

## 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 DNE CRC
<b>Centre ID:</b>	OSV-0004179
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0019400
<b>Lead inspector:</b>	Sabine Buschmann
<b>Support inspector (s):</b>	None

## **Children's Residential Centre**

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

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

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

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

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

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

From:	To:
11 April 2018 10:00	11 April 2018 18:00
12 April 2018 10:00	12 April 2018 18:00

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

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

### Actions required

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

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

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

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

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

### **Summary of Inspection findings**

This was the first inspection of this centre since it reopened in April 2017 as a respite centre. The centre was a large purpose built detached six bedroom house located in the Dublin North East region. The centre, according to its statement of purpose and function, provided respite care to children both living at home and in foster care, to remain either with their families or their foster care placements. The aim of the centre was to provide a positive experience of care that met children's individual needs and fostered positive relationships. The centre had the capacity to provide respite care for up to 15 girls and boys between the ages of 11 and 17 and to four children at any given night seven nights a week. At the time of the inspection, there were 3 children on respite in the centre.

During this inspection, inspectors met with or spoke to 4 children, 2 parents, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

In addition the inspector spoke to one social worker.

Children told the inspector that they loved coming to the centre and that the centre was a peaceful and quiet space. They enjoyed the activities such as cooking, baking and

going to the cinema with staff and other children. They said they liked the staff team and that staff were lovely and helpful. Children told the inspector they could not think of anything they would change about the centre. In addition, children were supported to pursue personal interests during their stay and were consulted about decisions concerning their care.

Children were safe in the centre. There were a number of safeguarding measures in place to ensure children's safety and practice in relation to safeguarding and child protection was good. Children said they felt safe and that they could talk to staff and felt comfortable discussing anything.

Staff had warm and respectful relationships with the children and provided good quality care. They were well informed about the individual needs of the children and were clear about the therapeutic model of care and how to apply it in the day-to-day care setting. Children who spoke to the inspector knew their rights and were familiar with the complaints policy. The staff team were experienced and committed to the children and their families. All children had a care plan as required by regulations which were supported by good quality placement plans.

The governance and management system in the centre was good. The management team was experienced and competent. The systems of communication in the centre were robust and inspectors found that the staff team were sufficiently aware of the children's day-to-day needs. There was good oversight of the centre which ensured that good quality care was provided to the children. The inspector found that management had effective systems in place to record and review all aspects of children's care.

## Inspection findings and judgments

### **Theme 1: Child - centred Services**

Services for children are centred on the individual child and their care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

### **Standard 4: Children's Rights**

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

### **Inspection Findings**

Children's rights were promoted and respected by the centre. Children were given the opportunity of visiting the centre prior to admission and met with managers and staff. Children told the inspector that they received an induction pack when they first visited the centre and were consulted by their social worker about attending the centre on a respite basis. Children told the inspector that they were aware of their rights and that they received information about a national independent advocacy service for children and that staff had actively set up meetings for children to meet with the service. The inspector observed that information on children's rights was openly displayed for children to access.

Children were regularly consulted on all aspects of their care while residing in the centre. Children told the inspector they were consulted about food preferences and individual interest. Before children returned home staff would develop a plan in consultation with the children that would inform the activities of the next respite period including routine appointments, school attendance and activities. The centre manager told the inspector that children's participation in their care planning was paramount. Some staff had already attended training provided by the Child and Family Agency (Tusla) on children's participation, to ensure all staff had been trained in children's participation, to further embed child centered care into their daily practice.

Children had their own bedrooms and used the same bedroom for each respite period. Children told the inspector that their right to privacy was respected and promoted. The staff team encouraged the children to respect each others privacy by not going into each others rooms.

Complaints were well managed in the centre. The centre manager was the designated complaints manager and maintained a complaints register. The inspector reviewed the register and found that one formal complaint was made by a child since the centre was established in February 2017. The complaint had been addressed in a timely manner in

line with policy and to the satisfaction of the child who had made the complaint. Children told the inspector that they were aware of how to make a complaint but that they had no reasons to complain about the centre and felt comfortable talking to staff when they wished to raise issues. Staff who spoke with the inspector had good knowledge of the complaints policy. The inspector reviewed staff meeting minutes and found that the complaints policy and other relevant policies were a standing items on the agenda and discussed at staff meetings. Staff who spoke with the inspector said that they had a briefing on the new complaints policy at a staff meeting.

Children told the inspector that they could access their records and two children had exercised their right to view the records held on them. In addition children were provided with the opportunity to complete their own daily log book and the inspector found that they had done so.

Sensors on children's bedroom doors was an institutionalised practice. There were sensors on all children's bedroom doors that alerted staff when children were leaving their bedroom at night. While the inspector found risk assessments completed on the use of sensors, the rationale for their use every night for every child was not in line with good practice.

**Judgment:** Substantially Compliant

### **Theme 2: Safe & Effective Care**

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

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

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

### **Inspection Findings**

Admissions to the centre were well planned and managed. There were effective procedures in place for admission to ensure placements were suitable. There was a regional admissions committee who met in response to planned vacancies where the new referrals were discussed. Comprehensive referral forms and supporting documentation were required from the children's social workers. The inspector sampled two children's files and found that the information they received about the children was of good quality and provided accurate information. A collective risk assessment was completed for each child prior to admission in conjunction with the child's social worker

to mitigate the impact of the mix of children attending the centre at any one time. The mix of children who shared respite was considered to ensure that the needs of the children could be adequately met.

Children told the inspector that they were fully involved in the decision for them to come to the centre. The admissions process included an induction period when children and their families could visit the centre. Children were provided with a comprehensive information pack, including a child friendly information booklet about the centre.

While there had been six discharges from the centre in the 12 months prior to the inspection, files were not on site for review.

Each child in the centre had an allocated social worker. The inspector reviewed children's files and found that the centre staff were in regular contact with children's social workers to provide information on the respite period and to follow up on issues that may have arisen during the children's respite period.

All children who required a statutory care plan had one and they were up to date and reviewed in line with regulations. They were of good quality and contained details about the child's assessed needs. Children told the inspector that they did not always attend their reviews but were involved in decisions about their lives by talking to their social workers. Members of the staff team attended care plan review meetings as appropriate for the children receiving respite in the centre.

Placement plans and placement support plans were clear about the objectives of each placement. They reflected children's care plans and combined with the child centered therapeutic model appropriately guided staff in their care of the children. The staff who spoke to the inspector had very good knowledge of the needs of the children and this was reflected in the daily records of the children.

Children were supported in their relationships with family and foster carers. Most of the children accessing the centre were experiencing difficulties in their relationships with adults. The inspector reviewed key working records and found that staff supported children to develop skills to better manage these relationships.

Children received the emotional care they required. Children who spoke to the inspector said they could talk to staff and felt comfortable discussing difficult issues. The inspector sampled individual key working sessions which reflected the individual conversations between the staff team and the children discussing issues that were relevant to them. Staff members were observed by the inspector to interact respectfully and warmly with the children and their families.

Children were supported to maintain and improve their good relationships with their families and friends as they only came to the centre for respite. Parents told the inspector that they visited the centre regularly and had been welcomed. The centre provided parents and foster carers with detailed reports of the respite periods and parents said that the centre staff were excellent and communicated with them openly.

Some of the children attending the centre for respite care were over 16 years of age. In principle, a respite service is not responsible to provide aftercare planning. However,



staff told the inspector that they followed up with social workers to ensure that all children over 16 had an allocated aftercare worker. In addition, the centre had its own pathway programme to engage children in independent living activities which included cooking, budgeting and shopping to live independently when leaving the care system.

Children's files were of very good quality and contained all of the required documentation. The inspector noted from file reviews that there was good recording practice evident. Records were factual and accurate and key working sessions were detailed and child centered. Each file contained an index and keyworkers regularly audited their own files to ensure that they contained all relevant information. In addition, keyworkers developed a respite plan for each respite visit and the centre conducted a three monthly placement review of each child accessing the centre.

**Judgment:** 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**

The care provided to children in the centre was of good quality and catered to the individual needs of the children. All of the children who spoke to the inspector said that they loved coming to the centre and that the centre was a place that was peaceful and supportive. The centre operated a model of care that was based on a child centered therapeutic model of care. Children's wishes, feelings and experiences were placed at the centre of communication between children, staff, parents and foster carers.

Healthy food was readily available for the children who attended the centre for respite. Children told the inspector that they helped staff with the shopping and with meal preparation. The manager told the inspector that the kitchen/dining room was the central hub of the house. The inspector observed three mealtimes and found that shared meals were a social event where children and staff discussed plans and what had occurred during the day. The inspector found that eating together encouraged adult-child communication skills such as listening patiently to each other and expressing one's opinion in a respectful manner. In this way staff modelled good child/adult relationships which further enhanced the children's ability to interact well with others.

Staff were skilled and sensitive in responding to the children's needs and focused on the positive elements of the children's lives. The inspector observed that staff encouraged children to participate in decision-making of their daily activities. Children told the inspector that they were able to choose their activities during their respite stay. Children enjoyed cooking and baking while other children liked sports and going to the cinema and this was facilitated by the staff team. The inspector found that children participated in the planning of their respite stay and staff worked in collaboration with children to develop individual activity plans.

All children had a behavioural support plan. When behaviours required interventions staff used a positive behaviour approaches which was documented in children's key working sessions. This involved an understanding of the reasons for the behaviour and considered the child as a whole, including their life history, physical health and emotional needs to implement ways of supporting the child. Managers and staff told the inspector that the model of care used in the centre encouraged positive self-worth, self esteem building and focused on developing existing strength and interests. The inspector observed conversations between staff and children and found this to be the case. In addition the centre employed an art therapist who supported children during their stay.

Physical restraint was not used in the centre as a method of behaviour management.

**Judgment:** Compliant

### **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**

At the time of the inspection there were no known child protection/safeguarding risks for children residing in the centre. Whilst there was no national policy on child protection in place the staff team had implemented effective safeguarding practices that were in line with Children First 2017: National Guidance for the Protection of and Welfare of Children.

The centre had a safeguarding statement in line with the Children First Act 2015. The centre manager was the designated liaison person and was familiar with the recently revised national child protection practice note. The designated liaison person was responsible for ensuring that reporting procedures within the centre were followed, so that child welfare and protection concerns were referred promptly to the Child and Family Agency. The manager told the inspector that child protection concerns were reported to the local duty social work team. Staff who spoke with the inspector were knowledgeable about their role as a mandated person and the new Children First 2015 legislation.

Child protection concerns were managed appropriately and none of the concerns reported related to the care of the children in the centre. The centre manager kept a child protection concern register and the inspector found there were four child protection concerns reported to the social work department since the reopening of the centre. The notification form was completed appropriately and signed off by staff and management and had been followed up and closed.

There were other measures in place to ensure that children were safeguarded. An Garda Síochána (Police) vetting was in place for all staff. All staff had updated training on the Children First legislation and guidelines. There was also a policy on protective

disclosure in place and staff were aware of how to access the policy. Staff who were spoken with told the inspector that there was a culture of openness and transparency in the centre and that staff were comfortable raising issues with each other and management.

There had been no incidents of children missing from care, however staff told the inspector that they are familiar with the policy and how to put it into practice.

**Judgment:** Substantially Compliant

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

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

#### **Inspection Findings**

The centre was a purpose built two story house located on the outskirts of a town. It was fit for purpose, and provided a spacious environment. The centre was clean, warm, homely, adequately lit and ventilated and had recently been refurbished. The inspector observed that attention had been paid in creating a relaxed and comfortable ambiance in the centre. Children told the inspector they enjoyed being in the centre. In addition, there was sufficient communal space for children to have privacy or to spend time together. The children had their own individual bedrooms with a wash-hand basin, a wardrobe and a chest of drawers which provided sufficient storage for their belongings. There was a therapy room, a sensory room, three bathrooms upstairs and two more bathrooms downstairs. The house had a large garden that contained playground equipment and a new enclosed patio area that could be used for house activities such as barbeques and family visits.

The centre was well maintained. The centre manager kept a maintenance log and this contained details of the issues that had been reported, the dates of these and the dates when the repairs had been completed. The inspector found that the service used private contractors for repairs and that all maintenance issues were dealt with promptly.

There was a health and safety statement that been reviewed in July 2017. The centre had a health and safety officer who completed monthly health and safety checks throughout the centre. In addition the alternative care manager completed a twice yearly health and safety audit to ensure the centre was compliant with the health and safety policy. The inspector reviewed minutes of the staff meeting and found that health and safety was a standing agenda item on the team meeting agenda and that risk assessments were completed when hazards were identified and appropriate controls put in place. For example when new playground equipment was installed in the garden a full risk assessment was completed.

There were fire safety precautions in place against the risk of fire. Fire fighting equipment such as fire extinguishers had been serviced in March 2018 and all staff had

been trained in fire safety. There was a fire alarm and emergency lighting and these were checked weekly and serviced each quarter. There were doors with self-closers attached throughout the premises that were checked weekly.

All staff and children had participated in fire drills. There had been three fire drills in the last 12 months and there were records of fire drills which included the names of the staff and children who had participated in the drill. There was appropriate signage to indicate fire exits and the assembly point for the safe evacuation of children and staff in the event of fire.

The centre was adequately insured under the insurance arrangements for the Child and Family Agency. Inspectors checked the two centre vehicles and found they were taxed, insured and had NCT certification, where appropriate. The vehicles were in good condition and carried first aid kits and safety equipment as required.

The centre utilized closed circuit television (CCTV) for the outside of the building which was appropriately sign posted. There was a policy on the use of CCTV which guided practice in this regard.

**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 statement of purpose and function was not compliant with the standard. The statement of purpose and function had been reviewed in January 2018 and set out its purpose to provide short to long term respite placements and an outreach service to both boys and girls and between the ages of 11 to 17 years. The centre was able to accommodate 15 young people, with a maximum of four young people present in the centre at any one night.

The statement of purpose and function reflected the day to day operation of the centre and clearly outlined the therapeutic model of care provided to the children. The staff and managers at the centre were clear about the purpose and function of the centre and were knowledgeable in the model of care provided.

However, the statement of purpose and function did not list all the key policies and procedures which guided its operation. In addition, not all children spoken with were familiar with the statement of purpose and function and a child friendly version of the statement was not made available to them.

**Judgment:** Non Compliant - Moderate

### **Standard 2: Management and Staffing**

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

### **Inspection Findings**

There was a management structure in place with clearly defined lines of authority and accountability. The centre manager was experienced and competent. The manager was supported by an equally experienced and competent deputy manager. Staff and managers were clear about their roles and responsibilities and the management team provided strong leadership and support to the staff team.

The centre had a formal on-call system to ensure that staff had access to a manager at a time of crisis outside of normal office hours. The on-call system operated on a monthly rotational basis shared with two other centres.

There were a number of good management systems in place to ensure that the services provided were safe and appropriate to meet the children's needs but others required development. While there were policies, procedures and guideline policies in place, the Child and Family Agency had not reviewed a large number of these policies for a considerable amount of time to ensure they were in line with good practice.

Communication was effective and was conducted through weekly team meetings, regular staff supervision and formal daily handover to the staff coming on duty. In addition good communication was evident in the daily shift handover book as well as in informal daily interaction between staff and managers. The inspector observed a staff handover staff and found that the communication between staff was child centered with due consideration of both strengths and areas of need for the children.

The majority of risks were well managed. The centre had implemented a new risk management policy. The centre manager maintained a risk register that identified the majority of risks within the centre. Risks were described, and with the exception of the sensors on children bedroom doors, appropriate control measures were in place to mitigate these risks. Risks assessments completed included general risks to children, for example social media and bullying.

There were a number of good oversight mechanisms in place. The centre manager had implemented a bi-monthly file audit and a system was in place that ensured that they reviewed and signed all relevant documents before they were filed. This ensured that deficiencies were addressed as they arose. The alternative care manager had

external oversight of the centre and had effective systems in place to ensure that good quality care was provided in the centre. The alternative care manager received governance reports every six weeks which provided them with up-to-date information of the centre. The alternative care manager visited the centre regularly and met with children, staff and managers. In addition they observed practice, reviewed and signed the centre's records to ensure quality of care. When issues were identified, such as staff not completing all sections of the daily log book, clear instruction was given to the manager by the alternative care manager identifying what needed to be done to rectify the deficiency.

There were mechanism in place to monitor and improve the quality of the service provided to the children. The centre was monitored externally by a Child and Family Agency monitoring officer. The monitors report and actions to address HIQA's most recent report were a standing item at meetings to address deficiencies and to improve the care provided to the children staying in the centre. The alternative care manager provided oversight that these actions were implemented. Staff attended meetings of the agency's significant review group (SERG) in the Dublin North East area. This allowed for monitoring of all significant events occurring in the centre and recommendations were shared and discussed at team meetings and promoted learning among the staff team.

The centre managed its performance by engaging stakeholders in a feedback and review process. The centre management developed and analysed questionnaires in the workings of the model of care in the centre. The surveys were distributed to social workers, staff, children, parents and foster carers. The outcome of the analysis was used to improve the quality of care provided by the centre. For example, a suggestion box was requested in the survey and this was implemented by the management team.

There was a register for children maintained in the centre but it did not contain all the information required by the regulations. The inspector found that it did not contain all relevant discharge information or the address for parents/guardian.

There was a system in place for the notification of significant events. Significant events were notified promptly and managed appropriately in line with the national centralised notification system. The inspector spoke to a social worker who confirmed the timely receipt of the notifications.

There were clear financial management in the centre The inspector reviewed a sample of financial records and found that they were managed appropriately and the manager had good oversight of money spent in the centre.

There was a sufficient experienced and qualified staff team in the centre to provide care to the children. There was a stable, long term staff team of 14 staff which included four social care leaders in addition to the centre manager and the deputy manger. While most staff had a qualification in social care, four staff were not formerly qualified. However, this was a stable and experienced staff team and the inspector found that staff had the capacity to provide quality care to the young people accessing the centre.

Staff were well supported. There was a culture of reflective practice across the staff and management team. The inspector reviewed team meeting minutes and found that the therapeutic model of care was reviewed and discussed regularly and that quality

improvement of the service was part of the ethos of the centre. On this occasion, the inspector did not review staff supervision files.

There were a sufficient number of staff on duty throughout the inspection and the staff rota showed this to be the case generally.

In addition, all staff had attended mandatory training and the inspector found that the staff team engaged in ongoing training including Children First, First Aid, and ligature training.

**Judgment:** Substantially 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.**

<b>Action Plan ID:</b>	MON-0019400-AP
<b>Provider's response to Inspection Report No:</b>	MON-0019400
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Date of inspection:</b>	11 April 2018
<b>Date of response:</b>	18 June 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 routine use of sensors on children's bedroom doors was an institutionalised practice.

**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:**

- All young people who are admitted into the centre and their families are informed of the sensors on children's bedrooms and the child protection reason for the system. The use of the door sensor system is risk assessed, for each young person, on a monthly basis and when a new mix of young people is in the centre. The risk assessments will be conducted in a manner to ensure that the door sensor system is utilised in the least



restrictive manner possible and for the shortest duration necessary.

- Given the recent roster changes in the centre, the Alternative Care Manager and the Social Care Manager will meet to review the use of the system within the centre.

**Proposed timescale:**  
**31/07/2018**

**Person responsible:**  
**Alternative Care Manager**

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

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

There was no national policy on child protection.

**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 staff have received training in Children First 2017 which is fully implemented in the centre. The Interim Child Protection Practice Note remains in place until the new suite of national policies for Children's Residential Services are introduced at the end of the fourth quarter 2018.

**Proposed timescale:**  
**31/12/2018**

**Person responsible:**  
**A/National Manager for Special Care**

**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:**

There was no child friendly version of the statement and purpose of function displayed in the centre.

The statement of purpose and function did not list all the individual policies it operated under.

**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 will form a working group to include both staff members and young people involved in the service to develop a child friendly version of the statement of purpose and function. Once completed, it will be included in each young person's induction pack and also displayed in the centre.
- The statement of purpose and function will be review to ensure that it lists the individual policies it operated under.

**Proposed timescale:**  
**30/06/2018**

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

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

**Standard 2: Management and Staffing**

**Judgment: Substantially Compliant**

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

A large number of national/regional policies had not been reviewed.

The children's register did not contain all the information required by the regulations.

Not all staff had formal social care qualifications

**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:**

- CRS currently has a national working group reviewing policies and procedures. The new policies will be implemented by the end of the fourth quarter of 2018.
- The centre manager has amended the Children's register and ensured that it contains all relevant information. The centre management team will audit this register on a monthly basis.
- Unqualified staff are supported to attend third level education to ensure they receive a formal social care qualification. Unqualified staff, as well as all staff, receive ongoing training and supervision to continue to enhance their professional development.

**Proposed timescale:**  
**31/12/2018**

**Person responsible:**  
**A/National Manager for Special Care**

