

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Centre ID:</b>	OSV-0004184
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0020218
<b>Lead inspector:</b>	Ann Delany
<b>Support inspector (s):</b>	Jane McCarroll; Rachel McCarthy

## Children's Residential Centre

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

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

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

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

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

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

From:

23 August 2017 09:45

To:

23 August 2017 16:45

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

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

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

## Summary of Inspection findings

The centre was based in a two storey detached building, whose style was in keeping with the surrounding residences. It was located just within the perimeter of a town in the south of Ireland.

The centre, according to its statement of purpose, provided medium to long term residential care for up to three male children aged between 13 and 17 years on admission, whom were separated children seeking asylum. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 2 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 two social workers and two social work team leaders.

The centre had re-opened in May 2017 and at the time of the inspection, the staff team and children were settling in to their new environment and the new purpose and function of the centre.

The children told inspectors that they felt safe, the staff were nice and they had

opportunities to participate in activities in the community. One child told inspectors he was happy to have had the English classes in advance of starting school and that he liked the centre and was happy there. Another child said he wanted to return to Dublin and did not like where the centre was located.

Inspectors found that the children's quality of life was mixed. Relationships and attachments between staff and children were forming as two children had only come to the centre in the previous four weeks. Staff treated children respectfully and warmly. Children were encouraged to participate in activities and hobbies similar to their peers. Children told inspectors that they had joined local sports clubs and religious communities. Some factors negatively affecting the quality of life for young people in the centre, were specifically related to the process and experience of separated children seeking asylum. One of the two children spoken with said he was happy and settling into the centre while the other two children were dissatisfied with their placement and had requested a transfer back to Dublin.

Not all children had up-to-date care plans on file and the quality of care plans was poor. The statement of purpose and function for the centre made reference to the negative experiences which these young people may have endured prior to being in the centre. It set out a commitment to trauma and attachment informed care. Individualised interventions to support children's experience of trauma, separation and loss were not yet established in the centre. The statement of purpose also set out very particular criteria for admission to the centre, specifying that the centre would care for children occupying beds from the Calais Special Program and the Irish Refugee Protection Program. During inspection, inspectors observed that not all children who had resided in the centre met these criteria.

Children told inspectors that they felt safe in the centre. Staff had a concern for the potential for children to abscond and go missing from the centre. Inspectors found that this concern had influenced the setting of rules and boundaries for the children which were not always age appropriate or informed by the children's cultural norms.

Management systems such as monitoring and oversight, staffing levels, risk management and the availability of up-to-date policies, procedures and guidelines required improvement.

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**

In the main, children's rights were respected and promoted. Children had been provided with a child-friendly information pack when they were first admitted to the centre, relating to the centre, advocacy groups and their rights including how they could access information about themselves. On reading the booklet inspectors found it to be quite rule bound and it did not consider the cultural norms of the prospective residents. In addition, it did not provide information in relation to the needs of these specific groups of children, for example the availability of interpreters, accessing English classes and using Euro currency. It also failed to inform children of the most recent national complaints policy utilised by Tusla -Tell Us. Inspectors found that this booklet had been translated for one of the children, where English was not their first language. Staff also reported that the booklet was being translated for a child who was recently admitted.

Some routines did not promote children's privacy. Each child had their own bedroom and were given the opportunity to personalize it if they so wished. However, records reflected that some children were routinely checked throughout the night, though the records did not reflect why this was being done and there was no risk assessment on file. Staff told inspectors that this practice was in place for some children because of the risk that they would leave the centre without permission. From reviewing records in children's files and speaking to a social worker, inspectors found children were not happy with this process but it was not identified as a complaint.

Children were consulted with about the day to day operation of the centre. Children were consulted around meal planning and activities on a day-to-day basis. Children's meetings were held weekly since the middle of July 2017 and meeting records, though brief, reflected that the children raised issues that were important to them such as access to Wi-Fi and pocket money. Issues that were raised at these weekly meetings were on the agenda for the staff meeting the following day. Staff informed inspectors that the young people were informed of the outcome, however there was no record of this maintained.

Children's right 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 needs of all three children. The health needs of all the children were met. The three children had received a medical screening on admission and had access to local general practitioners (GPs), dentists and opticians in the community and availed of these services when required.

Staff and the children had access as required to interpreter services in order to communicate effectively with children, where English was not their first language. Social workers and staff informed inspectors that the interpreter service was also available if social workers required to speak with parents and guardians of the children (if applicable) to keep them informed of the placement. Extra support had been sourced to help the children with their English. An English tutor attended the unit Monday to Friday from 9.30 to 11.30 for the month of August. One child chose to attend this tuition daily.

Children had access to advocacy services. Children were given information about EPIC (Empowering People in Care), which is a national agency that advocates for young people in care. On the day of inspection, representatives from EPIC attended the unit to meet with the three children. Inspectors observed posters informing the children about EPIC.

There was a system in place to manage complaints but complaints were not always effectively managed. Tusla introduced a revised national complaints policy in September 2016 and the centre manager told inspectors the team was using this policy. She identified herself as the complaints manager but staff were not familiar with this. Neither the centre manager nor the staff team had received a briefing or training on the new complaints management process. While each young person had a complaints section within their file there was no centre specific complaints log. The information booklet gave children an overview of the complaints process but it did not identify that the centre was using the Tell Us policy

In addition, not all complaints had been identified as such. Inspectors found that three of the residents, including one child who had been discharged, were not happy living in the centre but only one of these complaints was on file. This complaint was well managed and while the child was not satisfied with the outcome of the complaint, the centre manager had raised this with his allocated social worker who was appealing the decision. The complaint had been escalated nationally and EPIC were brought in to advocate on the child's behalf.

**Judgment:** Non Compliant - Moderate

### **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 to admissions in May 2017 and since then there had been four admissions and one discharge. The admission process was managed by a local admissions committee which consisted of the centre manager, service manager, the local principal social worker, a psychologist and the Separated Children Seeking Asylum Team. The committee convened when a vacancy arose.

Not all children were admitted to the centre in line with the centres statement of purpose. The centre's statement of purpose identified that the purpose of the unit was to accommodate children from the Calais Special Programme and the Irish Refugee Protection Programme. However, inspectors found that one of the children living in the centre did not fall into either of these programmes.

While collective risk assessments were carried out as part of the admissions process and consideration was given to all of the children's needs, inspectors found there were gaps in considering all of the children's presenting behaviours and this had the potential to impact on the overall success of the placements. Of the four children admitted, one had been discharged and two others were seeking a transfer. Staff informed inspectors that there was an interpreter available to attend admission meetings to explain the process to the children but inspectors did not find records of this. The centre's admission policy and procedure was summarised in the centre's statement of purpose. Inspectors found that this summary was not sufficient in providing a robust system of admissions.

Relevant information, regarding safeguarding children and managing risk was not fully shared by all stakeholders in all admissions. Children's social workers (based locally) and staff told inspectors that they did not always receive sufficient information about the children when the case was being transferred or when the child was being admitted to the centre. The interim service manager told inspectors that he had amended the application form to ensure more detailed information about the children was received prior to admission.

Not all children were transitioned into the centre. Inspectors reviewed one child's file where a really good transition programme had been completed prior to the child's admission. The child had opportunities to be introduced to the members of the local mosque and to see what opportunities there were within the area to pursue his interests. For others, there was no record of a transition.



All children in the centre had an allocated social worker. Children admitted to the service continued to be allocated to the social worker from the Separated Children Seeking Asylum Team for six weeks following admission, at the request of the centre manager. The roles, responsibilities and division of tasks, by virtue of this dual allocation system, were not clearly defined in a standardised procedure or national policy. While the local social work team had day-to-day responsibility for the children's care, the Separated Children Seeking Asylum Team continued to progress and manage the children's asylum application. An application to seek asylum had been made for all three children and one had been granted. Records showed that social workers were in regular contact by phone with the children.

Not all children had an up-to-date care plan on file and the quality of care plans were poor. One child who had recently been admitted did not have an up-to-date care plan that considered all of his needs. Care plans did not consider the child's therapeutic needs and there were no actions outlined that clearly identified the persons responsible to meet the identified needs of the children.

Placement plans were in development for all three children. The new TUSLA placement plan template was in use in the unit and all three children had a placement plan on file. A placement support plan template was also in use and staff informed inspectors that this was updated at the weekly staff meetings. Inspectors found that the placement support plans were still under development in the unit and improvement was required. Not all placement plans were signed by the author.

Family contact was promoted by the staff team. Staff told inspectors that they were aware of the children's family background, but they did not have direct contact with the children's family. The Separated Children Seeking Asylum Team had contact details and kept the children's parents informed, where appropriate. The children had their own mobile phone and credit was provided to them on a weekly basis to keep in contact with family and friends.

Inspectors observed that staff interaction with children was appropriate and that staff treated children respectfully and warmly. Each child was allocated a key worker on admission and were provided with the choice to choose a second key worker if they so wished. The role of the key worker was outlined in the children's booklet. Staff were continuing to get to know the children and establish good professional relationships with them. However, staff were challenged as two of the children did not want to live in the centre.

Children's emotional needs were not consistently met. Interdisciplinary working and informed therapeutic interventions required to safeguard children were being established. The model of care in the centre was trauma and attachment informed. Staff had an awareness of the broad range of factors which could potentially undermine the wellbeing of separated children seeking asylum. However, these factors were not wholly translated into individualised interventions. A psychologist provided a service to the centre. Children were offered sessions and two children had attended. Records did not show that the therapeutic needs identified in one child's care plan had been sought and provided.

The staff team were working on developing the children's skills and progress was recorded in their placement plans. Children were assigned household tasks such as completing their own laundry, assisting with grocery shopping and meal preparation. One of the young people was 17 years of age and met the criteria for accessing aftercare services. The young person did not have an aftercare worker allocated and there was no preparation for leaving care or aftercare assessment completed or an aftercare plan in place.

Children's records were securely stored and were in good condition. Inspectors did not see all admission to care forms on the children's' files on the day of inspection, however these forms were subsequently furnished to inspectors by the centre manager.

**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**

Children were cared for in a manner that respected their individual choices and religious beliefs. Children had opportunities to engage in leisure activities, were encouraged in their hobbies and interests and were facilitated to take part in activities in the community that would assist them develop their social and teamwork skills. Children engaged in sporting activities including cricket, boxing and going to the gym. There was a games room in the centre that was aimed at offering young people a place to play pool and other activities. However, items that had been broken or misplaced in the games room had not been replaced at the time of the inspection. Children also had access to a games console.

Religious beliefs were respected. Staff and the children told inspectors that they had been shown around the locality and informed where the local churches and mosques were located. Staff demonstrated their awareness of some customs and traditions, for example during Ramadan, meals were prepared at appropriate times. Inspectors observed clocks and welcome pictures hanging on the wall in the centre, which promoted each child's individual culture, language and time zone.

Children were provided with a varied and nutritious diet. Food was varied in the centre to respect each young person traditions and religious beliefs. Children expressed their preferences regarding food and were encouraged to participate in shopping and meal preparation. One child informed inspectors that they liked the food in the centre and their religious beliefs were catered for.

Children received pocket money based on their age and received a sufficient allowance for toiletries, haircuts and phone credit. Inspectors observed that children were well dressed on the day of inspection. Children had highlighted at house meetings that they

would like to get Wi-Fi for the house, and the information booklet for children reflected its availability. However, staff on the day of inspection were still trying to identify a suitable broadband provider.

The model of care in the centre was trauma and attachment informed with the overarching approach based on positive behaviour support. Staff informed inspectors that they had received training in Tusla's approved approach in behaviour management. Training records provided to inspectors indicated that all but one staff member had received this training. While staff told inspectors that none of the children currently living at the centre had behaviours that challenged, inspectors observed and found that two of the children were not engaging with the routines of the centre and the staff team.

The centre operated a consequence model and each child's file maintained a separate sanctions log. No sanctions were recorded in any of the three children's files. The information booklet for children highlighted the house expectations and what behaviour would not be accepted.

There were 11 notifications of significant events recorded for the three children living in the centre at the time of inspection. Significant events recorded related to admissions to the centre, intimidating behaviour, absences and episodes of children reported as missing child in care. Each child had a significant event notification log which was updated as required. On review of the children's files inspectors found that significant event notifications were not always recorded in the log and a copy of the notification was not always stored in the child's file.

There had been one incident of a child missing and at risk from care and two unauthorized absences. Inspectors found that the staff team had followed the relevant policies and procedures when children left the centre without permission and control measures were put in place. Children had absence management plans on their files which had been followed. A review of the recent missing from care episode was scheduled to take place in the days following inspection.

**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 An Garda Síochána vetting of staff, a lone workers policy, staff supervision and ongoing training. However, inspectors found that at times there was a hesitance by the Separated Children Seeking Asylum team in sharing key information with the staff team and the local social work department which would have enhanced safeguarding measures taken by the staff team to protect the children. Inspectors were not assured that all known risks to the children were collectively acknowledged.

Each child had an individual risk assessment on file, but one did not all fully identify or capture all known risks which were referenced in the child's file. Similarly, the centre's risk register required review in order to capture the current live risks for children in the centre.

Children had access to their own mobile phones with built in software to enable them to speak with relatives in their home country through various modes of communication. However, it was not clear that the potential online threats and risks for children using their phone, were well understood by the staff team. There was no oversight by staff of what sites children were accessing on their phones. There were no risk assessments in childrens' files which focused on these issues. In addition, inspectors found recreational items that were not age appropriate. Three forms of digital media were available on an open shelf in one of the sitting rooms which were classified 18s. These were brought to the attention of staff.

Not all staff had received Children First training. Records reviewed by inspectors indicated that four staff had not received child protection training. Staff spoken with were aware of child protection procedures and the measures to be taken in the event of an allegation of abuse or neglect. At the time of the inspection there had been no reported child protection concerns.

**Judgment:** Non Compliant - Moderate

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

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

#### **Inspection Findings**

In many parts of the centre, there was a homely and pleasant ambiance. Staff reported that some refurbishment work had been undertaken on the house while the centre had been closed. Each child had their own bedroom. Many of the furnishings and facilities for the number of young people living there were adequate. Communal facilities included two lounge areas, a kitchen with dining facilities incorporated in that space, and a utility room. Staff portrayed awareness and interest in the young people's needs when selecting various home décor and accessory items, for example a large map of the world was displayed on one wall.

Other areas of the centre required modernisation and improvement. The study room upstairs was not a welcoming space as it was poorly maintained and required modernisation. This room was being used for English classes on the morning of inspection. Inspectors found that the equipment in this room was outdated and was not suitable for study purposes. There was a self contained games room outside, in the rear garden area, which was run down. It did not have any heat and the space was dark and damp. This area was also being utilised as storage for other items which compromised the function of the space. The recreational equipment provided to the

children in the games room was not complete or in working order.

The system to record maintenance requests did not facilitate effective oversight to ensure requests were dealt with in a timely way. There was a system in place to report maintenance issues including a record of maintenance requests and repairs but the records did not clearly indicate that the maintenance issue had been resolved or how long it took for the issue to be addressed. There were some repairs required to cabinets in the utility room and inspectors also observed a disused rotary metal washing line on the ground in the rear garden.

Health and safety measures varied. The centre had policies and procedures relating to health and safety and there was an up-to-date health and safety statement. Some hazards within the centre had been risk assessed but the documentation had not been completed in full. For example, though sharp knives were locked away, the risk and potential impact in relation to the sharp knives had not been identified within the risk assessment completed to inform this control measure. While training in first aid, fire safety and health and safety had taken place in March 2017, not all of the staff team had received the training. The cars were maintained, taxed and insured and there was appropriate insurance in place for the centre.

The majority of fire precaution measures were adequate. There was suitable fire safety equipment which was serviced appropriately. Inspectors were informed that all staff and children had participated in a fire drill. There were records of fire drills which included the names of the staff and children who participated in the drill. However, one of the records identified that on one occasion it had taken 4-5 minutes to evacuate the centre and that one of the children needed coaxing. Inspectors did not find that the drill was repeated or that personal emergency evacuation plans were developed following this incident.

**Judgment:** Non Compliant - Moderate

**Theme 4: Leadership, Governance & Management**  
Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

**Standard 1: Purpose and Function**  
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

**Inspection Findings**

The centre had an up-to-date statement of purpose which set out its purpose to

provide medium to long-term care for up to three boys aged 13-17 years. The children are separated children seeking asylum who are from the Calais Special Programme or the Irish Refugee Protection Programme. However, inspectors found that only two of the three children living in the centre met these criteria. Inspectors also identified that while staff had an awareness of the broad range of factors which could potentially undermine the wellbeing of separated children seeking asylum, these factors were not wholly translated into individualised plans and interventions.

In addition, the statement was not available in a child-friendly version and it did not set out the key policies that were in place.

**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**

This centre had recently re-opened under a new statement of purpose and function. While the centre manager remained, there were some changes to the staff team.

There was a clear management reporting structure in place. The centre manager worked office hours. Social care leaders deputised for the centre manager during her absence and leave. Social care workers reported to the centre manager. An interim service manager was available to support the centre manager and he reported to the interim regional manager. A shift leader was identified for all shifts.

There were a number of management systems in place in the centre, but not all were effective. Inspectors found that staff had access to policies, procedures and guidelines. However, a number of these were outdated and some policies were not in place, for example medication management and child protection. Guidance notes were available for staff in their absence. Other more up-to-date policies were not being utilized, for example the national complaints policy and the risk management policy.

Communication systems within the centre were effective. Inspectors observed a handover and found that staff passed on important information to each other. Day-to-day logs were meaningful and staff engaged well with each other. Team meetings were held regularly and offered an opportunity for staff to raise issues with the manager, for example Wi-Fi. The manager could also access the interim service manager, informally as required.

Children's and other administrative files were well maintained and stored securely. However, in the centre manager's absence the centre register was unavailable for review on the day of inspection.

The centre's risk management system required improvement. The centre had a risk register but inspectors found that not all risks contained in this register were reflective

of the live risks within the centre. For example, substance misuse, self-harming behavior and suicide ideation were on the risk register but other risks, for example placement breakdowns had not been risk assessed, though two of the children were telling staff they were unhappy and did not want to be placed in the centre. In addition, the effects of separation and loss had not been assessed. The interim service manager told inspectors that staff could also be risk averse and were overly protective of these group of children whose cultural and age appropriate needs were very different to a similar group of Irish children.

Monitoring and oversight of the service was evolving. The interim service manager provided some oversight to children's files and other administrative paperwork but there was little other monitoring of the care provided to children. Exit interviews had not taken place but there was a plan to review a recent discharge from the centre.

There was an adequate level of staff on the day of inspection but the roster did not reflect that there was always a sufficient number of staff on days when children had planned activities that took them out of the centre for a prolonged period. Agency staff were utilized to fill gaps in the roster but there were times when the centre did not have a staff member working a live night shift due to unplanned staff leave arrangements.

While staff files were not available within the centre, the centre manager provided confirmation that all staff had garda vetting on file.

Staff supervision was of mixed quality. There was a supervision policy but supervision did not always occur in line with the policy. Some supervision notes were brief, and not always reflective of the last meetings discussions. On the day of inspection, staff described having good systems in place in relation to peer support and informal supervision which were valuable to them. Agency staff did not receive supervision within the centre.

Not all staff had received mandatory training. For example, children first training, dignity at work training, medication management and occupational first aid training was not completed by the full staff team.

Other training had been provided to staff in relation to the specific needs of separated children seeking asylum. For example, a 'trauma' workshop, 'intercultural awareness and cultural competency' training and training presented by the principal social worker for the separated children team in relation to the Irish model of care and protection for unaccompanied minors.

**Judgment:** Non Compliant - Moderate

## **Acknowledgements**

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

# Action Plan

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

<b>Action Plan ID:</b>	MON-0020218-AP
<b>Provider's response to Inspection Report No:</b>	MON-0020218
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Date of inspection:</b>	23 August 2017
<b>Date of response:</b>	11 October2017

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: Non Compliant - Moderate**

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

The information booklet required review to ensure it reflected the information this specific group of children would require - based on their statement of purpose.

Complaints were not always well managed as not all complaints were recognized as such and there was no central complaints log.

The need for routine night checks had not been risk assessed.

**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 Young Person's Information Booklet will be updated by the Centre Manager and an identified Social Care Leader. This review will involve input from the young people currently living in the centre. When complete, a copy will be given to all current residents and will form part of an introductory information pack which will be made available to all new admissions. The booklet will include information on the use of interpreters, accessing English language classes, support in the use of the euro and Complaints Policy Tell Us.

Action to be Completed October 15, 2017

Refresher training on the CRS South Complaints Procedure and Tell Us Policy will be completed with the staff team by the Centre and Service Manager at a staff team meeting scheduled to take place on October 11, 2017. A Centre Complaints Register template has been established to capture details of all complaints backdated to the opening of the Centre in May. The centre has addressed the complaint that was not initially categorised as a complaint since the date of inspection which has been closed as of September 29, 2017.

Action to be completed on October 11, 2017

The practice of routine night checks has ceased as of September 20, 2017. The Centre is in the process of devising a Night Room Check Policy which will be operational by October 12, 2017. Written risk assessment will be maintained on a young person's main file where the necessity for checks at night has been risk assessed with Social Work as required. Any Risk Assessment will specify review date for same.

Action to be Completed October 12, 2017

**Proposed timescale:**  
**15/10/2017**

**Person responsible:**  
**Centre 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:**

The admissions process was not robust.

The quality of care plans was poor.

Children's emotional needs were not consistently met.

Placement plans were not fully developed.

Aftercare planning had not commenced and an aftercare worker had not been assigned for relevant young people in line with Tusla policy.

**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:**

A meeting has been scheduled with the Separated Children Seeking Asylum Team PSW to discuss and review the findings of the inspection including the admission process on October 13, 2017. This meeting will be attended by the Service, Centre and Regional Manager CRS South. Further to this meeting the Centre Admissions Policy will be reviewed and issued as a separate policy document to ensure clarity of referral pathway and a robust system of admission.

The meeting referenced above will include as an agenda item the issue of sharing of relevant information and the quality of Care Plans.

An identified CRS Psychologist will be scheduled to attend staff team meetings to focus and support the team in identifying and planning for the emotional needs of the young people. This work is scheduled to commence by October 30, 2017. The identified CRS Psychologist will also be available to meet and engage in direct work with the young people on an individual and/or group basis as appropriate with the team and/or key worker. A translation service is available to the young people where fluency in their second language is a barrier to communication. The staff team has responsibility for work addressing the emotional needs of the young people in consultation with the Social Work Department via key worker sessions and /or group work. Where input from external services is identified as necessary this will be sourced and prioritised.

A review of all placement plans will take place at the team meeting on October 5th 2017 to ensure that the placement plans are complete and of an appropriate standard.

This process will be completed in the first instance by the Centre Manager and checked by the Service Manager. Findings of this review will be detailed in the minutes of the staff team meeting.

The Centre Manager emailed the relevant Social Work Team Leader on October 19, 2017 with regard to the outstanding referral to the Aftercare Service. This matter will be escalated to the Service Manager in the event of a lack of timely response by October 30, 2017.

**Proposed timescale:**  
30/10/2017

**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:**

Not all children were engaging with staff and the house routines.

Not all SENs were available in each child's file.

Children had left the centre without permission.

**Action Required:**

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

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

A review of existing house routines to ensure that they are age appropriate and fit for purpose will be completed on September 28, 2019 by the Service and Centre Manager, Staff Team and CRS Psychologist. This review will also focus on the level of young person engagement and associated staff responses. Identified learning will inform future practice.

A Social Care Leader has been identified as of September 20, 2017 who is responsible for ensuring SENs are copied to each young person's file. This task will be completed on a weekly basis, checked by the Centre Manager on a monthly basis and spot checked on site visits by the Service Manager. This system is operational as of September 29, 2017 Checks will be evidenced by initial and date. All SENs are now available in each young person's file. A Centre SEN Register is now in place as of October 6, 2017. Action completed.

A review of Unauthorised Absences, Missing Child From Care and Absent Management Plans will be completed on October 11, 2017 at the staff meeting. This review will be completed by the Centre and Service Manager with the staff team. Findings of this

review will be documented in the staff team meeting minutes. Any identified deficits will be addressed by way of agreed action plan with identified person responsible and timeframe.

**Proposed timescale:**  
11/10/2017

**Person responsible:**  
Interim Service Manager

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

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

Safeguarding practices were not robust.

Children had free access to the internet via their mobile phones without any risk assessment.

Digital media, classified 18s were available to children.

**Action Required:**

Under Standard 7: Safeguarding and Child Protection you are required to ensure that: Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

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

The issue of sharing of relevant information by all stakeholders regarding safeguarding and management of risk is on the agenda for a meeting scheduled to take place on October 13, 2017 attended by the Regional, Service and Centre Manager and Principal Social Worker Separated Children Seeking Asylum Team. A more robust system will be agreed in the first instance with the Separated Children Seeking Asylum Team, this will be followed by a meeting at local level to ensure clarity of role and function and to establish a standardised procedure.

Risk Assessments for internet access and phone have been completed by the Centre Manager, staff team and Social Work Department as of September 26, 2017. These Risk assessments are stored on each young person's file with an identified review date. All individual risk assessments are now held on the young person's file and are subject to weekly review. The Centre Risk Register will be reviewed by the Service Manager with the Centre Manager and staff team with regard to the deficit in relation to risk assessments on all identified hazards at a staff team meeting scheduled for October 11, 2017.

The digital media classified 18 was removed on the day of inspection. The Centre Manager has reviewed the presence of digital media classified 18 with the staff team at a team meeting on September 20, 2017. Staff have been reminded of their responsibility to ensure that digital media classified 18 is not available to the young people in the centre. The task of checking the certification of digital media is part of

the daily staff handover. Spot checks will also be completed by the Centre Manager to ensure that all digital media is age appropriate.

**Proposed timescale:**  
13/10/2017

**Person responsible:**  
Interim Service 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:**

Some areas within the house required attention.

The system in place to address maintenance issues was not robust.

Not all issues identified following fire drills were addressed.

Risk assessments were not completed in full on all identified hazards.

**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:**

Quotes are currently being sourced for the refurbishment of the study room, games room and utility room. Minor capital funding has been approved. It is planned that this work will be completed by December 30, 2017. To ensure the building is maintained to an acceptable homely level a bi annual walkthrough inspection by the Service and Centre Manager will be completed each January and July. This bi annual check will be evidenced in the supervision record of the Centre Manager.

The Centre Maintenance log format and system will be reviewed by the Centre Manager, Service Manager and Staff team to ensure that the information recorded includes completion date for any identified work(s). A system will be established that identifies the person responsible for the upkeep of this log which will be subject to quarterly check by the Centre Manager and spot check by the Service Manager. Checks will be evidenced by initial and date. Outstanding maintenance issues have been forwarded for the attention of local technical services as of October 9, 2017 with work commenced as of October 10, 2017.

Fire drill practice and associated documentation will be reviewed by the Centre Manager and Fire Safety Representative in the first instance. Documentation will be expanded to include a section on follow up action so that where issues are noted with regard to a fire drill the associated action taken can be recorded. This issue will be addressed at the team meeting on October 5, 2017 along with issues identified with previous fire

drills. Team meeting minutes will evidence same.

**Proposed timescale:**  
30/12/2017

**Person responsible:**  
Centre Manager

**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 day to day operation of the centre was not in keeping with the statement of purpose.

There was no child-friendly version.

The statement did not list the key policies.

**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 Centre and Service Manager will review and amend as necessary the Centre Statement of Purpose and Function to ensure that the day to day operation of the centre is accurately reflected. Action to be completed by October 30 , 2017

The Centre Manager, staff and young people will develop a child friendly version of the Centre Statement of Purpose and Function which will be contained in the young person's information booklet. Action to be completed by October 30,2017

The review of the Centre Statement of Purpose and Function scheduled for completion by October 30, 2017 will ensure that a list of key policies will be contained within the body of the document.

**Proposed timescale:**  
30/10/2017

**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:**

Not all management systems within the centre were effective.

Some policies were out of date and for other areas no policy existed.

The risk management system was not effective.

Monitoring and oversight arrangements required development.

Staffing arrangements required review to ensure there was a consistent level of staff to meet the needs of the children.

Staff supervision was of mixed quality

Not all staff had received mandatory training.

**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:**

A review of existing management systems within the Centre will be completed by the Service and Centre Manager by October 30, 2017. Any identified deficits will be subject to a plan to address with an identified timeframe and person responsible noted.

A review group at centre level has been established to list, update and review existing centre policies pending the issuing of national policy. This will be a standing agenda item on team meetings and will include staff sign off on all policies within the centre as required reading. This work is scheduled to commence on October 5, 2017 with a view to completion by December 30, 2017.

Existing risk management systems will be subject to review by the Service and Centre Manager with the staff team on October 12, 2017. Identified deficits in systems and/or training will be subject to a plan to address with an identified timeframe and person responsible.

The Service Manager has agreed a schedule that will involve monthly site visits to the centre and attendance at staff team meetings quarterly in addition to the existing real time review of Significant Event Notification and routine phone contact. Evidence of monitoring and oversight will be reflected in supervision records of the Centre Manager, minutes of team meetings and by way of initial and date on checked files and/or logs while on site. Updates on progress and /or developments will in turn feature on the supervision record of the Service Manager with the Regional Manager. An audit system

and tool will be established for the service by December 30, 2017.

Staffing arrangements and associated roster will be subject to review on foot of a joint communiqué issued by Tusla and Union representative body on September 22, 2017. Local engagement will follow to ensure that the roster in operation is Working Time Directive Compliant and fit for safe delivery of service. Schedule for completion identified as December 2017. Adjustments to existing roster plans for the creation of two relief positions per centre to cater for unplanned or planned leave. Staffing deficiencies identified at the time of inspection have resulted in an amendment to the existing roster as an interim measure pending the establishment of relief staff to ensure sufficient staff on duty.

The Service and Centre Manager will conduct a Supervision Audit on Oct 12, 2017. The audit tool used will that contained within the National Supervision Policy. Identified deficits will be addressed with the relevant individuals by way of an agreed action plan to ensure quality provision of supervision within the centre.

An audit will be completed on mandatory training by the Centre Manager by October 30, 2017. This audit will be used to formulate a training schedule for the Centre to address any identified deficits in Children First, Manual Handling, First Aid, TCI, Fire Training and Medication Management Training. All staff members are registered for I-Learning. Contact has been made with I.T on October 5, 2017 by the Centre Manager to update the computer system to allow online completion of Children First 2017. The Medication Management Policy for Children's Residential Services is due for sign off by the national policy committee on October 11, 2017 which will allow for the scheduling of associated training commencing November 2017. A written training schedule will be developed to address deficits and the Manager's Centre Governance Report will be used during supervision to track individual training requirements or deficits. All training deficits will be either addressed or planned for by December 30, 2017.

**Proposed timescale:**  
**30/12/2017**

**Person responsible:**  
**Interim Service Manager**