

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 West CRC
Centre ID:	OSV-0004202
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0024617
Lead inspector:	Sharron Austin
Support inspector (s):	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:
01 August 2018 09:00	01 August 2018 17:00
02 August 2018 09:00	02 August 2018 17:00

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

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

Actions required

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

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

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

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

Standard	Judgment
Theme 1: Child - centred Services	
Standard 4: Children's Rights	Substantially Compliant
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Substantially Compliant
Standard 6: Care of Young People	Compliant
Standard 7: Safeguarding and Child Protection	Compliant
Standard 10: Premises and Safety	Substantially Compliant
Theme 3: Health & Development	
Standard 8: Education	Compliant
Standard 9: Health	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

The centre was located in an end of terrace four-storey house, situated on a main road in an urban area. It had three semi-independent living apartments spread over the ground and basement levels. Each apartment is fully contained and includes a bedroom, bathroom with shower and a kitchen/sitting room area. It has easy access to public transport and is close to a host of local amenities.

The centre provides placements for three young people aged 16 to 17 years of a mixed gender who want to develop their skills and gain experiences which will strengthen their ability to live independently on leaving care. The programme works in partnership with young people. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 3 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.

The inspector also spoke with three social workers.

The model of care in the centre facilitated a good quality programme for young people to develop and strengthen the skills required for leaving care and adulthood. Each young person had their own apartment and were at various stages of the programme. Young people had developed positive relationships with staff who acted as mentors to their programme and each had an allocated social worker. Young people were supported to participate in their care and placement planning processes and these took place in a timely manner. The systems in place for recording and monitoring of significant events was good.

Safeguarding practices were in place and supported young people to develop awareness of self-care and protection. There were no child protection concerns reported in the 12 months prior to the inspection. Young people were communicated with in a respectful manner and staff were cognisant of the individual level of need of each young person. The young people who met with the inspector spoke positively about the staff that mentored them in their programme and said they could talk to staff about any issues arising or if they were worried about anything.

Care records were well organised and legible and supported the staff interventions with young people. However, the storage of current care records and those of young people who had left the centre required attention as they were not sufficiently secure.

While there was no evidence that young people were prevented from exiting the centre when they wished, their right to free movement was impacted by the locking system in place for exiting the premises. There was an open approach to receiving complaints about the service but the recording of complaints required improvement.

The centre was effectively managed and appropriate external management and monitoring systems were in place but auditing practices required improvement. The staff team were experienced and provided a high level of care to the young people. Staffing levels were adequate to ensure the level of care required and the young people were progressing well in their programme. The provision of supervision for 33% of staff was not in line with policy and there were gaps in the mandatory training requirements for staff.

These and other findings are documented throughout the report.

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

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

Inspection Findings

There were systems in place to ensure that the rights of young people were respected and promoted, but young people's right of free movement was impacted by the electronic system in place for exiting the premises. Young people who met with the inspector were aware of, and supported to exercise their rights and to access their information. An induction checklist completed on admission to the centre demonstrated that rights and access to information were discussed with young people. Other records on the young person's file, such as mentoring sessions also reflected discussions with the young person on their rights and access to information while in care. Staff were particularly aware of promoting young people's rights as it was a recurring item in staff meeting minutes. Young people were provided with information about an independent advocacy agency, the Ombudsman for Children and the UN declaration of rights. One young person had a guardian ad litem, and a representative from an agency providing advocacy for children and young people visited the centre and met the young people. The inspector also spoke with social workers and parents who confirmed that the young people were aware of their rights and how to exercise their rights.

While there was no evidence that the current young people were prevented from exiting the centre when they wished, their right to free movement was impacted by the locking system in place for exiting the premises. This is discussed in more detail under Standard 10.

Young people were consulted and involved in decision-making about the centre and day-to-day living. Young people who met with the inspector and parents interviewed, said that they attended child in care reviews and other relevant meetings. These were valuable opportunities for young people to contribute to aspects of their care planning and aftercare arrangements. Young people had an opportunity on a regular basis to either collectively or individually have their opinions and views expressed on any issues arising for them in relation to the centre and centre practices. A written record of these meetings was kept with the most recent meeting held in July 2018. The centre manager reported that 26 meetings had been held with the young people in the centre in the

previous 12 months. Minutes of these meetings, which also reflected when individual young people had nothing to contribute, were well maintained. More effective consultation took place individually with young people during mentoring sessions with particular staff members and records of these reviewed by the inspector confirmed this.

Young people were communicated with in a respectful manner and staff were cognisant of the individual level of need of each young person and this was observed over the course of the inspection.

The centre operated within Tusla's national policy for the management of complaints. Young people were given information on this policy as well as their right to appeal the outcome of a complaint. Complaints were recorded in a register of complaints which also included the recording of informal complaints, as recommended following a Tusla monitoring visit in March 2018. The centre manager reported that five complaints had been made in the 12 months prior to the inspection and that all had been resolved to the satisfaction of the young person. While each of the complaints had been closed at the time of the inspection, a review of the complaints register did not clearly demonstrate if the young person was made aware of the outcome or was satisfied with the outcome.

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

The centre had clear admissions and discharge processes. Referrals were made through a regional referral committee which is chaired by the interim regional manager (west) and attended by an alternative care manager (Midwest), centre managers, principal social workers for children in care and the manager for the prevention, partnership and family support (PPFS)/creative community awareness programmes. The centre's model of care requires young people referred to be motivated to make the best use of the programme. This is to ensure young people have the skills, confidence and network of supports to bring them into adulthood. A pre-admission assessment meeting is held and

the inspector observed one of these meetings, which was attended by the young person and their social worker. The purpose of this meeting was for the centre to understand the young person's areas of strengths and areas for development. In addition, an impact risk assessment is completed before any young person is admitted to the centre and a review of these records found that the risk assessment process was strong and well recorded.

Social Workers who spoke with the inspector said the young people were appropriately placed and staff provided a good standard of care. The young people who met with the inspector said that they had a pre-admission assessment which they said was good but that there were too many questions. Young people confirmed that an induction checklist was completed with them shortly after their admission and that this provided them with appropriate information about all aspects of the programme and the centre. This was kept on their individual care file.

The statutory requirements in relation to the young people were in place. Each young person had an allocated social worker and centre records demonstrated the type and frequency of contact between them and their social workers. One young person also had an allocated aftercare worker and a referral had been made to the aftercare service for another young person. The inspector found that the care plans on file were comprehensive with good insight into the young person's needs, and were reviewed within the appropriate timescales. Placement plans and placement support plans were also in place for each young person. These were found to be comprehensive typed records which outlined goals for each young person based on their individual needs and how best they might be achieved. It also recorded if a young person attended the meeting or not.

Care plan and placement plan review processes were in place. In March 2018, Tusla monitoring officers noted that these processes required improvement so as to reflect the up-to-date needs of the young people. A review of same by the inspector found that improvements had been made and records were better. Staff completed a weekly placement record for each young person which demonstrated the work undertaken with the young person and the outcomes in working towards their goals. While these records were very detailed and provided discussion at placement plan reviews, the centre should consider combining the information into one review document to avoid duplication.

Two of the young people were from communities some distance away in another county. However, contact with family members and friends was encouraged and facilitated by staff in line with the young person's care and placement plans, despite the geographical distance. The young people and parents who spoke with the inspector were happy with the level of contact and visits home to family or to the centre by parents and siblings. Parents also confirmed that they were kept informed about events in their children's lives. They had the opportunity to participate in meetings and were encouraged to have a positive input into the programme provided in the centre.

Social workers visited the centre and were able to meet young people in private. Not all social workers read young people's daily log or care record in the centre. Social workers who spoke with the inspector confirmed that the model of care met the needs of the individual young people and that the staff team provided good quality care to the young

people. They were kept informed of all aspects of the young person's programme and said that they participated in monthly placement review meetings.

The inspector found that the model of care in place met the needs of the young people. Good quality emotional and physical care was provided to each young person. The young people who met with the inspector were positive about their programme and their mentors who were supporting them to achieve their goal of independent living. Social workers and parents also spoke positively about the level of care provided by the staff team. Young people had access to relevant specialist services as required.

Two young people were due to be discharged. An aftercare plan was only received by the centre on the second day of the inspection for one young person. Another young person had been referred to the aftercare service and the social worker reported that an aftercare plan would be drawn up once the young person turned 17 years of age. The centre manager told the inspector that it has been her experience that not all young people get an allocated aftercare worker in a timely manner and some do not have a formal aftercare plan prior to discharge. This was reported by the centre and some social workers as a resource issue within the aftercare service. This was not the experience for the current young people in the centre.

Young people were discharged from the centre in a planned manner. The centre marked the occasion with young people by providing them with a hamper of essential items as well as some treats for the young person's move into other accommodation or back home. Young people are also provided with a leaving care information pack which contained relevant information for independent living. The centre manager reported that there had been four planned discharges from the centre in the past 12 months. The inspector did not review files pertaining to children who had left the service during the inspection. Subsequent information provided by the interim regional manager outlined that end of placement reports are completed for all young people who leave the service and these are held on their files. The centre manager outlined that a national working group is also looking at exit interviews with young people as part of the development of a suite of residential care policies and procedures.

Care records viewed by the inspector were well organised and legible and supported staff interventions with young people on a day-to-day basis. Care files reviewed held all the required regulatory documentation such as a birth certificate, care order or voluntary agreement and medical, educational and other reports. While care records were comprehensive and provided a good insight into the young person's programme, not all records were signed by staff. As noted by the Tusla monitoring officers in March 2018, the young people's care records were not stored in a fire proof cabinet and this was still the case at the time of the inspection.

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

Young people were communicated with in a respectful manner and staff were cognisant of the individual level of need of each young person. When asked about the work undertaken with the young people, the manager and staff spoke about the young people in a respectful, non-judgmental and caring manner. The inspector observed appropriate and respectful interactions between staff and the young people during the inspection and there was a relaxed atmosphere in the centre. The young people who met with the inspector spoke positively about the staff that mentored them in their programme and said they could talk to staff about any issues arising or if they were worried about anything.

The model of care provided the young people with the ability to develop their skills, competencies and the necessary knowledge for leaving care and adulthood. The young people told the inspector that they were supported to achieve their goals and their experience of the care provided was positive.

The model of care in place required the young people to become as independent in the skills required for the purchasing, preparing and cooking of meals. The young people were given a set allowance once a week towards their independent living programme and clear accounts were maintained on each young person's care file. The young people who met with the inspector spoke about this and said it was sufficient for them to purchase all they needed each week and helped them in their budgeting skills.

One aspect of the semi-independent care programme focused on areas that promoted social development and skills needed to make a positive transition into community living on discharge. The young people in the centre carried out all aspects of the programme either in their respective apartments or out in the relevant community or educational setting. Young people spoke about their interests, such as horses, the gym and sports and said they were supported to partake in these interests.

Young people had opportunities to become involved in religious practices if they wished and this was evident in a review of one young person's care record.

The centre had a policy on the management of behaviour and staff were trained in a Tusla approved approach to crisis management. The staff team had a good understanding of each young person's behavioural support needs and were consistent in their behaviour management approach. This was demonstrated through interviews with staff and a review of relevant records and documentation of incidents of behaviour management. Each young person had an individual crisis management plan (ICMP) and an absence management plan (AMP) as part of their placement support plan. The inspector found that these plans were reviewed on a regular basis and required

changes were recorded clearly. Social workers and parents interviewed were generally positive about the support the young people received from staff in relation to their specific needs. The centre maintained a consequence log. There were no current recorded consequences for the young people in the centre and this was reflective of the young people living in the centre.

Data provided by the centre manager showed that there had been no incidents of the use of physical restraint, physical interventions or environmental restraint in the 12 months prior to the inspection. There were 135 absences without authority from the centre within the same period. The inspector viewed a sample of these and found that the majority related to one young person. Records demonstrated that staff followed protocol when a child goes missing from care and appropriately reported the incidents to relevant persons. The centre manager and social worker told the inspector that while the number was significantly high, the absences were short and low risk. Contact with the young person was maintained and their location was known when absent. The social worker and centre manager outlined the discussions that took place in order to encourage the young person to return at the appropriate time. Care records demonstrated various meetings held with An Garda Síochána as part of the missing from care protocol.

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

The national child protection policy in place in the centre was in line with Children First 2017. The centre manager was the designated liaison person and reported all child protection concerns. She demonstrated appropriate safeguarding knowledge. Measures were in place to ensure young people were safeguarded from abuse. A Tusla national child protection practice note guided staff on safe interactions with young people. Two young people who met with the inspector said they felt safe living in the centre, they could go to their social worker, mentor or the centre manager if they had concerns or a complaint they wanted to make. Social workers interviewed were confident that the children were cared for appropriately.

Care records showed that staff spoke to young people about how to keep safe and protect themselves and others from potential harm. The centre had written policies that staff were aware of to ensure a culture of openness and accountability. The centre manager reported that all staff had completed training on Children First 2017 which included the introductory Tusla e-learning module and a secondary module on Children First in Action. Managers and staff interviewed were aware of their responsibilities for the reporting of child protection concerns to the social work department. There was also a policy on protected disclosure in place and staff demonstrated an insight into whistleblowing. The centre manager reported that staff in the centre had An Garda Síochána vetting. As staff files were maintained offsite within the Tusla National

Personnel Records (NPR) department, the inspector could not confirm this. The centre manager submitted a declaration completed by the NPR confirming the status of the Garda Síochána vetting documents held in respect of each staff member.

The centre manager reported that no child protection reports had been made in the 12 months prior to the inspection.

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 is located in an end of terrace four-storey house, situated on a main road in an urban area. The design and layout of the centre was in line with the centre's statement of purpose. It had three semi-independent living apartments spread over ground and basement levels. Each apartment was fully contained and included a bedroom, bathroom with shower and a kitchen/sitting room area. Renovation work to convert the third and fourth floors into two semi-independent living apartments was due to commence, which would include moving the staff offices to the ground floor. The renovation work would require the staff and young people to move out of the building for a short period and this had been planned for. Young people who met with the inspector said they were aware of the upcoming renovations and looked forward to moving into a bigger living space.

There was an electronic mechanism on the front door which required a fob key. While this kept the centre secure, fob keys were only available to staff members. Although young people could exit through this door with the aid of a staff member, and had other external doors they could use, this electronic system impacted the young person's right to free movement. Tusla monitoring officers had required this issue to be reviewed following a monitoring visit in March 2018. The centre manager outlined that this issue had been discussed and they were looking at alternative options to reflect young people's rights to free movement whilst also ensuring safety and security from external factors, as the building was located on a busy urban street. The outside of the centre including the front entrance, back yard, emergency escapes and reception area, had closed circuit television (CCTV). The CCTV did not impact on young people's privacy inside the centre as cameras were located externally. Staff said that CCTV footage was recorded and held for 30 days, at which point it was deleted.

Maintenance requests were recorded in a central maintenance log. A review of this log demonstrated that maintenance issues were addressed in a timely manner and the log was reviewed by the centre manager or social care leader. Young people were informed of any maintenance issue within their apartments and outcome of the action taken where applicable.

The centre was homely, had adequate heating and ventilation and the majority of the centre had sufficient natural light. Each young person had a self contained apartment which was ensuite and had sufficient space to keep their personal belongings safely. Young people who met with the inspector said they got on with each other and could spend time in each other's living space to watch television or play computer games. While there was no dedicated visitors room, parents interviewed told the inspector that they could meet the young person in their apartment.

Risk was effectively managed in the centre. The centre maintained risk assessments in relation to the centre and to individual young people. A review of these by the inspector found that there was good evidence of appropriate actions being taken to mitigate risks. The centre was adequately insured.

The centre's health and safety statement and policy was currently being revised following a meeting with a newly appointed Tusla health and safety officer for children's residential services. A staff meeting on the first day of inspection demonstrated a comprehensive discussion on the development of a new statement for the centre.

There were adequate precautions against the risk of fire in place. There were sufficient numbers of fire extinguishers and there was evidence that fire fighting equipment and the fire alarm were regularly serviced. A review of the fire register demonstrated that weekly and daily fire checks were undertaken by staff. Fire exits were unobstructed and there were records of fire drills carried out with both staff and young people. Fire exit procedures had been clearly displayed throughout the centre. The centre manager reported that all staff had up-to-date training in fire safety carried out in May 2018. The emergency lighting was adequate, however, there was no evidence of a service undertaken by an external provider.

The centre had access to one vehicle. The centre maintained records of checks and services completed on the vehicle. The inspector viewed the vehicle used by the centre and found that it had up-to-date tax and insurance and contained suitable safety equipment.

Judgment: Substantially Compliant

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

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

Inspection Findings

Young people were supported to attend their educational or vocational placements while in the centre. Each of the young people in the centre had completed their state Junior Certificate examinations and one had just completed transition year. Two of the young people who met with the inspector said that they wanted to continue their education and would be supported to do this. Educational needs were outlined in care plans and placement plans. The staff maintained good contact and attended meetings when required with educational staff and advocated for the young people when necessary. Educational reports, attainments and correspondence were maintained on the young person's file. Parents and social workers interviewed said that the staff were proactive in encouraging and supporting young people when they experienced difficulties in their educational placements. Each young person currently in the centre had an identified educational or vocational placement.

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

Young people's health care needs were appropriately assessed and met and this was incorporated into their placement plans. Care records reviewed showed that young people had timely access to a general practitioner, other relevant health professionals and specialist services where required. Two of the young people who met with the inspector and parents interviewed confirmed this. Medical examinations were undertaken upon or shortly after admission where appropriate and medical cards were up-to-date.

Key issues regarding the health of the young people were identified and addressed. Records showed that staff undertook mentoring sessions with young people on a variety of issues which included healthcare.

A comprehensive medication management folder was maintained by the centre which contained the Tusla national policy on medication management and all the appropriate associated records. Medication was administered by staff who had completed training in the safe administration of medication. Records demonstrated that one young person was currently on prescribed medication. The inspector found the practices for the management of medicines to be safe, as prescription, administration and disposal practices were adequate.

Judgment: Compliant

Theme 4: Leadership, Governance & Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as

well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

Standard 1: Purpose and Function

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

Inspection Findings

The centre had an up-to-date, written statement of purpose that set out the service being provided to young people. The centre provides placements for three children aged 16 to 17 years of a mixed gender. The model of care aims to develop the skills and strengths of young people to live independently on leaving care. The programme is educational in nature and the areas that are focussed on are based on an pre-admission assessment completed with the young person. The inspector observed an assessment meeting with a young person during the inspection. The staff and managers in the centre were clear about the purpose and function of the centre and were knowledgeable about the model of care provided. It reflected the day-to-day operation of the centre.

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 effectively managed and appropriate external management and monitoring systems were in place. A competent and qualified centre manager was in post for the previous five years. She was supported in her role by two experienced and qualified social care leaders with specific responsibilities. The centre manager was line managed by a interim regional manager who in turn reported to the director for the national children's residential services. The staff team reported to the centre manager. The lines of authority and accountability were clear and staff interviewed knew their roles and responsibilities. Staff told the inspector that the management structure enabled good quality care for young people.

The centre manager told the inspector that the interim regional manager visited the centre regularly, where she met with young people and staff and monitored records and any issues relating to the premises. The interim regional manager was on planned leave during the inspection period. Up to 2017, the centre manager completed centre governance reports to senior management as part of its quality assurance mechanism; however, this practice had ceased due to information technology difficulties. The centre manager reported that she provided regular updates on all aspects of the centre and

care practices to the interim regional manager.

Risk was effectively managed in the centre. The centre maintained a risk register which demonstrated risk assessments in relation to the centre and to individual young people. A review of these by the inspector found that there was good evidence of appropriate actions being taken to mitigate risks. However, the register did not evidence the risk in relation to the locking mechanism on the front door which impacted on the young people's right to free movement.

While there were policies, procedures and guidance documents in place but a number of these had not been reviewed for a considerable length of time. The centre manager reported that she was awaiting a suite of updated policies from Tusla's national director for children's residential services.

The centre manager maintained a register of young people placed in the centre in accordance with the relevant regulation. This was up-to-date and contained the required information.

Serious and adverse events were appropriately managed and notifications of these events to relevant persons were consistent, timely and in line with centre policy. Social workers interviewed confirmed this. Records showed that the centre manager consistently reviewed these reports and followed up on subsequent interviews with the young person. The interim regional manager also had oversight of these reports. In addition, she attended a regional significant event review group which reviewed these events so as to ensure that practice was appropriate, recording was of a good quality and to implement learning and improvement. These meetings took place every six to eight weeks. While the manager of this centre did not attend these meetings, the interim regional manager had nominated a centre manager from the Midwest area to attend the meetings. The centre manager outlined that serious and adverse events from the centre were not routinely reviewed by this group previously; however, this had since changed. The inspector examined the minutes of the review group meetings provided to the centre which demonstrated that a number of incidents relating to young people in this centre were reviewed and findings were shared with staff.

The inspector found that the centre was staffed by a sufficient number of experienced and qualified staff to deliver the service as outlined in the statement of purpose. This was demonstrated in a review of the roster in place. There was a consistent, experienced and qualified staff team in place with no staff turnover. Staff personnel files were maintained in the Tusla national personnel records (NPR) offsite and the inspector did not get to review these files. The centre manager submitted a declaration from the NPR confirming the documents held in respect of each staff member. All staff had appropriate Garda vetting with one currently being updated.

Staff were supported and suitably supervised by the centre manager and social care leaders. Supervision was generally in line with the supervision policy. A review of 12 supervision records found that four (33%) supervision sessions fell outside the timeframe agreed within the individual contracts by eight to 10 weeks. Supervisors maintained a schedule of supervision sessions which recorded reasons for cancellation of supervision. Discussion in relation to professional development, support and training were evident. Subsequent information provided by the interim regional manager after

the inspection outlined that professional development plans were on the supervision file for each staff member, however, they required updating. With the exception of four supervision files, the inspector did not find professional development plans to support staff. The quality of discussion was evident in good detail on all supervision records. The records demonstrated decisions arising from supervision, however; follow up on actions taken were not clearly recorded at the next supervision session. The centre manager reported that she had formal supervision on a regular basis with the interim regional manager. These supervision records were not available for review during the inspection as the records were maintained offsite in the interim regional manager's office. While the centre manager reviewed and signed supervision records regularly to evidence managerial oversight, there was no evidence of regular supervision record audits undertaken to ensure consistency and appropriateness.

Communication in the centre was reported as good by staff interviewed. Staff meetings took place every two weeks. A sample of team meeting minutes showed they were held regularly, were child centred and provided an opportunity for the staff team to be informed on aspects of the centre. A task sheet arising from the meeting was completed with a named person responsible for follow up and a date to be completed. Hand-over meetings took place between shifts. The centre used a standard template for recording of information required which gave staff a clear guide in relation to each young person and clearly identified tasks to be completed by whom.

The centre maintained an electronic record of all training attended by staff. A review of these records found that while a number of mandatory training modules had been completed with staff, some modules had not been completed or had expired for a number of staff. Data provided by the centre manager demonstrated that all staff had up-to-date training in child protection, fire training, behaviour management and manual handling and two staff required up-to-date training in First Aid and supervisee training. Staff interviewed outlined the training they had completed in the previous 12 months which included medication management, complaints, Children First, fire safety, restorative practice and general data protection regulation. A formal training needs analysis had not been completed as the children's residential services (west) was prioritising mandatory training at the time of the inspection. Subsequent information provided after the inspection by the interim regional manager outlined that an overall training needs review for the service had been carried out at a service level management meeting. The outcome of this review was then submitted to a national working group for children's residential services.

The centre's recording systems and administration files were well organised and information was easily accessible during the inspection which facilitated day-to-day practice and accountability. While the centre manager completed a number of in-house audits, more formal, comprehensive file audits were not being undertaken to ensure record keeping supported the delivery of service.

Relevant records relating to young people who had left the centre were kept in perpetuity and these were stored in a secure offsite facility. However, the inspector saw numerous boxes which contained young people's records stacked on one side of the centre manager's office. She outlined that she is required to keep the records onsite for at least 12 months. There was a potential risk to this arrangement as these records were not stored in a secure filing cabinet and could be damaged or destroyed in the

event of a fire or water leak.

A procurement card system was operational in the centre, whereby staff could purchase day-to-day necessities such as food and fuel for the car as well as other requirements to meet the needs of the young people. There was good oversight from the centre manager. Centre finances were also subject to external audits. A set allowance was given to each young person once a week towards their independent living programme and clear accounts were maintained on each young person's care file. The young people who met with the inspector spoke about this and said it was sufficient for them to purchase all they needed each week and helped them in their budgeting skills.

Judgment: Non Compliant - Moderate

Standard 3: Monitoring

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

Inspection Findings

The centre was visited by Tusla monitoring officers in March 2018. HIQA viewed a copy of their subsequent report during the inspection. While there were no significant risks identified in the report, there were 17 issues requiring action under Tusla's quality improvement principles. Four issues related to a number of care practices such as complaints procedure, night time checks, children exiting the centre. Nine issues related to areas such as the purpose and function of the centre, model of care, notification of significant events, centre administrative registers, staff vetting and appraisal and risk management. Four issues related to areas such as health and safety, maintenance, child protection register and staff training.

A written response to actions taken or proposed by the centre was provided to the monitoring officer by May 2018. A review of the action plan response by the inspector found that managers had completed 70% of the issues requiring action with proposed actions and timelines for those outstanding.

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-0024617-AP
Provider's response to Inspection Report No:	MON-0024617
Centre Type:	Children's Residential Centre
Date of inspection:	01 August 2018
Date of response:	07 September 2018

These requirements set out the actions that should be taken to meet the.

Theme 1: Child - centred Services Standard 4: Children's Rights Judgment: Substantially Compliant	
The Provider is failing to comply with a regulatory requirement in the following respect: The complaints register does not clearly record if the young person is informed of the outcome or if it has been dealt with to their satisfaction.	
Action Required: Under Standard 4: Children's Rights you are required to ensure that: The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.	
Please state the actions you have taken or are planning to take: The complaints register has been amended to include a section on the young person's view of the outcome of the complaint and whether they are satisfied.	
Proposed timescale: 01/09/2018	Person responsible: Provider

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:

Young people's care records were not stored in a secure manner.

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:

Appropriate secure fire and leak proof cabinets are being sourced and will be installed for the storage of the young people's records.

Proposed timescale:
31/10/2018

Person responsible:
Provider

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

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

The locking system in place to exit the building impacted on the young people's right to liberty and free movement.

Records of services completed on emergency lighting were not maintained.

Action Required:

Under Standard 10: Premises and Safety you are required to ensure that:

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

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

The locking system for the front door is being changed to ensure at all times young people have independent free movement. This work this will completed by 16/09/2018.

The contractor for the emergency lighting has been advised that they must complete

the fire register each time they complete a check. The two checks already undertaken this year have now been recorded into the register.

Proposed timescale:
30/09/2018

Person responsible:
Provider

Theme 4: Leadership, Governance & Management

Standard 2: Management and Staffing

Judgment: Non-Compliant - Moderate

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

The centre risk register did not evidence the risk in relation to the locking mechanism on the front door which impacted on the young people's right to free movement.

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

Supervision was not provided in line with policy for 33% of staff.

Professional development plans were not in place for staff.

Training records did not demonstrate all the required mandatory requirements.

There was no training needs analysis in place.

Comprehensive file audits were not being undertaken to ensure record keeping supported the delivery of service.

Relevant records pertaining to young people who had left the centre were not securely stored.

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 risk register has been updated to evidence the current risk in relation to the front door locking mechanism restricting free movement of young people this is pending the locking system being removed.

The development of a National Suite of Policies is underway and there is a representative from the West on this group. The completion date for full implementation is the end of November 2018. In the interim the Regional Manager will continue to ensure that any developments to care practices required in keeping with best practice and changes to regulations will be discussed with the Centre Manager and implemented as appropriate.

The Manager has reviewed the supervision schedule for all staff and supervision meetings have been planned to address deficits.

Professional Development Plans for all staff will be reviewed and updated.

The outstanding mandatory training for all staff will be planned and completed by year end.

The Training needs analysis will be completed as part of the Professional Development Plans.

A formal system for file audits is being developed nationally. In the interim the Regional Manager will agree a process with the Centre Manager for file audits.

The records of former residents have been archived securely.

Proposed timescale:
31/12/2018

Person responsible:
Provider