

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 South CRC
Centre ID:	OSV-0004190
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0024982
Lead inspector:	Tom Flanagan
Support inspector (s):	Ruadhan Hogan

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 September 2018 09:30	11 September 2018 17:30
12 September 2018 08:00	12 September 2018 14:30

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	Compliant
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Substantially Compliant
Standard 6: Care of Young People	Compliant
Standard 7: Safeguarding and Child Protection	Compliant
Standard 10: Premises and Safety	Non-Compliant - Moderate
Theme 3: Health & Development	
Standard 8: Education	Compliant
Standard 9: Health	Substantially Compliant
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Compliant
Standard 2: Management and Staffing	Non-Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

According to the statement of purpose and function, the centre is a medium term unit that provides care to children, both male and female, between the ages of 13 and 17 years. The stated aim of the centre is to provide children with a positive living experience, and to create an atmosphere of genuine care and respect which is conducive to the safety, security and stability of the children. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 3 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.

Inspectors also spoke to two social workers.

Children felt safe in the centre and they were provided by good quality, child-centred

care. Their rights were respected. They were included in the decision-making process and they were kept informed about all aspects of their care. Children had access to an advocate and they were assisted to maintain good contact with their families.

Each child had an allocated social worker who visited regularly and was actively involved in their care. They had regular child in care reviews which they attended and they could express their opinions about the care they received and about their plans for the future. The centre had a range of safeguarding policies and practices and any concerns about the children's safety were reported appropriately to the social work department. Record keeping in the centre was generally of a high standard but not all the required information was contained in the children's files.

The care provided to children was well-planned and children made progress in achieving their goals during their time in the centre. Children had good relationships with staff who treated them respectfully. A new model of care had been introduced, which provided a clearer focus for the staff in their work with the children and enabled the outcomes for children to be measured. Staff were trained to help children to manage their behaviour and they did so in ways that did not involve any physical interventions or restrictive practice.

The premises presented challenges in terms of its layout but it had been recently painted and efforts had been made to create a homely atmosphere. A number of issues regarding an unused building and landscaping needed to be addressed. Fire precautions were in place and would be enhanced by the development of personal evacuation plans for each of the children.

Children's education was valued and they were facilitated to attend school or educational placement and were assisted with homework. Staff worked closely with other professionals regarding the children's educational needs. Children's health and wellbeing was promoted. They were assessed on admission by a general practitioner (GP) and supported to maintain a healthy lifestyle when in the centre. Some measures to ensure that medication was safely managed were required.

The centre was well managed and the staff team was experienced and committed to the care of the children. There was good oversight of the operation of the centre. Training, supervision and support for staff were of good quality. There was no formal on-call system so that staff could contact a manager outside of normal working hours. Training on the implementation of the risk management policy was required and improvement was required in the recording of actions arising from supervision.

These and other findings are outlined in this 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 on their rights was available to the children in both poster and leaflet form. Children told inspectors that staff also gave them information on their rights and that they knew what their rights were. Children also told inspectors about the rules in the centre. They described them as fair. They said that rules such as bedtimes were flexible as older children could stay up later than younger children and that bedtimes were later at the weekends. Inspectors found that, unlike at the time of the previous inspection when some routine practices were in place, the atmosphere in the centre during this inspection was more focussed on the children's rights and their individual needs.

Children were given information about the centre when they were admitted. They told inspectors that they were aware that records were kept about them and they had looked at their files. Children were also aware of the reasons they were in care, the likely duration of their placements, and in the cases of two children, the proposed plans for their discharge.

Children were consulted and supported to take part in decision-making about their lives and the running of the centre. Each of the children had attended their child in care reviews. Children told inspectors they felt listened to and could talk easily to the centre manager or members of staff. There were regular children's meetings in which they could raise issues or make requests. Following more recent meetings, children were given a written feedback sheet on the responses to questions they raised. Children told inspectors that they could talk to the centre manager if they wished and they also met with the service manager in July 2018.

Two of the three children had guardians ad litem and all children had access to an independent advocate. An advocate told inspectors that staff were proactive in inviting him to the centre each time a child is admitted. He had visited recently and talked to the children about their rights and explained to them their right to complain if they

needed to. Records showed that the advocate had worked with previous residents during the 12 months prior to the inspection and had accompanied them to meetings outside the centre.

There was a complaints policy and children knew how to make a complaint. The children told inspectors that they really had nothing to complain about and that issues they raised were listened to and dealt with. A complaints log was maintained but records showed that there were no complaints during the 12 months prior to the inspection.

Judgment: 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

There was an admissions policy and procedure, and admissions to the centre were planned and managed to ensure that placements were safe and appropriate. Applications for admission were considered by a referrals committee and the applications contained sufficient relevant information on which to base informed decisions. There were four planned admissions to the centre in the 12 months prior to the inspection. One was for a short period of less than two weeks to facilitate a child to transition to another, longer-term placement, and there were no other children in the centre at this time. Children told inspectors that they had the opportunity of visiting prior to admission and they were given adequate information about the centre at this time.

The three children who were living in the centre at the time of the inspection were suitably placed and they told inspectors that they were clear about why they were there and about the plans for their care.

There were four planned discharges from the centre in the 12 months prior to the inspection. Each discharge was planned in conjunction with the children's social workers and other professionals involved in their care. Three of the children returned to their

homes. One child moved to another residential centre. Managers and staff demonstrated good practice by reviewing the placements of all children who were discharged.

Each of the children had an allocated social worker. Social workers visited the children regularly and were actively involved in their care. The children told inspectors that they had regular contact with their social workers. The staff team had frequent contact with social workers and provided them with regular reports on the children's progress, and information on any incidents that occurred involving the children. Copies of care orders were on file.

There were up-to-date care plans on file for two of the three children and child in care reviews took place within the required regulatory timeframes. There was evidence that staff requested an up-to-date care plan for the third child and the centre manager confirmed to inspectors that this was received after the inspection. The care plans on file were of good quality. The needs of the children were set out clearly and actions were listed. Placement plans were developed and reviewed regularly for each child. Placement goals were clearly linked to care plans and there was evidence of progress for each child in the achievement of these goals. Immunisation records were not on file for one child although there was evidence that staff had requested this from the allocated social worker.

Children's needs were assessed in line with the model of care. Progress or outcomes for each child were assessed or scored at regular intervals. There was evidence that this was discussed with one child and the centre manager told inspectors that they were planning to engage the children in scoring their own progress in the near future.

Children were consulted in relation to their views about their care. They were encouraged to attend their reviews and each of them had done so. The children's parents were also invited to reviews, when appropriate, as were other professionals involved in the children's care.

Children were supported to maintain positive relationships with their parents, siblings and significant people in their lives. Parents told inspectors that their children could phone them when they wished to and the parents could contact their children or centre staff with ease. The staff team facilitated visits for the children to their families in line with their care plan. Children told inspectors that they met regularly with their family members. One child told inspectors that they were able to visit their friend's house and other children spoke about meeting up with friends and being given free time to spend with them. While children were not placed in their own immediate communities, they were facilitated to continue in the school they had been in and maintain the links they had with friends, sports clubs and community organisations when this was feasible.

Children received the emotional and psychological care they required. Children were facilitated to receive and attend specialist services in the community to address social, psychological and mental health needs.

Inspectors observed staff interacting warmly and respectfully with the children. Children told inspectors that they had good relationships with the staff. External professionals told inspectors that staff provided good quality emotional support and care to the

children. Children presented as very relaxed and at home in the centre.

Inspectors found that all children were encouraged to develop independent living skills. One child had reached the age of 16 years and had been referred to the aftercare service but had not yet been allocated an aftercare worker. The child told inspectors that staff were helping them to prepare for independent living. This involved developing self-care and laundry skills, travelling on their own to their educational placement, budgeting and cooking. Records showed that staff had also undertaken work with this child on the subject of relationships and sexual health. The Tusla monitoring officer had raised the issue of allocation of aftercare workers to children over 16 years in line with Tusla aftercare policy.

There was a good system of record-keeping in place. Records were factual, legible and well-organised. Files were audited regularly and any deficits identified were followed up. There was an appropriate system in place to archive the files of children who had left the centre.

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

Children enjoyed a range of leisure activities and were encouraged to engage in hobbies and interests of their choice. They were supported to join or continue involvement in clubs or organisations in the community. Some children told inspectors that they went weekly to boxing and rugby and another had gone fishing a number of times with staff.

Children’s achievements such as birthdays were acknowledged and celebrated. Positive life events, such as a child passing a state examination, were recognised as significant and inspectors observed staff decorating the centre with balloons and giving the child a great welcome home when they collected their exam results. Children were dressed appropriately. There was a budget for children’s clothing and children were encouraged to go clothes shopping in a nearby city with a staff member and choose their own clothes.

A variety of nutritious foods were provided for the children and children were encouraged to participate in planning meals. They were also encouraged to eat healthily. Meal times were positive social events. Records of the meals provided for the children were maintained. The individual needs of the children were taken into account and staff received advice from a specialist earlier in 2018 regarding the dietary needs of one child with a specific medical condition.

A number of staff had attended training on diversity earlier in 2018 and the team promoted an atmosphere of respect for each of the children and their cultural needs.

The staff team had a good understanding of the behavioural needs of the children. A psychologist had provided training to staff on the issues of attachment and trauma and staff demonstrated insight into the reasons for children's behaviour. They adopted a consistent approach to managing behaviour, addressing any concerns with the individual children. Sanctions were occasionally used in response to behaviour that resulted in property damage. Sanctions were found to be fair and proportionate.

Behaviours that challenged were generally well managed. One child was able to tell inspectors that behaviours which were difficult for the child and challenged the team following admission, had been successfully addressed during the course of the placement. This was also confirmed by the child's parent.

Data provided by the centre showed that, in the 12 months prior to the inspection, there were no instances of physical restraint, physical intervention or restrictive practices. The team followed a recognised behavioural management approach and, in crisis situations, tried to support the individual children and teach alternative coping skills. Children had individual crisis management plans which were of good quality.

While there was a settled atmosphere at the time of inspection, the centre had experienced a period of turbulence earlier in 2018 and the behaviour of the children was extremely challenging with instances of absence, fire setting and property damage. Each child had an individual absence management plan and, when a child went missing, appropriate measures were put in place. An Garda Síochána were called on 15 occasions to assist in managing behaviour that challenged. Inspectors reviewed the records of some of these events and found that, in the majority of these, the reasons for engaging An Garda Síochána were very clear. There was evidence that, in a situation in which it was not clear that An Garda Síochána should have been engaged, the centre manager addressed this issue with the staff team.

All significant events were signed off by managers and were notified appropriately to parents and other professionals. Significant events were reviewed regularly by a regional team, and the service manager ensured that any serious events in the centre were reviewed in detail and that learning from these was implemented.

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

Children told inspectors that they felt safe in the centre. Parents and social workers who spoke to inspectors also felt that the children were safe there.

The centre had a child protection policy and procedures and a range of policies and procedures on safeguarding the children in their care. These were implemented by staff, for whom there was also a code of conduct. There was an up-to-date safeguarding statement in place and the team followed guidance outlined in the national interim child protection practice note. Staff were also familiar with the policy on protected disclosure which was readily available to them. Personnel files were not located on site but the centre manager completed a declaration that An Garda Síochána (Irish Police) vetting was in place for all staff members.

Staff were vigilant in protecting the children. This was evident in how staff negotiated with children on the use of their mobile phones and access to the internet. There was also evidence that staff undertook keyworking sessions with the children on a range of safeguarding issues.

The centre manager was the designated liaison person for reporting child protection concerns. She maintained detailed records of each report and ensured that they were followed up. All staff who could do so availed of up-to-date training in Children First: National Guidance on the Protection and Welfare of Children (Children First) (2017). Arrangements were in place for the remaining three staff to undertake this training. Staff who spoke to inspectors demonstrated their familiarity with the circumstances in which a child protection concern should be made.

Five child protection notifications had been made to the social work department during the 12 months prior to the inspection. Inspectors reviewed these and found that they were appropriately reported. Three of these had been closed and two remained under investigation by social workers. The monitoring officer, following his most recent visit, raised the issue of the local social work intake and assessment team diverting referrals to the child in care team rather than investigate them themselves as they are required to. Following this intervention, the area manager responded and stated that social work managers must ensure that allegations of abuse are investigated in line with Children First procedures and Tusla standard business processes and that the centre manager must be informed of the outcome of such assessments. Inspectors noted a change in how the most recent child protection notification had been dealt with by the social work department. A duty social worker acknowledged the report and informed the centre manager that she was assigned to investigate the case and that an independent social worker had also been assigned to work the case with her.

There were no allegations against staff during the 12 months prior to the inspection. However, one such allegation had been made prior to that time and still remained under investigation. Inspectors reviewed the records in relation to this and spoke to centre manager and service manager. Inspectors were assured that the matter was being dealt with appropriately and in line with policies and that all safeguarding issues that arose as a result were addressed. It had also been reported to the social work department.

Judgment: Compliant

Standard 10: Premises and Safety

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

Inspection Findings

The centre was located in a single-storey premises on its own grounds, a short distance from the centre of a village. There was a large garden to the rear of the premises, which was well-used by the children for football games and there was some garden furniture, plants and flowers to the side of the premises. There was a large grassy area to the front of the premises but this was in need of some landscaping. There was also a second house on the grounds, which was formerly a residential centre. However, this has been unoccupied and un-used since 2012 and posed a potential risk to children who could gain access to it.

The premises had been completely re-painted in recent months. It was clean, adequately lit and ventilated. While it appeared to be in good structural condition, generally well maintained and sufficiently large for its purpose and function, the layout of the premises, and, in particular, the corridors which formed a quadrangle, was not homely. The service manager told inspectors that an officer from Tusla estates department had visited the centre and that consideration was being given to re-building the centre on its present site.

Each child had their own bedroom. One child's bedroom had en suite toilet, shower and wash hand basin facilities. There was one bath, one shower and four toilets. There was adequate storage facilities for children's clothes. There was a sitting room with TV and a room that the children could use for leisure activities such as pool and darts. There was also a room which had lots of educational material and could be used for one to one sessions or for children to do their homework. There was a kitchen-cum-dining room, which was sufficient for children and staff to share meals together.

There were three staff offices, which were used by the centre manager, the social care leaders and by the social care workers, respectively. There was also a staff sleepover bedroom.

A weekly maintenance checklist was completed and a logbook was used to record when maintenance requests were made and when issues were resolved. Staff told inspectors that there was a good response from maintenance and this was reflected in the records. Any outstanding issues were followed up by managers.

A closed circuit television (CCTV) system was in place and a sign at the front door alerted people to the use of CCTV. There was a camera on each of three corridors and there were cameras located externally, which monitored the grounds and the entrances to the premises. The CCTV policy and procedures that were in place were satisfactory.

The centre had policies and procedures relating to health and safety and the safety statement was up to date. Hazards were identified and general risk assessments were

carried out on the premises and on a variety of activities in the centre. There was evidence that the control measures outlined in the risk assessments were in place. Risk was also considered in relation to each individual child. A general risk assessment was carried out before each child's admission, which considered the potential impact of their admission on themselves and on the children currently resident in the centre.

Inspectors viewed one of the centre's cars. It was taxed, insured and had NCT certification and it contained first aid and safety equipment. Regular checks and servicing were carried out and recorded in relation to the centre's vehicles. The centre was insured under the insurance arrangements for Tusla.

A number of fire prevention measures were in place and there was written confirmation from an engineer that the centre was in compliance with fire safety regulations. Fire safety equipment, including fire extinguishers and fire blankets, were in place and were serviced regularly. The fire alarm and emergency lighting were checked and serviced each quarter. Procedures for the safe evacuation of children and staff in the event of fire were displayed in a prominent place. Fifteen fire drills had been carried out in the 12 months prior to the inspection. All children and staff had participated in fire drills. There were adequate means of escape which were unobstructed at the time of inspection. Daily checks on the means of escape and the fire alarm were recorded and a fire safety checklist was completed approximately three times per month. However, there were no personal emergency evacuation plans in place for the children.

There were a number of incidents involving fire setting earlier in 2018 and some property damage was sustained. The incidents were reviewed and a fire safety officer was asked to review fire safety procedures. The service manager told inspectors that there was learning from these incidents in relation to staff adherence to the fire safety policy, and that practical measures such as changing locks on certain doors, and further training and practice for staff in the use of fire extinguishers, were implemented. The majority of staff had received their annual refresher in fire safety training at the time of inspection and training for the remaining staff was booked for early October 2018.

Judgment: Non Compliant - Moderate

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

Children's educational needs were assessed and addressed in the centre. Two of the children had educational placements and staff were working closely with therapeutic services to ensure that the educational needs of the third child were addressed in the most appropriate way for the child.

Education was valued in the centre and the staff team demonstrated their support for the children to achieve the best possible educational outcomes. Following their admission, children were supported to continue in their previous educational placements if that was possible and staff facilitated the children with transport to and from school, when necessary. One child had been supported to complete state examinations in the months prior to the inspection and they told inspectors that they were delighted with the support they received from staff and with the outcome of the examinations.

The educational needs of each child were given careful consideration and were facilitated. Creative alternative experiences were provided for children in the form of one-to-one day outings with qualified external staff. Children told inspectors that these days involved adventure and outdoor pursuits and that they learned new skills. Arrangements were also made to facilitate one child to avail of one-to-one educational tuition when this was required.

Staff maintained records of educational placement attendance in the children's daily logs and on the centre's governance reports. They liaised with educational staff at times when this was necessary, such as at the beginning of the new term or if any difficulties arose in the children's educational placements.

Judgment: 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 health needs were assessed and met. Each child had a medical examination on admissions. Children's optical and dental needs were assessed and children had access to a male or female GP as required. Staff were proactive in following up on the children's health care needs. Children also had access to specialist services, such as mental health services, when these were necessary. There was evidence that, when a child had medical needs that required specific care at home, an external professional was invited to the centre to provide information and training to staff.

Children were encouraged to adopt a healthy lifestyle, including regular exercise and healthy eating options. They were also supported to engage in sports and in a variety of outdoor activities. Programmes such as smoking cessation were provided by staff and children were facilitated to attend community programmes such as those on sexual health.

Medication was generally well managed. A new comprehensive medication policy and associated procedures was implemented in May 2018. The majority of staff were trained in the safe administration of medicines and the remaining staff were due to complete this training in October 2018. The implementation of this policy was reviewed by an external professional in September 2018.

Medicines were stored safely and securely. Stocks of medicines were checked regularly and any discrepancies were followed up. An audit of the administration of medicines was undertaken monthly and, if required, an action plan was drawn up and implemented. Prescription sheets viewed by inspectors did not include the route by which a medicine should be administered nor the address of the child or the centre.

Judgment: Substantially 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 an up-to-date statement of purpose and function which was reviewed in February 2018. According to the statement, the centre provides a residential service for both boys and girls between the ages of 13 and 17 years on admission.

The statement sets out the admissions process, the service provided and it outlines the therapeutic model of care in operation. It also provides information on management and staffing and it refers to the key policies guiding the operation of the centre.

The model of care is informed by an understanding of attachment and trauma in children. It aims to support both staff and young people to focus on improved outcomes. It allows for staff to be flexible in tailoring interventions to the individual needs of a child and sees the relationships created by staff as of a far greater importance than the particular methods used. It also provides a structure for measuring the outcomes for the work carried out by residential staff with the children.

Child-friendly information on the purpose and function of the centre was available to the children.

Judgment: 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

The centre was well managed by an experienced management team. The centre manager had been managing the centre in an acting capacity since 2016 and was made permanent in November 2017. An experienced staff member, who had previously worked as a social care leader, was appointed deputy manager in March 2018. There were two social care leaders with certain supervisory and management responsibilities. Social care workers, social care leaders and the deputy manager reported to the centre manager. She reported to the interim deputy regional manager.

The management team provided good leadership to the staff team. This was especially evident in the way in which the new model of care was introduced earlier in 2018 and the support provided to staff, both as individuals and as a team, in its implementation. There was also evidence that, when incidents were occurring in the centre, the centre manager and deputy manager worked shifts at the weekend. However, there was no formal on-call system to ensure that staff could contact a manager outside of normal working hours for support and direction.

The interim deputy regional manager maintained good oversight of the centre. She provided regular supervision to the centre manager. She visited the centre, met the staff team on several occasions and had also had a meeting with the children. She received frequent updates on the activities of the centre, including significant event notifications and the monthly centre governance reports. She told inspectors that the centre had been selected as a pilot site for the region for the introduction of the new model of care. She ensured that staff received sufficient training and support before it was introduced and that its implementation was reviewed by external professionals. She also ensured that significant events in the centre were reviewed appropriately.

There were various management systems in place within the centre to ensure oversight and accountability. Managers read and signed off on children's daily logs and on significant event notifications. They carried out audits such as those on file contents, medication management, and mandatory training. The centre manager carried out a training needs analysis and audit of supervision. There was evidence that action plans were developed as a result and that they were implemented. Financial records were also overseen and signed off by a manager.

Inspectors viewed the centre register, which was well-maintained, up-to-date and contained all the information required by the regulations.

Risks were identified and well managed in the centre. General risk assessments were carried out on all new admissions to the centre. The assessment of risk and the balancing of risk and opportunity for the children was a feature of practice and

individual risks in the centre were identified and mitigated. There was a risk management policy in place but not all managers and staff had received training in its implementation. The recording and reporting of risk in the centre was not consistent. Not all risks recorded on the centre risk register were reported on the risk register section of the centre governance report.

The system for notifying the relevant people of significant events worked well. Parents, social workers and the monitoring officer told inspectors that they were notified appropriately and promptly. A regional significant event notifications (SENs) review group selected some of the centre's SENs for discussion and there was evidence of learning for the centre team from this process.

Staff who were interviewed were clear about their roles and responsibilities and felt well supported by the management team. They told inspectors that the introduction of the new model of care promoted teamwork and accountability and that the morale of the team had increased as a result. They expressed the view that the new model of care also helped team members to be more child-centred in their approach to care.

There were sufficient staff on duty at the time of inspection to provide for the needs of the children, and a review of rosters showed that there was a consistent level of staffing in place. The centre manager told inspectors that a new roster was in the process of being developed and a process of consultation was taking place with staff. The new roster, which she said would be introduced in December 2018, would provide for two waking staff on duty at night time, a timeframe for adequate handover for staff, optimal attendance of staff at team meetings, and some further adjustments to suit the needs of children. Staff team meetings were held monthly. There was a set agenda and a wide range of issues were discussed. Attendance at the team meetings was small with an average of five staff attending.

There were 16.5 full time equivalent posts. There were two vacancies and two staff on extended leave. Two staff had been recruited and received an induction in the previous 12 months. The centre manager completed a self assessment in relation to the staff files and declared that the staff files contained all the required information. The staff team presented as competent and dedicated to the welfare of the children.

The centre manager, deputy and two social care leaders provided supervision to the staff team in line with policy. The quality of supervision provided was good and the issues discussed in supervision were appropriate, and included the staff members' work with the children. Some improvement in relation to recording actions arising from supervision was required.

There was good practice in relation to staff training. The centre manager carried out a training needs analysis and an audit of training. All staff had a two-day training in the new model of care and this was supplemented by training on attachment and trauma by a psychologist in the region. Almost all staff had completed mandatory training and dates were booked for those who had not yet attended.

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

A Tusla monitoring officer carried out a monitoring visit over two days in May 2018. No significant concerns were identified. A report of the visit was in the process of being finalised at the time of inspection. There was evidence that one of two recommendations made by the monitoring officer had already been implemented.

The monitoring officer told inspectors that the centre notified his department of all significant events in the centre in a timely manner.

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-0024982-AP
Provider's response to Inspection Report No:	MON-0024982
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	11 September 2018
Date of response:	31 October 2018

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

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: Immunisation records were not on file for one child.
Action Required: Under Standard 5: Planning for Children and Young People you are required to ensure that: There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.
Please state the actions you have taken or are planning to take: The outstanding immunisation records for the young person referenced are now on file as of 18th October 2018. The existing file audit system has been reviewed by the

Centre Manager with the staff team to ensure that where deficits are identified the team will follow an escalation process if unable to resolve. Where escalation is required this action will be noted and dated on the file check list.

Proposed timescale:
18/10/2018

Person responsible:
Centre Manager

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

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

An unused premises on the grounds posed a potential risk to children.

The grounds of the centre were in need of landscaping.

The layout of the premises was not homely.

There were no personal emergency evacuation plans in place for the children.

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:

Technical Services were requested to survey the property in terms of potential risk on 26th October 2018. The property is currently secure in line with HSE Vacant Building Policy. All aspects of risk including fire were reviewed as part of this process. The premises will be reviewed weekly by a designated Social Care Leader to ensure it remains secure; this will be recorded on the weekly Health and Safety checklist. The long term service decision is to seek approval for the replacement of both buildings on site by one purpose built residential centre. The projected timeframe for completion is two – three years from point of approval – January 2021.

Funding had been approved by Tusla estates on 1st October 2018 to improve the grounds and work has commenced as of 24th October 2018. The work includes re seeding of lawn area, fencing, resurfacing footpaths and flower beds.

The centre has been identified by the Regional and National Office as requiring a re-build which will address the issues identified with the physical layout of the centre. In the interim the centre manager and staff team will continue their efforts to create a homely atmosphere in the existing building in consultation with the young people resident. This engagement will be reflected in both staff team and young people's meeting minutes commencing 14th November 2018.

Personal Emergency Evacuation Plans are currently being developed by the Centre Manager with the staff team for all young people. These will be implemented by 30th November 2018. The Centre Fire Safety Policy will also be subject to review to include the fact that all young people admitted to the centre will have a Personal Emergency Evacuation Plan developed on admission.

Proposed timescale:
31/01/2021

Person responsible:
Centre Manager

Theme 3: Health & Development
Standard 9: Health
Judgment: Substantially Compliant

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

Prescription sheets did not include the route by which a medicine should be administered nor the address of the child or the centre.

Action Required:

Under Standard 9: Health you are required to ensure that:
The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

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

All prescription sheets now document the route for medication

All prescription sheets have been amended to include the address of the centre as of 31st October 2018. The Centre Manager has alerted the policy developer on 22nd October 2018 regarding the potential change of these pre-printed documents to include this information. This information will continue to be hand written until the document is amended. The existing audit system will be reviewed with the staff team at the team meeting of 14th November, 2018 to ensure common understanding of the necessity for identification of the route of all medications including non-prescription, as and when needed, medication.

Proposed timescale:
14/11/2018

Person responsible:
Centre Manager

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

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

There was no formal on-call system to ensure that staff could contact a manager outside of normal working hours.

Not all staff had received training in the risk management policy.

Actions arising from supervision were not always well recorded.

Action Required:

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

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

The issue of a national on call provision is an agenda item on the National Management meeting. To date a draft policy document has been produced which will form the basis for consultation/ negotiation with relevant stakeholders. The plan is to see an on call provision in this centre by January 2020. In the interim the contact details of the Deputy Regional and Regional Manager are available to the staff team for events that occur out of hours that are not covered by existing policy or are atypical in nature.

The Centre and Deputy Manager will review the existing Risk Management Policy with the staff team to ensure a common understanding and application of policy in the team. This work will commence on 6th December 2018 at the next full staff team day.

The Centre Manager will meet with all supervisors as a group to address the need to clearly record all actions and the subsequent supervision session will commence with a review of the actions and the status of same. This meeting will take place by 30th November 2018.

Future supervision audits will record same.

Proposed timescale:
31/01/2020

Person responsible:
Centre Manager