

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA DNE CRC
Centre ID:	OSV-0004178
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0024980
Lead inspector:	Una Coloe
Support inspector (s):	Catherine Vickers

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:
05 September 2018 09:30	05 September 2018 17:30
06 September 2018 08:00	06 September 2018 17:00

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

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

Actions required

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

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

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

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

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	Substantially Compliant
Standard 6: Care of Young People	Non-Compliant - Moderate
Standard 7: Safeguarding and Child Protection	Non-Compliant - Moderate
Standard 10: Premises and Safety	Substantially Compliant
Theme 3: Health & Development	
Standard 8: Education	Substantially Compliant
Standard 9: Health	Compliant
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Substantially Compliant
Standard 2: Management and Staffing	Non-Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

The centre was a large detached seven bedroomed house located in a rural setting near a town in North Dublin. It had a large well maintained garden to the front and rear of the house. There were two other Tusla services running from the location, as an administrative base for operations not related to the centre. There were a range of local amenities in the nearby town. The centre had capacity to provide medium to long term care for four children, male and female between the age of 13 and 18 years. At the time of the inspection, there were 4 children living in the centre.

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

Inspectors also spoke with two social workers, an aftercare worker, parents and the monitoring officer.

Overall, the staff team provided the children with good quality care. Children told inspectors that they liked living in the centre, knew their rights and had good relationships with staff. The children had access to a variety of activities including interests and hobbies of their choice. All of the children had an educational or training placement but not all had commenced in these placements at the time of the inspection. The children had access to health services when required. The emotional needs of the children were met and staff had regular, good quality interactions with the children.

All of the children had an allocated social worker and had been visited, as required by the regulations. Children were supported to have regular contact with their family members and this contact was facilitated by staff.

Behaviours were well managed and children's complaints were resolved. There were safeguarding systems in place and children reported that they felt safe living in the centre. However, although there were no current risks to the children, not all child protection concerns were reported in line with Children First, National Guidance for the Protection and Welfare of Children 2017.

The service was managed by an experienced management team and the staff team were well supported and guided in their roles, despite the absence of up-to-date policies and procedures. Some management systems required improvement to ensure there was effective oversight and recording of child protection and welfare concerns and complaints for example. There were systems to review all aspects of care provision but some restrictive practices were not adequately assessed to reflect the rationale for their use for each individual child.

There was a committed and experienced staff team in the centre. However, due to staff shortages there was a reliance on agency staff to work in the centre on a regular basis. Efforts were made to ensure there was consistency of agency staff. Supervision records were of good quality and the frequency was in line with the centre's policy. The team had received training and briefing relevant to their role but not all staff had received up-to-date mandatory training.

These and other findings are outlined further in 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

The rights of children were respected and promoted. Information about children's rights was available at the centre. Children told inspectors they knew what their rights were. Inspectors found from review of files that children were given information about their rights and the complaints process on admission to the centre and these were regularly discussed during one-to-one sessions with the children. All of the children were aware that records were kept about them and they were aware they could access their information should they wish to read them.

The staff team facilitated and supported children to have contact with advocates. For example, inspectors found that children had visits and contact with the advocacy group, Empowering People in care (EPIC), which is a national agency that advocates for children in care.

Children were consulted and encouraged to participate in decision making about their lives. Children told inspectors they had a say in important decisions about their lives including their plans and day-to-day activities. Inspectors found that there was lots of informal consultation with the children during meal times. In addition, there was a weekly children's meeting where they discussed with staff any issues they had in relation to the running of the centre and this was a space for children to make individual requests. It was evident that the children's requests were discussed and feedback was generally recorded. The alternative care manager had reviewed these minutes and requested that feedback was recorded when this was not evident.

There was a system in place to manage complaints but this was not sufficient. Children told inspectors they knew how to make a complaint and staff were aware of the process to follow. Complaints made by children in 2017 were recorded on an outdated Health Service Executive register. Inspectors were also provided with another complaints log which recorded complaints made on a quarterly basis. It was not evident if the complaints recorded on this had been resolved and there were gaps of six months that

were not provided with this log which did not allow for sufficient oversight. Inspectors clarified that there had been one complaint made in the last 12 months and the management of this individual complaint was well recorded. The child was well supported in this instance but the form did not record if the complaint had been closed.

Judgment: Substantially Compliant

Theme 2: Safe & Effective Care

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

Standard 5: Planning for Children and Young People

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

Inspection Findings

Admissions and discharges were well managed and in line with policy and procedure to ensure placements were suitable and safe. There were two admissions in the 12 months prior to inspection. Admissions were managed through the Tusla central referrals committee. Inspectors found that the admissions procedure was followed with evidence of collective risk assessments on file for the children. Inspectors observed the children in the unit were appropriately placed.

There were two planned discharges from the centre in the 12 months prior to the inspection. The documentation surrounding these discharges was archived so inspectors were unable to review it, but inspectors reviewed the centre register and noted that the relevant discharge details were recorded.

Each child had a care plan on file. These were of good quality and reflected the needs of the children. Staff members told inspectors that one child had a child in care review in August and the new care plan and the minutes of the review were in the process of being drawn up. This was confirmed by the child's social worker. Children told inspectors that they were aware they could attend their child in care reviews and it was evident that the children's views were documented on their care plans. It was recorded when they attended their review or if they chose not to.

There was placement plans on file for each child but these were not up-to-date. The centre manager told inspectors that monthly key working reports provided the most up-to-date information which guided staff on the care of the children. These reports were

of good quality, reflected the current needs of the children and identified actions. However, placement plans remained on the children's files despite not being relevant or in use.

Most of the statutory requirements were on file including birth certificates and medical and social reports. One child did not have an up-to-date care form on file. Records showed that staff had made efforts to obtain this from the social work department but this had not been resolved at the time of the inspection.

Each child had an allocated social worker and they were visited by their social worker in line with requirements set out in regulations. The children told inspectors that they were happy with the contact they had with their social worker.

Children were supported to maintain positive relationships with their parents, siblings and significant people in their lives. The staff team facilitated visits for the children with their families in accordance with their care plan. Staff and the deputy centre manager told inspectors that family members often visited the service and it was evident from a review of files that the team prepared meals for the children to enjoy with their family members. There was sufficient space in the centre to accommodate these visits. Children said there were happy with how staff supported them in relation to family contact. Family members said they felt welcome to visit the centre.

Children received the emotional and psychological care they required. The staff team were proactive in their work and there was regular one-to-one sessions with the children. These sessions covered a broad range of topics relevant to the children's needs and these were often planned at team meetings, while others were opportunity led. Further support such as counselling services was provided for the children, when required. Inspectors found that the team had received briefings from professionals to ensure they were adequately supported to meet children's needs. External professionals told inspectors that they were satisfied with the care and emotional support provided to the children.

There was one child who was eligible for aftercare services as per the national policy. Inspectors found that the required assessment of need and aftercare plan were on file. There was an allocated aftercare worker who was actively involved with the child. The child told inspectors that a placement had been identified to move to when they turned 18 and that they were satisfied with the services received in relation to aftercare.

All children were actively supported to develop skills for independent living. The children told inspectors how they completed chores. Inspectors observed the children cooking and assisting the staff to prepare lunch. It was evident that the children were supported to budget, open bank accounts and use public transport. The centre manager told inspectors that goals were set at each team meeting to support children in relation to their independent living skills.

Records were factual, accurate and legible. There was a new recording system in place. However, records from the previous recording system remained on file. As a result there were two set of plans to reflect the children's needs. This could cause confusion for agency staff on duty, who may not know the children well.

Judgment: Substantially Compliant

Standard 6: Care of Young People

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

Inspection Findings

Staff interacted respectfully, warmly and appropriately with the children. Inspector's observed a friendly, inclusive and happy atmosphere in the centre. Children told inspectors that they had good relationships with staff and recalled memories of the summer holidays and trips away with members of the team. The centre manager told inspectors that the approach in the centre was relationship based and the team focused on building strong relationships with the children. Children told inspectors that they were happy living in the centre. The staff team encouraged the children to be involved in clubs and activities such as outdoor pursuits and the scouts. Children's achievements were acknowledged and celebrated and positive life events were noted on monthly reports. Children were dressed appropriately and facilitated to go clothes shopping in a nearby town.

There was a variety of healthy food available in the centre and staff were aware of healthy eating practices. Inspectors observed healthy nutritious meals available for the children. Inspectors also observed a child preparing a meal. Staff spoke with inspectors about how meal times were a positive social event.

Behaviours that challenged were well managed. The staff team had a good understanding of the behavioural needs of the children and the approach to manage behaviour that challenged was consistent among the team. The centre manager outlined that the staff team helped children understand their behaviours and showed empathy towards them. There was a nurturing approach and the children received adequate emotional support from staff. The team followed a recognised behavioural management approach during and after incidents. Parent and carers told inspectors that they were very happy with how the children were supported and social workers said incidents were well managed.

There was adequate information to guide the team to manage the behaviours and potential concerns relating to the children. However, inspectors found that there were two types of behaviour management plans on file for the children and at times they contained different and conflicting information. Staff regularly developed safety management plans to guide a consistent approach when managing specific concerns or behaviours such as bullying or inappropriate behaviour between children. Concerns relating to children's mental health were well-managed and appropriately followed up.

Records of behavioural incidents were well recorded and staff and managers were clear about what constituted a significant event. There had been had been a significant reduction in the number of significant events in recent months. This was due to a

change in the mix of children living at the centre. When instances occurred, inspectors found that they were well managed, recorded appropriately and reported to the relevant personnel. There was evidence of follow up one-to-one sessions with the children following a significant event and issues were managed in a sensitive and respectful manner.

Incidents of children going missing from care had reduced significantly, but when they occurred these were managed in line with Tusla policy. There was a total of 21 missing from care incidents in the 12 months prior to inspection and six of these occurred in the last six months. Absence management plans reviewed by inspectors were up-to-date. Staff notified the appropriate people when children were missing or absent from the centre.

Consequences were used to manage some behaviour and a new centre log was introduced recently to record these. There was a limited number of consequences put in place and all of the children told inspectors that they felt consequences were fair and appropriate.

Restrictive practices were used in the centre including alarms on bedroom doors and switching off the power at certain times. Internal closed circuit television system (CCTV) was used during the previous 12 months but following a recent review this was discontinued. Alarms were used on bedroom doors to alert staff if a child's door was opened at night. There was also a practice of turning off the power in children's bedrooms during the night and certain times during the day. Staff and manager told inspectors this was due to potential fire safety risks from charging mobile phones during the night and also to encourage the children to engage in daily plans. Risk assessments were completed in relation to use of restrictive practices but these were generic and did not identify the specific risk that warranted their use for each individual child. Room searches were conducted and inspectors found that this had been risk assessed and took place in line with policy and with the children's knowledge. There had been no physical restraints in the 12 months prior to inspection

There was a proactive approach to the management of concerns of bullying in the centre. There had been a number of instances of bullying in the last 12 months which were effectively managed and resolved. Regular strategy meetings took place to manage the concerns and daily management plans were put in place to ensure the children were safe and protected. External professionals were sourced to provide a bullying workshop for both the children and the staff team. Staff members reported that this training was very beneficial.

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

Staff implemented safe care practices and there was a good level of supervision of children. There were arrangements in place for staff to know where children were at all times and to keep in contact by phone. Keyworking and one-to-one sessions were carried out with children in relation to keeping themselves safe. Staff were aware of the safeguarding issues in relation to social media and children's access to technology. Children said they felt safe living at the centre and that they would go to a staff member if they had a concern. Inspectors spoke with parents and carers of the children who said their children were kept safe in the centre and that they received regular updates from staff about any safety issues going on for the children.

There were systems in place to safeguard children and protect them from abuse. There was a protected disclosures policy and staff told inspectors that there was a culture of openness in the centre. Staff advised that a member of the management team was always accessible to discuss any concerns. The centre manager was the designated liaison person. Training records provided to inspectors demonstrated that all staff had completed training on Children First, National Guidance for the Protection and Welfare of Children (2017). Staff told inspectors they understood their responsibilities and were aware of how to respond to incidents of abuse or allegations. Although staff and managers said they were aware of their mandated role, inspectors found a number of concerns that had not been reported in line with Children First 2017.

There had been two child protection or welfare concerns formally reported to the social work department in the 12 months prior to the inspection, both of which had been closed. Inspectors reviewed a number of significant event notifications that contained concerns which reached the threshold for referral to the social work department, as per Children First guidance. However, inspectors found that the team did not consistently follow this guidance or the Tusla's interim child protection practice note. This was discussed with the centre manager and it was found that all of the concerns were managed, with the risks assessed and appropriate supports put in place for the children. The children's allocated social worker had been advised of the concerns. However, these concerns were not reflected on the centre's child protection log and there was no system to track the concerns. The paperwork regarding the concerns was not easily accessible and there were delays obtaining the required information to evidence the action taken in response to the concerns. The centre manager acknowledged the deficits identified by inspectors.

An Garda Síochána (police) vetting was in place for all staff.

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

The health and safety of children was protected and promoted. The centre had policies

relating to health and safety which were available to staff. The centre had a Tusla health and safety statement which was signed by the National Director in July 2018.

The design and layout of the centre was in line with the statement of purpose. The centre was spacious, well maintained and clean. It was adequately lit, heated and ventilated. There was sufficient private and communal space for the children. There was ample recreational space for the children around the house. There was ample space to facilitate visitors to the centre without impacting on the other children. There were other Tusla services running from the location and this meant that there were additional staff members accessing office space both in the centre and on the grounds of the centre. Although this did not appear to impact on the current children, there were extra cars, staff and children in the environs of the garden and to the front of the house which meant that the centre was not solely a domestic setting. There was no risk assessment regarding the impact of this.

Maintenance of the centre was good and generally well recorded. There was a maintenance log in place and this recorded all maintenance requests made. Some maintenance issues were resolved in a timely way but on other occasions the log was not updated to reflect when the issue was resolved. There were regular checks of health and safety hazards. Monthly health and safety checks of the centre were carried out by the centre manager and an additional audit was completed by the alternative care manager. The deputy centre manager advised of plans to renovate some areas within the centre including the kitchen and to install en-suite bathrooms.

There were effective fire safety systems in place in the centre. There was a fire safety register and a staff member assigned to maintain this. The staff team had completed a refresher in fire safety training the week preceding the inspection. Fire drills were regularly carried out and when issues arose such as non-participation, individual work was carried out with children in response to this. There was sufficient fire fighting equipment which was maintained and serviced as required. There were adequate means of escape and prominently displayed signage and procedures for safe evacuation in the event of a fire. Inspectors viewed the fire register which recorded that weekly checks of fire equipment and emergency lighting were carried out and signed by staff.

The centre had two vehicles and these were appropriately taxed and insured. One of these vehicles was observed by inspectors and found to be well maintained. The second vehicle was being serviced during the inspection

Judgment: Substantially Compliant

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

The children were supported by the staff team to achieve their educational potential. The staff and management team valued education and the children's educational needs were well recorded.

Inspectors found that staff in the centre had a good level of engagement and communication with local schools and training facilities. Alternative options were sought when mainstream education was not suitable. Three of the four children had commenced in a course or school placement at the time of the inspection. Arrangements were being made for another child to return to an educational placement. The staff team provided good support to the children when preparing for interviews for placements and they facilitated the children with transport to and from school and courses, when necessary. Inspectors observed staff obtaining course work from a school and subsequently supporting the children to complete this when they could not be in school.

Records of attendance at school were maintained in the children's daily logs and on the centre's governance reports. There were some gaps in attendance for children but it was evident that the children were encouraged and supported by the staff and their keyworkers during one-to-one sessions. Communication with schools was regular and effective and the team had managed to support the children on occasions when difficulties arose. In addition, the staff sought the support of an education and welfare officer for advice and supports for the children if the need arose.

Judgment: Substantially Compliant

Standard 9: Health

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

Inspection Findings

Children's healthcare needs were assessed and met and children attended specialist appointments when required. Staff were proactive following up with the children's health care needs and emergency mental health related appointments were sought when required. The children's optical and dental needs were assessed and the children attended their general practitioner when required. Children told inspectors that they were happy that all of their health needs were met. Therapeutic supports such as teen counselling were available to children and the team were proactive in seeking specific interventions to provide for the mental health needs of the children when this was required.

Children's medical cards were held on file and their health needs were adequately reflected in the care plans as well as other documentation within their care files.

However, immunisation records were not on file for all of the children, despite efforts by the team to obtain these from the social work department. Staff engaged with children in one-to-one age appropriate sessions regarding health promotion topics such as sexual health, healthy eating, smoking and drug use. The children had access to an outdoor activity programme and there was evidence that some of the children regularly engaged in this.

There was a medication management policy and procedure in use that guided staff in the management, recording and administration of medication. According to centre records, all staff had been trained in this. Medication management practices were good and records were well maintained. Staff interviewed were knowledgeable of safe medication practices. The centre manager told inspectors that a staff member with experience of managing medication had oversight of the system in place. Audits of medication management records were completed and there were regular checks of medication in the centre. Medication cabinets were appropriately maintained and medication was clearly labelled. The management of controlled medication was effective and staff were knowledgeable about different practices relating to these medications.

Judgment: Compliant

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

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

Inspection Findings

The centre had a statement of purpose and function that described what the centre set out to do. The statement outlined that the centre provided medium to long term care for four children between the ages of 13 and 18. It clearly outlined the model of care which was relationship based with a focus on interpersonal engagement and consultation with the children. The statement of purpose and function also referenced the key policies the centre operated within. It was signed and dated with a date recorded for review. However, there were some additional Tusla staff accessing office space in the centre and on the grounds of the centre, as an administrative base for operations not related to the centre but this was not reflected on the statement of purpose. The statement of purpose did not include the safeguarding arrangements and arrangements in place to protect the privacy and dignity of the children living in the centre, while the centre and garden was being used by other people not living in the

centre.

There was a detailed child friendly booklet and statement of purpose available to the children which explained all aspects of care provided in the centre.

Judgment: Substantially Compliant

Standard 2: Management and Staffing

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

Inspection Findings

There was a governance structure in place with lines of responsibility and accountability. The centre was managed by an experienced manager and deputy manager. The staff team were experienced and committed to providing a good quality service to the children. There were no social care leaders currently working at the centre. The centre manager said there was a plan to fill one position in the near future and a panel of social care leaders had been formed. Although these positions were vacant, there were clear lines of accountability that identified a shift leader on a daily basis.

The centre manager was supported in his role by a deputy manager and management duties were shared among both managers. The centre manager reported to the alternative care manager through formal and informal processes. Inspectors met with the alternative care manager and it was evident that she had thorough knowledge of the needs of the young people and the service provided.

There was a system to provide on-call support to staff outside of normal working hours. The centre manager advised that he provided this support on an on-going basis and if he was not available, the deputy centre manager provided cover. There was no formal rotational system for on-call and although the current system was effective, it was not sustainable on a long-term basis.

Although there were policies, procedures and guidance documents in place, the Child and Family Agency, Tusla, had not reviewed a large number of these policies for a considerable amount of time to ensure they were in line with good practice.

There were effective communication systems in place. Staff members reported that communication was good between the centre manager, deputy manager and the staff team. There were systems in place to ensure information was communicated to staff members on each shift. These included daily handover meetings, shift planners, a daily diary and regular team meetings. In addition, inspectors were advised that there was regular informal consultation on a daily basis. Inspectors observed a handover meeting and part of a team meeting where key decisions regarding the children were discussed. There was a set agenda to guide the team meetings and it was evident that the care needs of each child was routinely discussed. Inspectors found that significant events, child protection issues and restrictive practices were routinely reviewed but this process

was not effective to identify gaps and concerns as noted by inspectors. The minutes of the meetings were well recorded and child focused but actions and person responsible for the actions was not consistently completed.

While there was a management oversight system in place, there were some gaps identified. The centre manager reviewed records such as children's plans, significant event notifications and health and safety records. There were monthly audits of the children's files with actions identified to manage any gaps. The centre manager said he utilised team meetings, daily handovers and supervision with staff to ensure he had sufficient oversight. A number of checks were completed by the alternative care manager and gaps identified during this process were rectified. However the deficits found by inspectors regarding the oversight of the children protection and welfare concerns and the maintenance of the complaints log had not been noted through the auditing systems. Inspectors found that there were systems to review restrictive practices however the rationale for the continued use of some restrictive practices was not clear. In addition, significant event notifications did not contain any direction or comment from managers.

There was a system in place to ensure accountability in relation to expenditure. Inspectors reviewed the records of expenditure and found that receipts were kept and expenditure accounted for.

The centre maintained a register of children which contained all of the information required by the Child Care (Placement of Children in Residential Care) Regulations, 1995.

There was a prompt system for notifying significant events and it was evident that the appropriate professionals were informed of the events. There was a significant event group for the area and some of the centre's significant events had been reviewed during this process. It was not evident that the recommendations of these meetings were always followed up by the centre.

There were some systems in place to control risk but not all risks had been adequately assessed. There was a risk management system which the centre manager had received training on. Inspectors found from discussions with staff and management that there was a proactive approach towards risk and the assessment of risk was part of the day-to-day running of the centre. Risk assessments were carried out in relation to risks associated with individual children as well as environmental risks. Control measures were put in place to manage these risks and the assessments were reviewed regularly. However, the risk assessments did not always clearly record the actual risk. Inspectors found some current risks such as staff shortages and occasional lone working had not been assessed. There was a risk register in place but this needed to be developed further to ensure it reflected the current risks.

The staff team were experienced and provided stability and consistent care to the children. The centre had 14 whole time equivalent (WTE) posts but there was an inadequate level of staff available to ensure full cover on a daily basis due to vacant positions and various leave entitlements. The centre utilised agency staff on a very regular basis to provide the additional cover and inspectors were advised that staff and managers worked extra shifts on occasion to provide the necessary cover or to ensure

transport was available for the children. Inspectors reviewed the level of agency cover required for April, May and July and a total of ten, 28 and 13 shifts were required during these periods. Staff told inspectors that consistency was provided with the agency staff who worked in the centre and this had not impacted negatively on the children. Inspectors observed an instance where one staff member was on their own in the centre while another staff provided a child with necessary transport. Staff and manager's told inspectors that this was unusual and the risk had been assessed prior to the decision.

Staff supervision occurred in line with policy. The centre manager and the deputy centre manager supervised members of the staff team. Inspectors sampled supervision files and found they were comprehensive and indicated that children's care was discussed in detail and any actions were defined by a timeframe and reviewed appropriately. Inspectors found that staff were garda vetted and the centre manager had a clear record to ensure he had oversight of this. Staff files were retained onsite and contained evidence of qualifications, experience and records of references.

Not all staff had received mandatory training. For example, first aid and manual handling were not completed by the staff team. The centre manager said the full staff team had received fire training the week prior to the inspection. There was training planned regarding the gaps in the mandatory training needs of the team. A training needs analysis had also been completed in the centre. This identified specific training topics the staff team would benefit from including autism and loss and bereavement. There was evidence that the team received training in areas specific to meet the needs of the children placed including bullying for example.

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

There were monitoring systems in place to ensure compliance with regulations, standards and best practice. The centre had a Tusla monitoring officer assigned and a monitoring visit had been carried out in May 2018. Inspectors spoke with the monitoring officer after the inspection who advised of the findings from her monitoring visit. The report identified deficits relating to recording of child protection concerns, sanctions and team meeting minutes as well as other areas that required improvement. Actions to address the deficits was provided to inspectors.

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-0024980-AP
Provider's response to Inspection Report No:	MON-0024980
Centre Type:	Children's Residential Centre
Service Area:	CFA DNE CRC
Date of inspection:	05 September 2018
Date of response:	17 October 2018

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

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

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

The complaints log was not adequately maintained.

The outcome of a complaint was not recorded on the complaints form.

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 complaints register will be amended to ensure that it reflects the status of the complaint, the outcome of the complaint and it will capture the complainant's level of satisfaction with the outcome of the complaint. The new register will include Tusla branding.

Proposed timescale: 31/10/2018	Person responsible: Centre Manager
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Theme 2: Safe & Effective Care
Standard 5: Planning for Children and Young People
Judgment: Substantially Compliant

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

An up-to-date care form was not on file for one child.

There were two recording systems evident on the files to reflect children's needs.

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:

- An up to date care form has been requested from the allocated social worker. If the updated care form is not furnished to the centre by 19th October 2018 the centre manager will escalate the matter to the social work team leader. If the care form is not received by 31st October 2018 then the centre manager will escalated the matter to the alternative care manager who in turn will raise the matter with the principal social worker. If the care form is not received within two weeks then the Alternative Care Manager will escalated the matter to the regional manager who in turn will raise the matter with the area manager.

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

- The alternative care manager in conjunction with the centre manager will conduct a review of the recording system within the centre. This review will ensure that there is one clear system to evidence the children's' needs.

Proposed timescale: 31/10/2018	Person responsible: Alternative Care Manager
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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:

There were two types of plans to guide the team in relation to behaviour management.

The rationale for the use of restrictive practices was not recorded for each individual child.

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 alternative care manager in conjunction with the centre manager will conduct a review of the current plans in place to guide the team in relation to behaviour management within the centre. This review will ensure that there is one clear plan in place to guide the team in relation to behaviour management.
- The centre manager will ensure that any use of a restrictive practice is as a result of an identified and assessed risk specific to a young person. Where such a risk assessment indicates the use of a restrictive practice, the risk assessment will be conducted in a manner to ensure that the practice is utilised in the least restrictive manner possible and for the shortest duration necessary. The risk assessment and the associated control measures will be reviewed at a minimum of every month and upon admittance or discharge of a young person.

Proposed timescale:
31/10/2018

Person responsible:
Alternative Care 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:

Not all child protection and welfare concerns were reported in line with Children First: National Guidance for the Protection and Welfare of Children.

The child protection and welfare log did not reflect all concerns relating to the children.

There was no system to track child protection or welfare concerns and paperwork relating to concerns was not easily accessible.

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:

All child protection and welfare concerns are now reported in line with the Children First Guidelines through the child protection portal on the Tusla hub.

- The alternative care manager in conjunction with the centre manager will review all child protection and welfare concerns within the centre over the last 12 months to ensure that all concerns identified were reported appropriately.
- The procedures for reporting child protection concerns will be reviewed by the centre manager and the team on 18th November 2018.
- All concerns will be recorded in the child protection and welfare log and this will be monitored on a monthly basis by centre management and the alternative care manager.
- The filing system has been altered to ensure that all paperwork is easily accessible. This will be monitored by the centre manager on a monthly basis.

Proposed timescale:
31/10/2018

Person responsible:
Alternative Care Manager

**Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Substantially Compliant**

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

The centre was not solely a domestic setting and the impact of this had not been risk assessed.

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 service will be moved to a new location by the end of the second quarter 2019.
- In the interim, risk assessments regarding the location of other Tusla services on site will be conducted.

Proposed timescale:
30/06/2019

Person responsible:
Regional Manager

Theme 3: Health & Development
Standard 8: Education
Judgment: Substantially Compliant

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

Not all of the children had commenced in their educational placement at the time of the inspection.

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:

- An educational placement was identified for one young person on the 5th September 2018. The young person commenced in the educational placement on 1st October 2018. All young people have now commenced their educational placements.

Proposed timescale:
01/10/2018

Person responsible:
Centre Manager

Theme 4: Leadership, Governance & Management
Standard 1: Purpose and Function
Judgment: Substantially Compliant

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

The statement of purpose and function does not reflect that there were additional Tusla staff working at the centre in an administrative capacity.

The statement of purpose did not include the safeguarding arrangements and arrangements in place to protect the privacy and dignity of the children living in the centre, while the centre and garden was being used by other people not living in the centre.

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 manager in conjunction with the alternative care manager will review the statement of purpose and function. This revised statement will reflect any additional staff working from the centre and will include the safeguarding arrangements which are in place to protect the privacy and dignity of the children living in the centre.

Proposed timescale:
31/10/2018

Person responsible:
Alternative Care Manager

Theme 4: Leadership, Governance & Management

Standard 2: Management and Staffing

Judgment: Non-Compliant - Moderate

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

The on-call arrangements in place were not sustainable on a long-term basis.

Policies and procedures had not been updated by Tusla, to ensure they were in line with best practice.

The minutes of teams meeting did not consistently record the actions required and the person responsible.

The process of reviewing restrictive practices, child protection concerns and significant events at team meetings was not effective.

Some monitoring and oversight systems were not sufficient.

Recommendations from significant event review group meetings were not always followed up.

The risk management system was not adequate.

Staffing levels were not sufficient to ensure adequate cover.

There were some gaps in the mandatory training provided to the team.

Action Required:

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

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

A national on-call system will be in place for Children's Residential Services by end 2nd quarter 2019

- A new national suite of policies and procedures are scheduled to be in place by the end of the third quarter 2019.
 - The centre manager will ensure that team meeting minutes accurately record all agreed actions and the person responsible.
 - The alternative care manager in conjunction with the area serg coordinator will provide a workshop to the staff team to ensure that the process of reviewing restrictive practices , child protection concerns and significant events at team meetings is effective. This workshop will be delivered by 23rd November 2018
 - A new audit tool, which can be used by the alternative care manager and the centre manager, will be introduced by the 30th November 2018. Any audit conducted will be clearly recorded, indicating SMART actions identifying the person responsible and clear timeframes for completion. Audits will remain a standing item on the team meeting agenda.
 - The centre manager will ensure that all recommendations from SERG meetings are discussed and reviewed at the team meetings and will ensure that all follow up has been completed.
 - The alternative care manager in conjunction with the centre manager is undertaking a review of risks in the centre. This is to ensure that all risks have been identified, assessed appropriately, and individually where required, and placed on the risk register. The review will also ensure that appropriate controls are in place for all risk identified. This review will be completed by 26th October 2018. The centre manager will then ensure that all risks are reviewed and updated monthly.
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- The Alternative Care Manager will provide a workshop to the staff team regarding Tusla risk management systems and how they should operate within the centre. This workshop will be delivered by 30th November 2018. Risk management will be reviewed at team meetings and during supervision to ensure that all staff are clear on the processes involved and supported in the management of risk within the centre
 - The centre manager will ensure that any use of a restrictive practice is as a result of an identified and assessed risk specific to a young person. Where such a risk assessment indicates the use of a restrictive practice, the risk assessment will be conducted in a manner to ensure that the practice is utilised in the least restrictive manner possible and for the shortest duration necessary. The risk assessment and the associated control measures will be reviewed at a minimum of every month and upon admittance or discharge of a young person.
 - Lone working is now risk assessed and recorded on the risk register.
 - There is on-going recruitment at a national level and it is planned that all vacancies

will be filled by the end of 2018.

- The centre manager will liaise with workforce development to ensure that staff receive all mandatory training by 31st December 2018

Proposed timescale:
30/09/2018

Person responsible:
Director of CRS, C&FA