

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA DML CRC
Centre ID:	OSV-0004161
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0018973
Lead inspector:	Niamh Greevy
Support inspector (s):	Sabine Buschmann

Children's Residential Centre

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

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

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

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

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

From:	To:
11 April 2017 09:00	11 April 2017 17:00
12 April 2017 09:00	12 April 2017 18:20

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 - Major
Theme 3: Health & Development	
Standard 8: Education	Non Compliant - Moderate
Standard 9: Health	Non Compliant - Moderate
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Non Compliant - Moderate
Standard 2: Management and Staffing	Non Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

This centre was a statutory mainstream residential children's centre in the Dublin Mid-Leinster region. It accommodated up to five boys and girls, between the age of 13 and 17 years on admission, who required medium to long term residential care. The centre was operating from a large detached building with ample garden and parking space and was within walking distance of all necessary amenities. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 3 children, 1 parent, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke to two social workers and one guardian ad litem.

Young people were well-cared for by staff. All young people had up-to-date care plans and placement plans. Care plans addressed the identified needs of young people and

placement plans set out how these needs would be met by staff on a day to day basis. However, a small number of actions from care plans were not reflected in placement plans.

Leaving care and after care planning required improvement. There were delays in appointing all young people an aftercare worker and this meant that leaving care plans were not fully developed at the time of the inspection. Some of the young people expressed concerns about leaving care and said that they did not know what supports would be in place for them when the time came.

Young people were supported to have regular contact with family and friends, in line with their wishes and care plans.

Child protection concerns were well managed in the centre. Staff were trained in Children First (2011) and although not all had refresher training at the time of the inspection, this was scheduled. Staff were emotionally supportive of young people and were proactive in their management of behaviour that challenged. Practices related to the management of absences from the centre were not fully in line with national policy.

There were improved governance and management systems in the centre since the last inspection. However, further improvements were required in relation to ensuring the centre operated within its stated purpose and function, and managing risk. The staff team was qualified and experienced. The centre had assessed the training needs of the staff team, and although there was a training programme in place, the staff team was not trained in national policy related to managing risk or the administration of medication.

Young people told inspectors that they got on well with staff and most young people liked living in the centre. Those that met with inspectors said that they felt listened to, could talk to staff if they had any concerns and that they were aware of their rights. However, some young people told inspectors that they were unhappy with their clothing allowance.

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

Young people's rights were respected and promoted by staff. Young people were aware of their rights and participated in planning for their care. Young people had their own rooms and their right to privacy was respected by staff. The centre held regular children's meetings and young people had a choice to participate.

Young people were consulted about their individual care and there were forums in place to support them to have a say in the daily running of the centre. Young people's meetings were held in the centre and records showed that sometimes young people chose not to attend. Minutes of one meeting identified that the young people asked for a larger grocery shop, and this resulted in young people becoming better involved in writing the shopping list. However, records of these meetings also showed that follow-up on actions agreed at these meetings were not always recorded. This meant that it was unclear if the issues raised by young people were addressed appropriately or not.

Young people were aware of their rights and the centre provided each young person with an information pack about their rights on their admission. Inspectors found that staff carried out individual sessions with young people in relation to their right to access their information and the young people who met with inspectors knew about their rights and how to exercise them. Efforts were made to link young people with independent advocacy services and they had the choice to avail of these services or not. Young people had their own bedrooms and staff respected their private space.

There was a complaints process in place in the centre and the young people living there understood how it worked. Young people told inspectors that they would speak to their key workers if there were issues that were concerning them. Two complaints were made since the last inspection in relation to the clothing allowance and these were recorded in a central log. These complaints were investigated but records did not show if young people were satisfied with the outcome. At the time of inspection, the clothing allowance remained an issue for two young people.

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

Young people were suitably placed in the centre and care plans were in place to support staff to meet their needs. All young people living in the centre were over the age of sixteen years and improvements were needed in relation to preparation for leaving care and aftercare planning. All young people had an allocated social worker and were visited in line with regulations.

Inspectors found that admissions to the centre were appropriate. The admission process was set out in a regional policy. Managers told inspectors that they had adequate information to determine if they could meet the needs of children referred to the centre. Decision making in relation to suitable admissions had improved since the last inspection. Where it became apparent that the needs of young people referred to the service could not be met by the service, they were not admitted.

Young people were discharged from the service appropriately. Two young people were discharged since the last inspection and this was carried out in line with their statutory care plans. Inspectors found that these young people were supported during their transition out of the centre.

All young people had child in care reviews in line with statutory timeframes. Young people attended their reviews and where parents could not attend, arrangements were in place to consult with them and have their views represented. This ensured parents wishes for their children were considered in planning processes.

Each young person had an up-to-date care plan. On review, inspectors found that these plans identified their current needs in relation to their health, education, emotional and behavioural development and family contact. Plans also identified the actions required to meet these needs, although timeframes for actions were not always specific or prioritised. In addition, all of the young people living in the centre were over 16 years of

age and were of an age where aftercare planning and preparation for leaving care was required. However, care plans related to two young people did not adequately address preparation for leaving care. Young people were supported to develop some independent living skills but there was no structured programme in place to guide this. Two young people told inspectors that they took responsibility for washing their clothes and keeping their room tidy. Inspectors observed that some key working sessions had been used to support young people with their independent living skills but this was not sufficient.

Aftercare planning required improvement. Aftercare plans were not in place for all of the young people in the centre who required one, and there were delays in appointing an aftercare worker to the young people who were preparing to leave care. The centre manager informed inspectors that this was a local resource issue. The centre had commenced an aftercare needs assessment for one young person and an aftercare plan was in place for another. Two young people told inspectors that their social worker intended to help them with aftercare planning, but they expressed their concern about not knowing what plan was in place for them when they reached 18 years of age and how they would be supported into young adulthood. Young people spoke to inspectors about their fear of becoming homeless.

Placement plans were developed for each young person and those reviewed by inspectors were found to be based on their individual needs. However, placement plans for two young people did not address all actions identified in the young people's respective care plans. Where this was the case, inspectors found that some aspects of their care plans were not followed through effectively. For example, in relation to supporting young people to have contact with important people in their lives. Inspectors found that placement plans identified priority areas for action, such as the need for key working sessions in relation to pertinent issues in the young person's life. Records showed that many of these actions were followed through, however, key working sessions were found to be opportunistic and not carried out as part of a structured plan.

Young people had regular contact with their family and friends. Inspectors found that the level of family contact was guided by the care plans of young people. Young people had regular contact with friends who were welcome to visit the centre. The centre had safe practice principles in place in relation to visitors. Inspectors observed that staff were supportive of young people who were worried about family members or having difficulties in their relationships.

All children had an allocated social worker and had been visited by their social worker in line with statutory requirements. Inspectors observed that two social workers had reviewed children's daily logs during their visits, since the last inspection. Two young people told inspectors that they met their social workers regularly.

Young people had access to specialist services in a timely way. At the time of inspection, additional supports such as counselling services being provided to young people.

The quality of some centre records needed improvement. Inspectors observed that records were stored securely. Inspectors found that the quality of recording in the centre was mixed. The centre manager acknowledged to inspectors that the quality of

recording was an area they were working on with the staff team, and inspectors found evidence that this was the case. Files reviewed by inspectors contained the required documentation but some individual records lacked detail. For example, key working sessions did not always reflect the key issues discussed. Inspectors found that daily logs and other records often reflected the views of young people. Inspectors found that the centre was in the process to ensure that archived records were accessible. Although some records were difficult to access during this time, Inspectors found that specific records could be retrieved.

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

Staff members were supportive of young people. Young people told inspectors that they could talk to a staff member if they were worried about something and inspectors found evidence of this in centre records.

Young people enjoyed spending time with peers, however, this was not balanced with encouragement from staff to engage in broader interests and activities. Inspectors found that staff had brought one young person to an event of interest to them since the last inspection, and some young people liked to go to the cinema. Aside from this, young people in the centre did not engage in structured extra curricular activities, that could sustain them into young adulthood.

Inspectors observed that healthy food was available to young people during the inspection. However, monitoring of young people's diets needed to be improved and the centre manager acknowledged this. Young people told inspectors that they sometimes cooked for themselves and were happy with the food provided by staff.

Staff were proactive in their management of behaviours that challenged. Young people presented with a range of behaviours that challenged including absences from the centre, smoking in the centre and inconsistent school attendance. Inspectors found that staff responded to individual incidences appropriately and supported young people to reflect on their behaviour. Young people had placement support plans that were found to be up-to-date and provided adequate guidance to the staff team in relation to managing behaviours that challenged. The staff team were trained in a Tusla approved approach to managing behaviour, and inspectors found examples where staff had managed heightened behaviour well, and de-escalated the situation. However, some behaviours such as smoking in the centre and non-school attendance had not significantly improved.

The centre manager told inspectors that the staff team was not resourced to carry out

team restraints. Inspectors found that this did not pose a current risk to the young people currently in the centre. Individual crisis management plans were in place and they identified that if a young person's behaviour escalated to a point where it posed a risk to their or others' safety, staff were to call An Garda Síochána. Records confirmed that An Garda Síochána were not called to the centre since the last inspection.

The majority of consequences used by staff were appropriate, proportionate and effective. Inspectors found examples of natural consequences for different types of behaviour which included giving or withholding money for activities or small reductions in pocket money. Inspectors found that consequences were proportionate to the behaviour they responded to. Inspectors found one example of an inappropriate sanction. The use of that sanction was reviewed by the centre manager before the end of inspection and staff were made aware not to apply this sanction in the future.

Absences were well managed by centre staff, but one aspect of practice was not in line with policy. Inspectors reviewed records of young people who absconded from the centre. Staff made efforts to locate young people by phoning them and important people in their lives. However, inspectors found that staff did not physically look for young people before reporting them as missing from care, or while they were missing from care. Inspectors found evidence that strategy meetings were held for children who were repeatedly missing from the centre in order to coordinate with An Garda Síochána in order to manage absences and try prevent them re-occurring. One social worker told inspectors that staff kept them updated in relation to contact with young people who were missing and shared paperwork in a timely way.

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

Child protection concerns were managed appropriately. Inspectors found that staff notified both significant event notifications and standard report forms to social workers where there was a child protection concern. Records showed that social workers had informed the centre of the outcome of any investigations that were concluded. A national guidance had been issued by Tusla in relation to the management of child protection concerns, that indicated there should be a designated liaison person (DLP) on each shift to manage child protection concerns. Inspectors found that the centre manager fulfilled the role of DLP while they were in the centre. The centre manager told inspectors that outside of their hours, the DLP was identified on the rota. Inspectors were informed by staff members that this measure had not been implemented. This required clarification for the team.

Inspectors found there were good safeguarding practices in the centre. Appropriate boundaries were in place in order to keep young people safe and inspectors found young people were adequately supervised.

Staff members were facilitated to question practice and were aware of whistleblowing procedures. Inspectors found that staff discussed practice in team meetings and facilitation had been put in place in order to support the team to work cohesively. Staff interviewed were aware of the whistleblowing policy and were clear about what they could do if they had any concerns about practice in the centre.

All staff were trained in Children First (2011) and refresher's were organised where required. Staff told inspectors that they knew how to manage child protection concern. Social workers interviewed said that they were satisfied with the centre's management of child protection concerns and received reports in a timely manner.

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

Inspectors found that the layout of the centre was suitable to the needs of young people and significant improvements were made since the last inspection to the overall condition of the house. The centre was appropriately lit, heated and ventilated. The kitchen was replaced since the last inspection and the centre had been redecorated. Young people told inspectors that while they didn't choose the furnishings for their bedrooms, they liked what staff had bought. There was sufficient living space to meet the needs of the number of young people living in the centre. Inspectors found the centre was clean during the inspection. However, inspectors identified a number of fire safety concerns during the course of the inspection.

Inspectors found maintenance issues were followed up promptly and long standing issues identified at the time of the last inspection had been resolved. Inspectors observed the centre to be in good repair. Maintenance records showed that the majority of maintenance issues identified by the staff team were addressed within one day of contacting the maintenance department. Where there were delays, reasons for this were recorded in the maintenance log.

The centre had one vehicle and use of another from a nearby centre if required. Inspectors reviewed centre records and found that the required documents were in place for the centre vehicle.

There were good quality health and safety risk assessments in place in the centre, however there was an on-going concern about young people smoking in their bedrooms which posed a significant safety risk to everyone in the centre. The centre had an up-to-date health and safety statement which was centre specific. The Interim Service Manager had visited the centre periodically since the last inspection to review health and safety within the centre. Inspectors reviewed a sample of records related to these

checks and found they were effective at identifying health and safety concerns. Risks in the centre were assessed and recorded in health and safety records. Despite health and safety checks, risk assessments and additional measures which were put in place, health and safety risks remained in the centre due to young people smoking in their bedrooms.

The centre had taken steps to manage the risk of fire but recording of these measures required improvement, and the risk of fire was escalated by smoking on the premises. Checks were in place to test emergency lights, the condition of furniture and safety equipment but there were gaps in recording some of these checks. The deputy centre manager had signed off on fire records and told inspectors that where checks were missed, they had followed up with the relevant staff member to prevent this re-occurring. The centre had put additional fire alarms in place to increase the detection of smoking in the centre. Inspectors found that fire safety was discussed with young people as part of one to one sessions with staff. Fire drills were carried out on three occasions since the last inspection. The centre manager told inspectors that all young people had taken part in a fire drill in March 2017, but this was not reflected in centre records, which indicated that one young person had not taken part. The centre manager told inspectors that the centres external doors were locked at night and young people could not exit without staff assistance. Although measures were taken to detect smoking in the centre, inspectors found that there was insufficient consideration given to fire risks due to external doors being locked at night and young people continually smoking in their bedrooms.

Judgment: Non Compliant - Major

Theme 3: Health & Development
The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children’s educational needs are given high priority to support them to achieve at school and access education or training in adult life.

Standard 8: Education
All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

Inspection Findings

Education was valued by centre staff and young people were encouraged to remain in education. At the time of inspection, three of four young people were attending an educational placement, in line with their care plans. However, despite incentives in place to encourage young people to attend, they did not do so on a consistent basis. Where young people did not have an identified placement or missed days, there was a lack of structure and routine in their day.

Inspectors found that there was good communication with educational placements and

one social worker told inspectors that staff were very supportive of one young person's educational placement. Staff had a good understanding of the educational needs of children but identified non-school attendance as a concern.

Judgment: Non Compliant - Moderate

Standard 9: Health

The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

Inspection Findings

The health needs of young people were assessed and met, but not always in a timely way. Care plans reviewed by inspectors clearly identified all health needs and inspectors found that young people attended a range of healthcare professionals. However, some health concerns were not been followed up in a timely or comprehensive way. Inspectors found that some health issues had not been prioritised in some young people's placement plans and it was not evident that these issues were getting adequate attention as a result. All young people in the centre smoked and the majority of young people had been offered smoking cessation support, but this had not been effective.

Systems in place did not ensure medication was administered in line with medical guidance. Medication was appropriately stored in a locked cabinet. National guidance had been issued by Tusla and inspectors found evidence of managerial oversight of medication records, but this was not sufficient. Staff had begun to co-sign records when administering medication and it was identified by managers where there were gaps in signatures. Administration records did not always reflect the strength of a medication, instructions about how to administer it or the amount of medication administered. Inspectors found there were medications in the medicine cabinet that did not have a corresponding administration sheet and the numbers of tablets in stock did not always match the figure recorded in administration records.

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

An up-to-date, approved statement of purpose was in place for the centre and was accessible to children in an age-appropriate format. The statement of purpose and function was reviewed by the centre manager in January 2017 and authorised by the regional manager for implementation. The statement adequately defined the statutory and legislative functions of the centre and included key policies and centre practice. The staff and managers interviewed were clear about the purpose and functions of the centre and were of the view that it reflected the practice of the centre. However, inspectors found that external doors were locked in the centre every night. The centre manager told inspectors that this measure was taken to alleviate the risk of harm to young people and staff from other outside of the centre and had been risk assessed. The management team had not considered that this decision impacted on the young people's ability to leave the centre as they required staff's assistance to do so and was not in keeping with an open residential centre.

Judgment: Non Compliant - Moderate

Standard 2: Management and Staffing

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

Inspection Findings

There were management structures in place which clearly identified lines of authority and accountability in the centre. Staff were aware of their roles, responsibilities and reporting structures. The centre was managed by an experienced and qualified manager. There was an equally experienced and qualified deputy manager who supported the role of the centre manager and deputised in their absence. Staff reported to the centre manager and the deputy manager. The centre manager reported to the interim services manager who in turn reported to the regional manager for residential care. The centre did not have formal on-call system in place. Staff interviewed confirmed that managers are available out-of- hours but this was an informal arrangement. This issue was raised with the interim services manager for consideration.

Centre managers made a number of changes to the operation of the centre since the last inspection, which promoted the delivery of a quality service to the young people. For example, managers put in place risk management systems, more effective staff handovers and a process of learning from reviews of significant events. Inspectors found evidence of managers having oversight of practice through supervision, team meetings, review of centre reports and involvement in the day to day running of the centre. The centre manager was in the position for 13 months, which provided stability to the centre. Staff interviewed stated that there was good leadership of the centre and that managers were supportive of staff. It was recognised by the team that there was a need to improve how team decisions were implemented and an external facilitator was engaged by the manager to support this process.

There were a number of measures in place to ensure good governance of the centre. The interim service manager provided oversight of the service through regular visits. The interim manager provided monthly supervision to the centre manager. File audits, significant events notifications, the last HIQA inspection and the most recent monitoring report featured as standing items on the agenda of the managers supervision. The centre manager provided the interim service manager with monthly governance reports. Inspectors found that the interim manager analysed these reports and formulated an action plan to drive continuous improvement.

There were policies and procedures in place to guide staff in the provision of a safe and appropriate service. A number of new policies had been implemented including a national medication policy and the safe use of ligature cutters. Inspectors reviewed staff meeting minutes and found that new policies were discussed at team meetings. Staff interviewed had good knowledge of relevant legislation including Children First (2011), child protection notifications and protective disclosure policies. The centre policy on the administration of medication was not adequate.

There was a system in place to manage finance and procurement of the centre. The deputy manager had oversight of the petty cash and procurement cards and checked and signed off on all expenditures. All expenditure was logged on a computerised system and audited by the central finance department. Managers identified that petty cash receipts were mislaid on occasion records showed that this was addressed by the manager through staff supervision.

There was a risk management framework in place to assist staff to identify, assess and manage risk. Risk assessments included a wide range of areas including risks to individual young people, environmental and health and safety. There was a risk register in place that recorded risks, including risk grading and the controls required to manage or reduce risks. Inspectors found that the centre risk register was reviewed and audited by managers regularly. A new national risk management policy was recently introduced by Tusla, but staff had not received training on this policy at the time of the inspection. Despite efforts to manage key risks in the centre, significant risk remained in relation to fire safety and the administration of medication.

Inspectors reviewed the centre's register and found it contained all necessary information required by regulations. All children who had lived or lived in the centre since the last inspection were included, including parents/care giver addresses and where young people were discharged to as required.

There were good quality reviews of incidents in the centre. Significant event notifications were sent promptly to all relevant people and reviewed by the centre manager. Inspectors found that some of these incidents were discussed in the managers supervision and some were presented to an external significant event review group (SERG) for external review. Inspectors found evidence for learning from reviews.

There was sufficient staff in place on the day of the inspection. The staff rota was provided to inspectors by the centre manager and on review, it showed that the centre was well staffed. The staff team were found to be experienced and qualified. The staff team was made up of a combination of staff who had moved from several different residential centres and the team was in the process of development. This was

recognised by managers and a five day staff facilitation training had started on the second day of the inspection.

Inspectors reviewed staff files and found that all staff were appropriately vetted by An Garda Síochána and relevant references were on file as required.

There was good quality staff supervision in the centre. Staff received regular supervision and both managers had attended management and supervision training. Inspectors reviewed staff files and found a supervision schedule and summaries of the issues discussed. Supervision covered children's cases as a standing agenda item. Supervision notes reviewed by inspectors indicated that individual staff issues such as training, record keeping and key working were also addressed. The centre manager supervised all staff which is not in line with policy. At the time of inspection, there was a plan in place for the deputy centre manager to begin supervising half of the staff team.

A training needs analysis was carried out for the centre. Records showed that the training provided to the staff team related directly to their care of young people. Staff attended the training arranged for them, but there were some outstanding requirements, for example risk management and medication management. The centre manager had received training in the new national medication policy and staff training in this area was identified as a priority by centre managers.

Judgment: Non Compliant - Moderate

Standard 3: Monitoring

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

Inspection Findings

The monitoring officer visited the centre in November 2016 and inspectors received a report in relation to the findings of this audit. Inspectors spoke with the monitoring officer who had a good understanding of the current challenges faced by the centre. The monitoring officer told inspectors they received notifications in a timely way and had a monitoring plan in place for the coming months.

Judgment: Compliant

Acknowledgements

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

Action Plan

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

Action Plan ID:	MON-0018973-AP
Provider's response to Inspection Report No:	MON-0018973
Centre Type:	Children's Residential Centre
Service Area:	CFA DML CRC
Date of inspection:	11 April 2017
Date of response:	

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:

Records did not reflect that young people's meetings were effective in supporting them to have a say in the running of the centre.

Complaint records did not reflect if young people were satisfied with the outcome of complaints.

Young people did not have confidence in the complaints process.

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:

The Centre Manager will attend young people's meetings on a bi-monthly basis to ensure their voice is being heard. The Manager will ensure that they are given an opportunity to discuss how they perceive that the centre is being run and the impact that this has on them and the Manager will implement changes based on this feedback where that is appropriate. The Centre Manager will attend the young persons meeting on the 1st August 2017 to commence this process. Over a series of meetings the Centre Managers will develop in conjunction with the young people terms of reference for the young people's meetings, they will commence discussion with the young people about developing the agendas for these meetings, they will outline how young people will be supported to have their say and explain to the young people what response they should expect from the staff when they raise issues.

Young people's meeting minutes will be discussed at each Centre team meeting and feedback will be given to each young person following the meeting. Decisions from the young person's meeting will be recorded and attached to the young person's meeting minutes and a copy will be made given to each young person. If in the event a young person voices that they are dissatisfied with the young person's meeting or feel their issues are not being addressed the Centre Manager will hold a meeting with the young person and address any issue presented. The young people will also be given clear information on how to make a complaint and to whom they should address their complaint if after this process they remain unhappy with a decision made in the centre.

The Centre Manager will amend the complaint log to ensure that the log clearly outlines the level to which a complaint has been resolved and if all parties are satisfied with the outcome. This was completed on the 7th June 2017. The Centre Manager will review all complaint logs fortnightly to ensure they contain all relevant information.

The Centre Manager will conduct a full review of the complaints within the centre, any outstanding issues will be identified and the Centre Manager will meet with the individual young person to discuss in full, in the event that an agreement cannot be made and / or the young person continues to be dissatisfied with the response from the Centre Manager it will be outlined to the young people how they can escalate their complaint and to whom they can address it to.

The Interim Service Manager will review the complaint log at each supervision with Centre Manager to ensure complaints are dealt with in a timely manner.

The Centre will invite EPIC to the Centre to afford the young people the opportunity to discuss any issue they may have with an independent external advocate service.

Proposed timescale:
01/10/2017

Person responsible:
Interim Service 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:

Young people were not given sufficient support in relation to preparation for leaving care.

Aftercare planning was not adequate.

Two placement plans did not address all relevant actions from care plans.

The quality of some recording required improvement.

Action Required:

Under Standard 5: Planning for Children and Young People you are required to ensure that:

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

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

The Centre Manager will ensure that each young person's placement plan has a clear focus on preparation for leaving care. The Centre Manager will implement a plan at each staff team meeting from the 19th July 2017, to ensure Preparation for Leaving Care skills are identified for each young person and are the focus of the team over an identified time frame. Preparation for leaving care skills will be promoted by the Centre staff team on a daily basis; all young people will be encouraged to take an active part in their independent living skills programme as reflected in their placement plan. The Centre Manager will ensure to review the young person's daily journal to assess the implementation of the placement plan on a weekly basis when on duty in the Centre.

The Centre Manager will review all the young people's Aftercare Plans to ensure they are of good quality, where deficits exist they will address these with the young person's Social Worker. Where it is the case deficits are not addressed within a three week time frame the Centre Manager will escalate these issues to the Service Manager who in turn will address the issues with the relevant Principal Social Worker immediately.

The Centre Manager will update each young person's placement plan to ensure it contains all actions identified in the young person's Care Plan by the 31st August 2017. The Interim Service Manager will review and forward to the individual young person's Social Work team for agreement. The Centre Manager will ensure to review the young person's daily journal to assess the implementation of the placement plan on a fortnightly basis.

The Centre Manager will review all records pertaining to the young people on a

regular basis and will address any deficit in quality with the staff. The Centre Manager and Interim Service Manager will ensure that there is development and improvement in the area of record keeping with each staff member through utilising daily opportunities, staff supervision and report writing training where necessary.

The Centre Manager will address record keeping in the staff team meeting on the 21st June 2017 and will revisit with staff on the 2nd August 2017.

Proposed timescale:
31/08/2017

Person responsible:
Interim Service Manager

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

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

Staff did not make all reasonable efforts to locate young people before reporting them as missing to An Garda Síochána.

Efforts made to stop young people smoking in the centre were not effective.

Sufficient efforts were not made to encourage young people to engage in extracurricular activities.

Staff did not monitor young people's food intake in order to support and encourage healthy eating habits.

Action Required:

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

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

The Centre Manager will update the individual Placement Support Plans to ensure it includes clear direction for staff on the appropriate action to take when a young person is deemed missing child from care. This will be updated by on the 31st July 2017. In the interim the Centre Manager has given clear direction to staff regarding the requirement to make all reasonable efforts to locate the young person. The Centre Manager will review the young person's significant event notification to ensure staff responded appropriately, any deficits identified will be addressed by the Centre Manager immediately. The Interim Service Manager will review all significant event notification to ensure that the policy and guidelines are followed and will address any deficits identified with the Centre Manager.

The Centre Manager will meet with each of the young people to address smoking on

the premises. Staff will complete one to one sessions on fire safety and the risks of smoking will be completed with the young people to ensure the young people are aware of the potential fire hazard caused by smoking on the premises and the significant risk to their health. This program will have been commenced by the 31st July 2017. The Centre currently operates an incentive program which aims to discourage young people from smoking on the premises and staff are completing checks on the young people at the end of each evening to ensure they are not smoking in the Centre. If this is not effective risk assessments will be completed and cigarette smoke sensitive sensors may have to be installed in the young people's bedrooms.

The Centre Manager will also seek additional support from the Smoking cessation officer and the Health Service Executive's Quit Service (Quit.ie) to encourage the young people to stop smoking and to upskill the team in relation to their interventions.

The Centre will compile a list of local activities and clubs appropriate to the young people. The Centre staff will complete a one to one with each of the young people to make them aware of activities available to them and encourage them to explore their interests. A record of all activities offered will be reflected in the young person's daily journal. The Centre Manager will ensure staff redouble their efforts to promote activities and hobbies with the young people.

A record of the young person's daily diet will be maintained in the young person's daily journal. The Centre Manager will ensure that young people's records reflect their daily food intake and also reflect the options of a nutritious diet. The need for accurate recording of diet monitoring will be discussed at staff team meeting 21st June 2017 and reviewed will be reviewed at all subsequent team meetings.

Proposed timescale:
30/09/2017

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:

Staff were not clear who was the designated liaison person when the manager was not available.

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:

As all Social Care staff by the nature of their role are mandated persons, they are required to report any Child Protection Concerns that come to their attention. To support and govern this process Tusla currently operate a system whereby the Line Manager of the Centre is the Designated Liaison Person who oversees all Child Protection Concerns within their service.

In addition the Centre Manager will assign a staff member on every shift to assume responsibility to oversee the reporting and safeguarding process. Any issues identified in the absence of the Centre Manager will be immediately escalated to the Interim Service Manager. This will be reflected in the daily shift planner from the 14th June 2017.

The Centre Manager will ensure that all staff are up to date in their Children First training by the end December 2017.

The Centre Manager will review the Child Protection Practice Note and the above processes at the team meeting on the 19th July 2017.

Proposed timescale:
31/12/2017

Person responsible:
Interim Service Manager

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

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

The centre had not sufficiently considered risks associated with smoking in bedrooms and locking external doors in the centre at night time. There was a potential for delay in evacuation due to locked external doors at night.

Health and safety risk assessments did not adequately mitigate against the risk of fire.

Records in relation to fire safety required improvement.

Action Required:

Under Standard 10: Premises and Safety you are required to ensure that: The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

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

The Centre Manager will review the risk assessment regarding young people smoking in their bedrooms and ensure that all risks associated with this behaviour are identified and will explore additional control measures that may be required including upgraded smoke alarms if required and additional support for young people to help them to quit smoking. Staff members will seek additional support from the HSE quit

Service to assist in this process and brief intervention smoking cessation training will be sourced for all staff by Dec 2017 . This will be completed by the 30th December 2017.

The Interim Service Manager has reviewed the practice of locking external doors at night time and this practice has ceased since the 7th June 2017 and updated on the 13th June 2017. The Interim Service Manager and Centre Manager will review the risk assessment on a regular basis and amend where necessary.

The Centre Manager and Interim Service Manager will complete a full review of the health and safety risk assessment and will amend to ensure more robust control measures are implemented. This will commence by the 14th July 2017.

The Centre Manager will review the daily checks in the fire log on a weekly basis to ensure that the assigned staff members are completing all relevant checks. Any deficits will be addressed at team meetings.

The Interim Service Manager will check the Fire Register at each Supervision to ensure it is being completed as required any deficits in same will be addressed immediately.

Proposed timescale:
30/12/2017

Person responsible:
Interim Service Manager

Theme 3: Health & Development
Standard 8: Education
Judgment: Non Compliant - Moderate

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

Not all young people had an identified educational placement.

There was a lack of structure and routine in place when young people did not attend an educational placement.

Action Required:

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

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

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

The Centre Manager will update each young person's placement plan to ensure it has a clear focus on meeting their educational needs and goals by 31st July 2017. The Centre Manager will liaise with the young person's Social Worker to identify and secure an appropriate day / educational placement. The Centre Manager will ensure that staff increase their efforts to encourage and support the young people in securing these placements. One to one work will be completed with the young people to promote and support the value of education, these will commence by the 21st July 2017.

Educational goals will be promoted by the Centre staff team on a daily basis; all young people will be encouraged to attend an educational placement or, while awaiting an educational placement engage in an educational programme.

The Centre Manager will ensure a daily routine is developed to ensure there is an educational programme in place for each individual young person, this will commence from the 28th August 2017 and will be reviewed at each staff team meeting.

Interim Service Manager and Centre Manager will liaise with the Education and Welfare Office of Tusla CFA for additional support and guidance as required.

Proposed timescale:
30/09/2017

Person responsible:
Centre Manager

Theme 3: Health & Development

Standard 9: Health

Judgment: Non Compliant - Moderate

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

Not all young people were offered smoking cessation.

Some health issues were not followed up in a timely or comprehensive way.

Practices in relation to the management of medication required improvement.

Action Required:

Under Standard 9: Health you are required to ensure that:

The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

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

The Centre Manager will secure brief intervention smoking cessation training for the staff team this will be completed by the 30th December 2017 and will seek further advise and support from the HSE quit service. In the interim the Centre Manager will assign staff, that have been trained, to complete an intervention with each of the young people who are smokers in the Centre. The Centre staff will utilise every opportunity to support young people to quit smoking and will ensure this is recorded in the young person's daily journal. The Centre Manager has emailed the smoking cessation officer for support for both the team and young people and will be followed up by the 15th of July 2017.

The Centre Manager will ensure that medical issues are identified and followed up in a timely manner by ensuring appointments for young people are made when required and follow up appointments are attended. The Centre Manager will ensure this is recorded in both the Centre diary and the shift planner. If a young person does not attend a scheduled appointment or there are concerns around a young

person not managing their health the staff will inform the Social Work and complete a one to one session with the young person. In the event this has not improved the Centre Manager will escalate to the Interim Service Manager who in turn will address with the Principal Social Worker. This process has been implemented within the Centre from the 12th June 2017.

The Interim Service Manager has implemented an interim practice guidance document to ensure that appropriate steps are followed by the staff team. Medication logs will be reviewed by the Interim Service Manager as part of their six weekly checks and any deficits will be addressed immediately. As part of the daily shift planning a staff member will be allocated the responsibility of Medication Management for all young people. This will be recorded in the centre shift planner. This commenced on the 15th June 2017. Staff will ensure all medication is accounted for at the start of each shift and that the procedure for medication administration is followed in full for each individual young person. Staff will ensure the young persons medication sheet is filled out in full and will contain all required information. Staff must ensure any medication errors are notified immediately and the situation is risk assessed with follow up as appropriate. The medication log will be reviewed at handover on daily by staff. The Centre Manager will review all medication records on a fortnightly basis to ensure that all appropriate measures are in place.

The National Director for Children’s Residential Services has recently engaged an external consultant to develop a National Policy on Medication Management and that consultant will also complete training in relation to Safe Medication Management with all staff in the National Residential Care Services. This process has commenced and will be fully rolled out to all services by March 2018.

Proposed timescale: 01/03/2018	Person responsible: Director of CRS, C&FA
--	---

Theme 4: Leadership, Governance & Management
Standard 1: Purpose and Function
Judgment: Non Compliant - Moderate

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

Locking external doors in order to prevent young people leaving the centre at night was not in line with the statement of purpose.

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 Interim Service Manager has reviewed the practice of locking external doors at night this has ceased since the 7th June and was reviewed on the 13th June 2017.

The Centre is currently operating in line within its purpose and function.

Proposed timescale:
13/07/2017

Person responsible:
Interim Service 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:

Team meeting decisions were not consistently implemented.

The petty cash system was not consistently implemented.

There were gaps in the provision of key training.

Risk was not always well managed in the centre.

Action Required:

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

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

The Centre Manager will review the decisions at each staff team meeting to ensure they are being implemented as agreed. In the event the decisions are not being implemented the Centre Manager will address immediately and implement an action plan to ensure they are completed in a timely manner. The Centre Manager will forward the staff team meeting minutes to the Service Manager for review monthly. The Interim Service Manager will review to ensure that decisions are being implemented. The Interim Service Manager will attend team meetings monthly. The Interim Service Manager will address consistency of implementation of decisions at the next staff team meeting on the 21st June 2017. The Service Manager will review this with the team on the 16th August 2017.

The Centre Manager will ensure petty cash is reviewed daily and they will review petty cash weekly, any deficits will be addressed immediately. The Centre Manager will report any progress / issues relating to the petty cash to the Interim Service Manager monthly.

Gaps in mandatory training has been reviewed by the Interim Service Manager on the 12th June 2017. The Centre Manager will contact the training and development department by the 14th July 2017 to set out a plan to address the outstanding training needs. In the event the Centre Manager is unable to secure training they will escalate to the Interim Service Manager. Medication Management training is currently being developed and will commence in the Centres in September 2017. It is anticipated that training in Risk Management will be made available to staff in the

last quarter of 2017.

The Interim Service Manager will present the new Tusla Risk Management Policy to the staff team on the 2nd August 2017 and complete a briefing session to ensure staff are familiar with all aspects of the policy on the 16th August 2017. The Centre Manager and Interim Service Manager upon completion of their review of the risk assessments will develop and implement a plan to minimise the risks presenting within the Centre. The plan will be implemented by the 21st August 2017. In the interim the Centre has implemented individual safety plans to minimise the risk in relation to fire safety concerns and medication management.

Proposed timescale:
31/03/2018

Person responsible:
Interim Service Manager