community. Inspectors found that staff encouraged and promoted the children's involvement in social, recreational and religious activities. Children were participating in school, local sports clubs, a community based voluntary organization, as well as church.

There were broader factors outside of the remit of the children's centre, impacting on the rights of the children. For example, despite the children having refugee rights, inspectors found that they were not afforded the opportunity to travel. This meant that children were precluded from participating in a school trip as well as a sporting event in which one child was to compete.

Children's rights to health and education were being promoted by the staff team. Staff and social workers informed inspectors that there was a plan in place to meet the educational and health needs of all children. Five of the children were in full time mainstream education and one child was attending a training programme. Prior to their

entry into mainstream school, all children were enrolled in a youth and education training programme specifically for separated children seeking asylum. The objective of the programme was to empower separated children to live independent lives and to integrate and participate fully in society. Inspectors noted that children were challenged in their ability to participate in mainstream education due to language barriers.

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

The centre re-opened for admissions in March 2017 and since then there had been six admissions to the centre. To date the admissions have been planned and had specifically targeted children seeking asylum. Admissions were referred through Tusla's separated children seeking asylum social work team to the Residential Child Care Resource Panel in Tusla. All admissions to the centre were suitable admissions in line with the statement of purpose.

Inspectors sampled four of the six children's files and found that all four children had received a medical screening on admission, as well as medical cards and access to GP and dental services.

Inspectors were informed that all six children in the centre were in the care of Tusla on a voluntary care basis under Section 4 of the Child Care Act 1991. Inspectors sampled four of the six children's files in the centre. There were no copies of parental consent to the children's admission to voluntary care on file in accordance with the Child Care (Placement of Children in Residential Care) Regulations 1995. All four children's files contained a voluntary care agreement which required the signatures of the child's biological parents in order to consent to their care. Parental consent was absent on all four voluntary care agreements.

Furthermore, the children's care status, under a voluntary care agreement, had brought some uncertainty to the staff at the centre in relation to providing consent for school activities for example. These significant components of the child's care were not given due consideration prior to or immediately following their arrival at the centre.

All children at the centre had an allocated social worker from the separated children seeking asylum social work team. Social workers from this team had a dual role of assisting children through their immigration process as well as day-to-day responsibility for the children's care. Inspectors found that, of the four files sampled, children did not

receive regular visits at the centre by social workers in line with the Child Care (Placement of Children in Residential Care) Regulations 1995. In all four files sampled, there had been time frames of six to seven months, when children's social worker had not visited the centre. Furthermore, one child met with their social worker in a local Garda station. The meeting in the Garda station was originally facilitated in order to assist a child in obtaining documentation. However, inspectors found that during this meeting sensitive information was disclosed by the child. An alternative and more suitable venue to further discuss these issues with the child was not sought .

Care plans were present on files but their quality was mixed. For example, one care plan was incomplete despite being signed and dated. There was no information relating to the child's understanding of his situation, the child's view or life story analysis.

Care plans were not appropriately updated. Inspectors found that care plans were not always updated when new information came to light about children through statutory reviews. Information regarding the specific needs of children was increasing, as the children progressed in care and built relationships with staff. Records on children's files reflected that this information was not always utilised to inform care plans. Care plans did not contain a comprehensive assessment of the emotional needs of the children at the centre despite the children's experiences of trauma and related emotional vulnerability. This meant that therapeutic supports from specialist services were not adequately identified for children in care plans.

Staff completed placement plans for each child in the centre. Of the files sampled, inspectors found that placement plans were comprehensive. The plans included all relevant components of the children's needs, and identified specific tasks and actions to address these needs. Inspectors found that these actions were followed through and this was evidenced in key working sessions with the children. A placement support plan template was also in use at the centre. Of the files sampled, inspectors found that the placement support plans were under developed and required improvement. The templates were not all completed in full. This meant that staff did not have a record of the specific routine management needs of the children to address behaviours.

Children were supported and promoted to maintain family contact where applicable. By virtue of their pathway to being in care in Ireland, not all children had contact with immediate family. Children had mobile phones and Wi-Fi facilities to assist in making and sustaining contact with family.

The children had specific emotional needs by virtue of the negative experiences they had endured prior to coming to Ireland. Through a review of files and speaking to staff, inspectors found that children had endured traumatic experiences prior to coming to the centre. As a group, the children were presenting with symptoms of emotional stress. Inspectors found that staff at the centre were being creative in the ways in which they supported the children's vulnerabilities and promoted their resilience. For example, staff were providing children with holistic remedies and providing advice on techniques to facilitate better sleep. Staff were also encouraging and providing recreational and gym facilities to improve resilience and well being for the children in an effort to combat stress.

Inspectors found that staff at the centre were also advocating on behalf of the children

to access services and supports to assist them. For example, an art therapist was sourced for one child and a designated space was created for this in the centre. However inspectors were informed that the child disengaged from this therapy. Inspectors found that there was no other alternative therapeutic intervention in place for this child. As such, the therapeutic needs of the child remained unmet. Inspectors found that the therapeutic needs of all children were not adequately assessed and matched with the required specialist resources.

At the time of the inspection four of the six children had an allocated aftercare worker. Whilst some assessments of aftercare needs had started, there was no sufficient aftercare plan in place for any of the six children at the centre, despite all children being 17 years of age. Inspectors found that there was uncertainty amongst staff and the children in relation to the children's care and accommodation needs following their 18th birthday. Children told inspectors that they were worried for their future and the care that they may be afforded once they became adults.

Inspectors found that, since the children's arrival to the centre in March 2017, the plans for children had been focused on settling the children into their new environment and community. However, in light of the children's age, aftercare planning required equal focus and this should have been running in tandem with the children's presenting needs.

Inspectors spoke to two social workers, a principal social worker and the alternative care manager for clarity in relation to the aftercare needs of the children at the centre. Information provided to inspectors from these professionals reflected that there was an inconsistent and underdeveloped plan of aftercare for all children.

Inspectors found that staff at the centre were assisting the development of the children's independence. There was evidence that key working sessions were focused on assisting the children to prepare for adulthood. For example, supporting children to open a bank account and supporting a child to utilise public transport. Children were cooking for themselves at the centre on occasions and participating in shopping.

Children's files were stored safely and securely. The files were in good condition but did not contain all of the required documentation in accordance with the Child Care (Placement of Children in Residential Care) Regulations 1995.

Judgment: Non Compliant - Moderate

Standard 6: Care of Young People

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

Inspection Findings

Inspectors found that staff encouraged and facilitated children's social integration. Children were given the opportunity to take part in a wide range of interesting activities. Records showed that children were involved with a local soccer team, an athletics club and a room in the centre was equipped with gym equipment. Children were also attending church and had made friendships and acquaintances through this forum. There was a games room available and children had access to Wi-Fi.

Children were appropriately dressed at the time of inspection. The children's self-care was promoted and empowered. An allowance was given to all children to purchase toiletries in keeping with their developmental and self-care needs.

Children were provided with a varied and nutritious diet. Staff provided children with specific specialty ingredients and meals from their country of origin. Inspectors found that the children's unique rituals at meal times were supported by staff and this facilitated a warm and nurturing atmosphere in the centre.

Children were consulted on the day-to-day operation of the centre. Children were consulted about meal plans. Children had choice in relation to recreational activity and they participated in cooking and shopping.

Children's cultural identity was promoted in the centre. Staff facilitated periods of fasting at the children's request in line with their cultural beliefs. A prayer room was created in the loft which was designed and decorated by the children. Space and time was given to the children to use this facility. Staff assisted the children in joining a church at their request and the children were supported to become involved with their respective religious communities.

Staff were mindful of the children's pathway to the centre and the negative experiences which they had experienced. Staff participated in consultation meetings with a psychologist to gain insight of trauma and how to manage safe boundaries with children, as well as a training seminar presented by the separated children seeking asylum social work team. Inspectors interviewed members of the staff team whom described particular approaches and skills they used to meet the day to day care needs of the children. These included active listening, the development of trust and relationship, and a focus on privacy and respect in all aspects of the children's cultural, religious and integration needs.

Staff were being creative in the ways in which they communicated with children in light of the language barriers. Staff told inspectors that the development of their relationships with the children, coupled with a familiarity of their behaviours, had

assisted them to gauge children's moods.

However, inspectors found that staff did not always fully understand what was going on for children at the centre. For example, when children's behaviour was heightened, staff were not always enabled to explore the rationale for the child's behaviour during that time of crisis due to language barriers. As such, inspectors found that this created a missed opportunity to fully understand and gauge the children's emotional regulation and behavioural triggers in a time of need.

There were 31 notifications of significant events recorded for the children living in the centre at the time of inspection. Significant events recorded related to a wide range of events in the children's lives, including negative behaviours of the children and positive achievements and outcomes for the children. For example, graduating from education training programmes. Each child had a significant notification log which was updated as required. The centre held a central significant events notification log which included a log of all individual notifications. The centre manager also attended and chaired a significant event review group which provided a forum for the review of notifications of significant events from the centre.

Restrictive practices were used at the centre. Alarms were placed on each child's bedroom door. Staff told inspectors that the purpose of these alarms was to alert sleeping night staff to children leaving their room at night. Inspectors found that there were concerns about the children's sleep patterns. Some of the children had experienced fear during the night, as a result of flash backs and nightmares. This system was risk assessed and regularly reviewed by the centre manager and the staff team at team meetings and with the alternative care manager. However, inspectors found that this practice was not used as a last resort following the trial of alternative solutions to meet the long term needs of the children in relation their disturbed sleep.

Judgment: Non Compliant - Moderate

Standard 7: Safeguarding and Child Protection

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

Inspection Findings

There were a number of safeguarding practices implemented within the centre including garda vetting of staff, staff supervision and ongoing training including Children First. Staff who spoke to inspectors were knowledgeable of child protection practice. The centre manager was the nominated designated liaison person for child protection. Staff told inspectors that they had recently completed updated training in Children First (2017), through an e-learning programme. However, of the staff files sampled, training records were not updated to reflect this training.

According to data provided by the centre, there were two child protection concerns reported for two children between March 2017 and the time of the inspection. Inspectors found that the child protection reports were sent to the local duty social

work service for the area. The reports had been responded to and closed appropriately. As well as reporting these concerns to the social work department, staff sent a notification of the concern to the allocated social worker and the monitoring officer.

The centre did not have a robust system of recording child protection reports. At the time of the inspection, inspectors found that there was no specific child protection log. The child protection reports were contained in a central significant events notification log. Inspectors found that, whilst there were few child protection concerns arising within the centre, a separate system of recording and tracking these concerns was required in order to ensure effective oversight and tracking of child protection reports.

Inspectors found that children felt secure in the centre. Children told inspectors that they could speak to staff if they had an issue and that they could trust staff. Inspectors observed a homely and nurturing atmosphere in the centre.

Judgment: Substantially Compliant

Standard 10: Premises and Safety

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

Inspection Findings

The centre was located in a two-storey house with a loft conversion. There was a large garden area with outdoor recreational equipment. The centre had been refurbished prior to it re-opening in March 2017. The centre was located in a moderately rural location. There were no amenities within close proximity. However, children had access to a bus route nearby and were utilising public transport to attend various events, appointments and schooling. Staff also had access to a centre car to transport children to these events.

There was a homely and pleasant ambiance in the centre. The centre was clean, bright and spacious. The furnishings and facilities were adequate for the number of children living there. Communal areas included two sitting rooms, a kitchen/dining room, utility room, activities room and a gymnasium room. There were two other rooms which provided space for homework for the children and also a room which had been developed into an art and play therapy resource. Staff portrayed awareness and interest in the children's needs when selecting various home décor and accessory items, for example a large map of the world was displayed on the wall. The children's art work and group photographs were also displayed throughout the house.

The loft area of the centre was utilised as a place for prayer. Inspectors observed pictures and meaningful artefacts displayed in the loft and these were chosen by the children. Each child had their own room and there was sufficient space and storage for personal belongings.

Inspectors found that maintenance and repair work was not always timely. At the time

of the inspection, one child was sleeping in the sitting room due to a foul odour in his bedroom. Inspectors found that there was drift in the resolution of this maintenance issue. The child expressed concern to inspectors in relation to this arrangement. This was not logged as a compliant or grievance. Inspectors escalated this to the alternative care manager to seek a resolution of this issue. The alternative care manager provided a response which set out a detailed plan of maintenance work to be carried in order to facilitate the child's timely return to his bedroom.

There was a maintenance log in place in the centre. This log contained correspondence of maintenance issues which were raised with the relevant maintenance personnel. However, the log did not track the progression and completion of these repairs. Inspectors were not able to determine if there was maintenance work outstanding from reviewing this log. Staff also told inspectors that there had been delays in works being completed in the centre.

Health and safety measures were adequate. There were policies and procedures in relation to health and safety and there was an up-to-date safety statement. Hazards in the centre had been risk assessed for example, the storage of cleaning products. The majority of staff had received training in first aid and fire safety. One staff members records of training were absent at the time of inspection.

There were effective fire safety systems in place. The centre had a fire safety register which contained all required information. On a walk around the centre, inspectors saw that fire safety equipment was in place and was appropriately maintained. There was a system in place for daily and weekly checks on fire safety equipment. Staff routinely carried out 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.

Inspectors viewed documentation regarding the centre's car, which was appropriately taxed and insured.

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 statement of purpose and function of the centre had been reviewed in September 2017 to accommodate medium and long term placements. The principal social worker from the separated children seeking asylum team informed inspectors, that initially the children were placed in the centre for a short term placement. However, the centre manager and principal social worker, in conjunction with the centre's interim service manager decided that the children's care needs required medium to long term placements. The statement of purpose and function was amended accordingly.

The centre offered residential placements for six children between the ages of 12-18 years seeking asylum in Ireland.

The purpose and function set out in the statement did not fully reflect the day-to-day operation of the centre. It did not clearly set out the services with which the centre relied upon, in order to meet the needs of the children, for example, the education training programme and psychology service. Furthermore, it did not adequately set out the provisions for therapeutic support for the children. The policies of the centre were not clearly defined.

There was also no child-friendly version of the statement available for the children.

Judgment: Non Compliant - Moderate

Standard 2: Management and Staffing

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

Inspection Findings

Inspectors found a clear management reporting structure at the centre. The centre manager worked office hours and was supported by a deputy manager. Social care leaders, including the deputy manager, reported to the centre manager. Social care

workers reported to social care leaders. An alternative care manager was available to support the centre manager.

Some management and governance systems were developed in the centre and others were evolving. 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.

Communication systems within the centre were effective. Inspectors observed a handover and found that staff passed on important information regarding the children, for example their routines, upcoming activities and events and a summary of their general wellbeing and any issues arising. Decisions and actions made at this handover meeting were concise, timely and in consideration of the views of staff. Team meetings were regular. Inspectors found that team meeting minutes were well recorded and comprehensive. Inspectors noted that the voice of the children was reflected in team meeting minutes. Other systems of information exchange included a communications book, daily logs and children's meetings. Inspectors found that staff had significant knowledge of the children's overall care and welfare.

The centres risk management system required improvement. The centre had a risk register containing 10 potential risks to children. All 10 risks had been assessed by considering likelihood and impact of these potential risks to the children at the centre. The assessment had categorised all 10 risks in a low level category. Inspectors found that this was not reflective of the live risks in the centre. For example, the risks associated with communication and language barriers for children was given the same weight and consideration in the risk register as the risks associated with children utilising phone chargers.

Monitoring and oversight of the service was evolving. Oversight visits by the alternative care manager had recently been developed to incorporate an action plan from the alternative service manager detailing any tasks which were required by the centre manager. The centre manager had completed a quality self-assessment of the centre in November 2017 but this assessment had not found the deficits identified in this inspection, for example the quality issues with the care plans or the gaps in risk management. Through this assessment, the centre manager identified a service improvement plan which had clearly defined goals which were time limited and delegated to other members of staff where appropriate. Some actions had been implemented at the time of the inspection. For example, quality and service improvement was an agenda item for all team meetings.

There was an adequate level of staff on the day of inspection but the night time staffing level required review. Inspectors reviewed the rota for the centre and found that there was a sufficient number of staff generally to facilitate the children's activities outside of the centre during the day. Excluding the centre manager, the centre had 11.5 whole time equivalent (WTE) posts. Inspectors noted that there was one member of the staff team who did not have the relevant social care qualification. The children did not have access to waking staff at night time despite having sleep difficulties. While the centre manager acknowledged this and had risk assessed it, the controls implemented, as previously referenced were institutional.

Staff supervision was not occurring in line with policy. Inspectors sampled supervision files of three staff members. All of these files contained formal supervision records. However, in all three instances there were delays in convening formal supervision. These delays varied from four to five months on occasions for all three staff members. Inspectors found that the supervision notes that were available were comprehensive and indicated clear accountable decision making. However, the process of tracking decisions was compromised by the infrequency of supervision meetings. On the day of inspection, staff described having good systems in place in relation to peer support and informal supervision which was valuable to them.

Of the files sample, Inspectors found that up-to-date Garda vetting was present as well as references and induction checklists.

Not all staff had received mandatory training. For example dignity at work and medication management training was not completed by the staff team.

Staff received some training to equip them with skills to meet the particular needs of the children at the centre and further training was identified. A training needs audit had been conducted in the centre and this identified other non-mandatory training to assist the staff team for example, cultural diversity training and post-traumatic stress. A date had not yet been established for this training at the time of the inspection. Staff had also participated in other workshops relevant to the needs of the children in the centre, for example, a presentation from the separated children seeking asylum social work team, and a consultation with a creative art psychotherapy. Staff spoke positively of the support they had been afforded to date in relation to the care needs of this group of children and they were open to further learning. Inspectors found that the centre had a committed staff team.

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.

Action Plan ID:	MON-0020346-AP
Provider's response to Inspection Report No:	MON-0020346
Centre Type:	Children's Residential Centre
Service Area:	CFA DNE CRC
Date of inspection:	10 January 2018
Date of response:	05 April 2018

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

Theme 1: Child - centred Services
Standard 4: Children's Rights
Judgment: Substantially Compliant

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

Children's grievances were not recorded and reviewed to enable quality improvement and development of the service.

Action Required:

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.

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

- Young People's grievances/informal complaints will be recorded in the complaints log. Grievances/informal complaints will also be noted in their daily logs under 'young person's voice'. In addition to this grievances/ complaints will be a standing agenda item at young person's meeting's and team meetings.
- A workshop will be provided to the staff team on the recording of complaints and grievances/Informal complaints.

Proposed timescale:
31/05/2018

Person responsible:
Alternative Care Manager

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:

Children's files did not contain the relevant documentation to support their care status as required.

Not all care plans were completed or updated.

Care plans did not adequately address the therapeutic needs of the children.

Placement support plans were not always completed in full.

Not all children had allocated aftercare workers.

Social workers were not visiting the children in line with regulations.

There was no clear plan in relation to the care and accommodation needs of the children once they turn 18 years.

Children were not fully aware of the parameters of their situation of being in care in Ireland.

Children's therapeutic needs were un-assessed and not matched with specialist interventions.

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:

- Further documentation from Principal Social Worker is now on file to support their care status; ministerial decree of refugee status is now on all young people's files.
- All young people now have an up-to-date care plans on file. In future if a care plan has not been furnished to the centre within one month of the Child in Care review, the key worker will write to the social worker seeking the care plan. After two weeks if the care plan has not been received, the centre manager will escalate the request to the

social work team leader. If the paperwork has not been received by ten days after this request, the matter will be escalated to the Alternative Care Manager, who in turn will raise the matter with the Principal Social Worker.

- All care plans will be reviewed to ensure that the therapeutic needs of young people are addressed.
- Placement support plans are currently under review within the centre
- After Care Needs assessment has now been completed for all young people; All young people will have an allocated Aftercare worker by 31st May 2018. In future the Centre Manager will liaise with the allocated social worker to ensure the provision of an appropriate aftercare service to young people on reaching the age of sixteen. This service will be reviewed through the care planning process, and any delays/deficits in the provision of an Aftercare service will be escalated through the line management system.
- Social workers that have not visited in line with regulations have been written to requesting a visit. This matter will be escalated if visits do not occur by 30th April 2018. In future the centre manager will maintain a database of visits and will correspond with the social worker to ensure that young people receive social work visits in line with the regulations. Any delays arising will be escalated through the line management system.
- A planning meeting has been arranged, with the Team for Separated Children Seeking Asylum, for 11th April 2018, to agree a plan with regards to the After Care and accommodation needs of the young People.
- A meeting will be arranged between the Centre Manager and Principal Social Worker to review the requirement for specialist interventions for the young people.

Proposed timescale: 30/07/2018	Person responsible: Centre Manager
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<p>Theme 2: Safe & Effective Care Standard 6: Care of Young People Judgment: Non-Compliant - Moderate</p> <p>The Provider is failing to comply with a regulatory requirement in the following respect: Staff were not enabled to fully understand what was going on for children in times of crisis.</p> <p>Restrictive practices were utilised in the centre in the absence of alternative solutions to address the long term needs of the children moving forward.</p> <p>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,</p>
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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:

- All resources will continue to be made available to staff to ensure that they can communicate with the young person in time of crisis.

- All young people who are admitted into the centre are informed of the door alarm system and the child protection reason for the system being in place. The young person's booklet highlights this.

Door monitoring system will continue to be reviewed and risk assessed on a Monthly basis.

Proposed timescale:
31/03/2018

Person responsible:
Centre Manager

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

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

There was no designated child protection log.

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:

- Designated Child protection Log now in place

Proposed timescale:
07/03/2018

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Non-Compliant - Moderate

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

The maintenance log did not track or record the progression of works required in the centre.

There was delay in the completion of maintenance work in the centre.

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:

- New Maintenance log now in place that will both track and record the progression of works require in the centre.

Where this is a delay in getting requests responded to by the maintenance department, the centre manager will raise the issue with the maintenance department. If the issue is not resolved with 14 days the matter will be escalated by the Centre Manager to the Alternative Care Manager, who in turn will raise the issue with the Maintenance Manager.

Proposed timescale: 07/03/2018	Person responsible: Alternative Care Manager
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Theme 4: Leadership, Governance & Management
Standard 1: Purpose and Function
Judgment: Non-Compliant - Moderate

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

The statement of purpose and function did not describe the services and supports affiliated with the centre.

The statement of purpose and function did not set out the therapeutic supports for the children.

The policies of the centre were not clearly defined.

There was no child-friendly version of the statement of purpose and function.

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:

- Statement of Purpose and Function will be reviewed and above recommendations be included
- Policies will be clearly defined in the Statement of Purpose and Function.
- A young person’s version of the Statement of Purpose and Function will be devised and implemented

Proposed timescale:
31/07/2018

Person responsible:
Centre Manager

Theme 4: Leadership, Governance & Management
Standard 2: Management and Staffing
Judgment: Non-Compliant - Moderate

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

The risk register did not reflect and categorize risk in a manner that reflected live risks in the centre.

Staff supervision was not occurring in line with policy.

Mandatory training had not been completed by all staff.

On-going training identified by the staff team was not scheduled.

The centre's policies and procedures were not all up to date.

Waking staff were not available to children despite them having sleep difficulties.

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 in conjunction with the Alternative Care Manager will review the risk register to ensure that it reflects all risks in the centre.
- Social Care Manager will review the supervision schedule to ensure that the scheduled dates are within policy.
- Any gaps in mandatory training will be completed 31st May 2018
- The centre manager will conduct a training audit and ensure that any additional training required will be provided in a timely manner in conjunction with Workforce, Training and Development. Any difficulties in obtaining such training will be notified to the Alternative Care Manager by the Centre Manager. To be completed by 31st May 2018
- The process of developing a new national suite of Policies and Procedures for CRS is currently underway. This process is due to be concluded by end July 2018
- Sleep difficulties presenting in young people will be risk assessed and if required live night staff will be utilised. A workshop will be provided to staff team around 'The Sleep Programme' providing the tools to support young adults improve or maintain their sleep

routine.

Proposed timescale:
31/07/2018

Person responsible:
Director of CRS, C&FA