



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin Mid Leinster
Type of inspection:	Unannounced
Date of inspection:	09 and 10 December 2019
Centre ID:	OSV-0004159
Fieldwork ID	MON-0028182

About the centre

The following information has been submitted by the centre and describes the service they provide.

This was a community based children's residential centre managed by the Child and Family Agency (Tusla). The centre was a two storey detached house in the Midlands region. The centre provided care for up to five children both male and female, between the ages of 13 and 17 years on admission, who needed medium- to long-term residential care. Children were referred to the centre through the central referrals committee of the Child and Family Agency (Tusla), Dublin Mid-Leinster region.

The aim of the centre was to provide a safe and caring environment characterised by the quality of the relationships developed with young people in their care, in which they can address the issues that are preventing them from living at home.

The objective of the centre was to ensure that the care practice was always young person centred, maintaining a needs led, multidisciplinary approach to looking after the children in their care, while complying with the requirements of the National Standards for Children's Residential Centres 2018 and the Childcare (Placement of Children in Residential Care) Regulations, 1995.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	2
---	---

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- observe practice and daily life to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
09 December 2019	10:00hrs to 17:00hrs	Sabine Buschmann Pauline Clarke Orohoe	Inspector Inspector
10 December 2019	08:00hrs to 17:00hrs	Sabine Buschmann Pauline Clarke Orohoe	Inspector Inspector

Views of children who use the service

Inspectors observed two children, met with one child and talked with one parent and two social workers over the course of the inspection.

Children felt safe living in the centre, and staff were available to talk with them as they required. Inspectors observed warm interactions between the children and centre staff. During the inspection, staff and centre managers were actively available to the children.

Children were supported by the staff team to maintain contact with their families. Inspectors found that while parents had contact with the staff team, parents felt they had not received adequate information about the centre. Inspectors were told that children were supported to have contact with their friends, both within the centre and at their friend's homes.

Children knew how to make a complaint and had exercised this right. When asked what they would change about the centre, one child said they would like to have more male staff working in the centre, and to have a dog. They also noted that poor internet connections had created difficulties for them. Inspectors had noted that there had been a plan to purchase a fish tank for the children following discussion at a house meeting.

Parents who talked to inspectors said that they felt their child was safe living in the centre, and that their child seemed happy. They said that the centre had been able to meet their child's needs.

Social workers who spoke to inspectors said that the centre had provided good child-centred care. Social workers had been kept informed of all incidents and significant events in a timely manner. Social workers commented on the commitment that the staff team had shown to children in their care, and complimented their ability to de-escalate situations that had arisen in the centre. One social worker told inspectors that the centre had continually worked to increase family contact for their allocated child.

Capacity and capability

At the time of inspection the governance arrangements ensured that a good quality and safe service was provided to the children who were living there. The management structure in place for the centre provided clear lines of accountability, decision-making and authority. Centre managers were experienced, competent and provided support and effective leadership to the team. The centre had clear arrangements in place to provide cover for when the centre manager was on leave. However, sustainable on-call

arrangements for the management of the centre outside business hours had remained unresolved for a significant period of time. There were good financial management systems in place at the time of inspection, which ensured accountability in relation to expenditure by the centre manager.

Staff and managers who spoke to inspectors were clear about their roles and responsibilities, particularly in relation to ensuring safe practice that was in line with national policy, legislation and standards. However inspectors found that the practices within the centre were not supported by up to date national policies and procedures. Strong leadership and governance arrangements are underpinned by current and relevant policies, procedures and guidelines, but Tusla had not updated the full suite of policies and procedures for children's residential centres since 2010. In their absence, the centre manager's capacity to monitor practice and performance effectively within an adequate framework had been hindered. In the interim the centre manager had ensured that staff had received training in relevant legislation, and used team meetings to discuss and familiarise staff with the National Standards for Children's Residential Centres 2018.

The centre had a written statement of purpose which clearly described the model of care and service delivered within the centre. Inspectors found that the statement of purpose had been reviewed and updated by centre and regional management as required. The staff team had also developed a children's version which provided details on how children's needs were met while living in the centre.

Inspectors found that information about children's rights had been displayed in the communal areas within the centre. House meetings had also been used as a forum to discuss these rights, and to ensure that children were heard and listened to. Children living in the centre had been aware of how to make a complaint, and had exercised this right. The centre had also provided a comments post box to support children to share their complaints with the staff team. Inspectors found that complaints had been recorded, investigated and managed by the centre in a timely way. Age appropriate discussions were had with children to ensure that they understood and were happy with the outcome of the complaint. Keyworking sessions had also been used to manage complaints that children had made, where appropriate. Inspectors found that children felt their complaints had been listened to by the staff team.

Staff in the centre had established and maintained appropriate care records in relation to the children. Inspectors sampled care records and found that they were well maintained and were kept up to date. Records were stored securely in locked filing cabinets, and information on the children was accessible to those who required it. Each child had an up to date care plan and placement plan, and child in care reviews had taken place for all children in the centre prior to the inspection. The centre had systems in place to request the minutes of these reviews and updated care plans from the

relevant social work department. Inspectors found that children had been involved in developing their placement plans and placement support plans which were comprehensive, detailed and addressed key issues relating to the child's needs.

There were sufficient staff on duty to provide for the needs of the children. The centre had no vacant posts at the time of inspections. However, the deputy centre manager held an interim post at the time of inspection resulting in the future management of the centre remaining uncertain. There was an adequate skill mix across the team, and the staff team were found to be committed and provided consistent care to the children. Inspectors observed warm interactions between the staff and children. The centre demonstrated a culture of learning within the team.

There was an appropriate risk management system in place and where trends of risk were identified, inspectors found evidence that the centre had been responsive. However, while risks had been identified and safeguarding measures put in place following an allegation being made against staff, these measures were not risk assessed. The centre maintained a risk register that had been reviewed as required, and inspectors found that the risk assessments completed were thorough, and included appropriate control measures. Risk escalations had been responded to promptly by external managers.

The centre was well managed, and managers were actively present in the centre and provided good guidance and support to the staff team. There were good systems in place for oversight and monitoring of practice. Centre managers attended daily handovers and through their routine presence in the centre, regularly observed interactions between staff and children. While inspectors found evidence of good managerial oversight, gaps were identified in relation to maintaining and updated driving license for staff, and keeping the centre register up to date. These issues were addressed by the centre manager during the inspection. The centre manager told inspectors that supervision responsibility was delegated between the centre manager, deputy centre manager and the social care leaders on the team. Inspectors found that good quality staff supervision was provided, where staff were held to account for their practice, and issues were discussed and specific work tasks were allocated to staff. Improvements were needed to ensure that supervision occurred in a timely and consistent manner.

There were effective mechanisms in place to monitor and evaluate the quality, safety and continuity of care provided to the children. The centre had external line management systems in place for auditing and monitoring the centre's compliance with national standards, which were effective. The centre had a systematic approach to auditing of which the regional management team had oversight. This system consisted of a 52 week programme of audits of 21 identified aspects of practice. Inspectors found evidence of these audits leading to improvements in practice and also discussions at team meetings.

The deputy regional manager had maintained good oversight of practice within the centre, and there was evidence of regular review of centre logs and registers. The deputy regional manager had also attended team meetings, and was actively involved in meetings with external services to meet the needs of the children living in the centre. The centre manager was directly supervised by the deputy regional manager, and these supervision records provided evidence of detailed discussions in relation to issues arising and decisions made. The centre had also had an external monitoring visit, and a six month desktop review to assess compliance with national standards and legislation. An appropriate action plan had been developed to address the non-compliances.

Complaints and adverse events had been recorded, reported and responded to in a timely manner. Inspectors found that children and staff had been encouraged to raise concerns. The centre had internal and external systems in place to review all incidents, and learning from incidents had been used to improve practice and the care provided in the centre. The centre had an effective system in place for the management and notification of significant events which was in line with Tusla's national centralised notification system. Significant events and incidences were regularly discussed at team meetings, and the external management team attended Tusla's significant event review group (SERG) meetings for the service area. Recommendations from the SERG meetings had been shared with the centre manager for discussion and learning within the team. The National Incident Management System (NIMS) had also been implemented in the centre.

While there were policies and procedures in place, many remained significantly out of date at the time of the inspection. The lack of up to date national policies and procedures did not support Tusla's ability to ensure all aspects of the service were provided in line with national standards and current legislation. However, staff and management of the centre had a good knowledge of relevant legislation, regulations and national standards. The new National Standards for Children's Residential Centres had been shared and discussed at team meetings. Centre management had ensured timely training for staff in areas such as fire safety, children first and manual handling. However, inspectors found that where an allegation was made against a staff member, the centre did not have an up to date policy on the management of allegations against staff members, which would have guided practice in this regard.

Standard 2.4: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Regulation 16: Records

Staff in the centre had established and maintained appropriate care records in relation to the children. The records were kept up to date, and were stored securely in locked filing cabinets. Information on the children was accessible to those who required it.

Judgment: Compliant

Standard 3.3

Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.

Regulation 15: Notification of significant events

Inspectors found that children and staff had been encouraged to raise concerns and the centre had systems in place to ensure an appropriate and timely response. The centre had internal and external systems in place to review all incidents, and learning from incidents had been used to improve the practice and care provided in the centre. Where there had been a trend of risk identified following particular incidents in the centre, inspectors found evidence that the centre had been responsive. However while risks had been identified and safeguarding measures put in place following an allegation being made against staff, these measures had not been evidenced through a detailed risk assessment. Strategy meetings had been organised in order to develop safeguarding plans for the children. The National Incident Management System (NIMS) had been implemented in the centre.

Judgment: Substantially compliant

Standard 5.1

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

Regulation 5: Care practices and operational policies

Staff and management of the centre had a good knowledge of relevant legislation, regulations and national standards. The new National Standards for Children's Residential Centres had been shared and discussed at team meetings. Staff had been trained in Children First (2017) and were aware of how to manage allegations and serious concerns. The centre did not have an up to date policy on the management of allegations against staff members. While there were policies and procedures in place, many remained significantly out of date at the time of the inspection. The lack of up to date policies and procedures did not support Tusla's ability to ensure all aspects of the service were provided in line with national standards and current legislation.

Judgment: Non-compliant moderate

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The centre demonstrated a culture of learning within the team. There were good management structures in place with clear lines of accountability and authority. Centre managers were experienced, competent and provided support and effective leadership

to the team. However, the deputy centre manager held an interim post at the time of inspection. The centre had clear arrangements in place to provide cover for when the centre manager was on leave. However, sustainable on-call arrangements for the management of the centre outside business hours had remained unresolved for a significant period of time. While inspectors found evidence of internal and external managerial oversight, gaps were identified in relation to the updating of staff driving licenses and a date entered on the centre register. This was addressed by the centre manager during the inspection. Risk management systems were in place and where risks had been identified these systems were working well. Inspectors found that good quality staff supervision had taken place, though improvements were needed to ensure it occurred in a timely manner. While policies related to the delivery of children's residential centres were under review by Tusla at a national level, a full suite of up to date policies and procedures were not provided to the centre, and some remained significantly out of date at the time of the inspection.

Judgment: Substantially compliant

Standard 5.3

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

There was a clear statement of purpose available for the centre. It described the model of care and service delivered within the centre. Inspectors found that the statement of purpose had been reviewed and updated by the centre manager and regional management as required. The staff team had also developed a children's version which provided details on how their needs would be met while living in the centre.

Judgment: Compliant

Standard 5.4

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

There were effective mechanisms in place to monitor and evaluate the quality, safety and continuity of care provided to the children. The centre had external line management systems in place for auditing and monitoring the centre's compliance with national standards which were effective. The centre also had an external monitoring visit, and a six month desktop review to assess compliance, and had devised an appropriate action plan to address non compliances. Complaints, concerns and incidents had been recorded, acted upon and monitored. There was evidence that these events had been discussed at team meetings and staff supervision to share learning.

Judgment: Compliant

Quality and safety

Children living in the centre had received child centred care and support, and had been involved in planning their care. Children were supported by the staff team to engage in positive daily routines which included attending their educational placements, spending time with their friends and engaging in activities in line with their agreed placement plans.

While the centre presented as warm and homely, previous refurbishment works outlined in the 2018 HIQA report had not been completed. Maintenance works and painting had been completed within the centre. Inspectors were told that the centre manager and deputy regional manager had been working to identify a suitable alternative premises, as the refurbishment works were planned for early 2020.

The children were able to move freely through the communal spaces in the centre, and each child had their own bedroom. One child told inspectors that they were getting new furniture for their bedroom. Children told inspectors that it was easy to live in the centre, though they noted that the internet connections had created difficulties for them. Inspectors found that this issue had been discussed at house meetings and followed up by staff. The ICT infrastructure had been identified as a risk on the centre's risk register due to the impact which it had on staff being able to complete their daily work, particularly in relation to submitting electronic child protection concerns. At the time of the inspection the internet connection was not been working in the centre.

Children were encouraged to share their views and opinions with staff. Discussions had taken place at house meetings about purchasing a fish tank, and it had been agreed that this would be completed following the house being painted. Children also had involvement in adding foods that they liked to the shopping list. The centre had provided a comments box for the children, and had displayed information on children's rights and the Tusla complaints process within the communal areas of the centre. House meetings had been used as a forum for hearing the children's voice about the care they received in the centre. However improvements were needed to ensure that these meetings took place at consistently.

Children were found to be safe living in the centre. Despite the absence of up to date national policies and procedures, all staff had the required training in Children First (2017). Staff who were interviewed by inspectors demonstrated an appropriate level of knowledge in this area. Inspectors found evidence that child protection concerns were reported to the relevant social work department through the Tusla portal system, and the centre manager had oversight of the external progress of these reports. However, inspectors found that an allegation made against a staff member had not been managed in line with Children First (2017). While the centre had put appropriate

measures and safety plans in place to protect children from abuse and respond to the risks presented, the allegation had not been reported as a child protection concern to the relevant social work department. Safeguarding measures put in place to manage the risks involved were not informed by an appropriate risk assessment. The child's social worker was informed of the allegation through the significant events process, and had been involved in responding to it, but not as a child protection concern. During the inspection, the child involved had made a second allegation against a staff member, and inspectors were assured by the centre manager that Children First was being followed and that appropriate safeguards were put in place.

Absences from the centre were managed effectively in line with each child's individual absence management plan.

Staff in the centre were trained in an approved approach to managing behaviour that challenged, with two staff scheduled to complete a refresher programme in January 2020. At the time of inspection a new model of care had been implemented in the centre, which emphasised the individuality of each child and the need for interventions that addressed and matched their needs. At the time of the inspection staff had access to specialist therapeutic advice and support which had guided their interventions with the children who were living in the centre. Children had been supported to understand their behaviour through individual sessions with their key worker, and appropriate responses had been developed to manage each child's individual behaviours in line with the needs which had been identified within their placement plan. Following a Tusla monitors visit, the centre had conducted an internal review on the use of negative consequences for children. Inspectors found that the centre had significantly decreased the use of negative consequences, while the use of positive consequences for children had increased.

Restrictive practices had been used on an ongoing basis to maintain the safety and welfare of children living in the centre. These restrictive practices were risk assessed and reviewed by centre managers, regional managers and the appropriate social work team. Where appropriate, children were informed of the rationale for using restrictive practices. Risk assessments completed in relation to one child showed that the required checks of this child every 15 minutes had taken place, but were not well recorded. This limited the manager's ability to monitor practice effectively.

Inspectors found that there was good communication between the staff team and relevant people in the children's lives. The centre had contact with schools, training centres, social workers and medical professionals as required. Staff had supported the children to maintain contact and develop their relationships with family and friends. Social workers told inspectors that they had been regularly updated on their allocated child's behaviour and activities.

The children living in the centre had up to date care plans. Inspectors found that children had detailed placement plans which addressed their needs, and were informed by the child's statutory care plan. Inspectors found that children were involved in keyworking sessions on an ongoing basis to develop their skills and address their needs

in line with their placement plans. These sessions were also used as a mechanism to update the child's placement plan as required.

At the time of the inspection, the centre had one new admission and another in progress. Four children were discharged from the centre since the last HIQA inspection. Inspectors sampled care files of planned and unplanned discharges from the centre, and found that these had been well managed. There was evidence of good communication with social workers, the Gardai and family members available on the children's care files. Appropriate collective risk assessments had been completed in relation to new admissions, and detailed consideration had been given to the impact of new admissions on children already living in the centre. Children had transitioned to the centre in a planned way, allowing them time to get to know the other children and staff.

Inspectors found that aftercare services had been appropriately involved with a child who had left the centre. The centre also had a designated staff member who focused on aftercare preparation with the children. Inspectors were told by staff and the relevant social worker that a young person living in the centre was due to be referred to aftercare services. The allocated social worker had agreed to progress this referral at the child's child in care review which had been held the month prior to the inspection.

At the time of inspection the administration of medication and completion of records had been updated appropriately. However inspectors found that there had been occasions where medication had not been administered in line with the associated prescription. These incidents had been recorded and notified in a timely manner, and addressed by centre management. Inspectors observed that medication was stored securely within the centre.

Fire precautions and health and safety measures were in place, but there was a brief period where checks on the fire alarm system had not been completed. This had been identified and addressed by managers prior to the inspection. While painting works had been completed, refurbishment works detailed in the previous HIQA report had not been completed. Incidents that had taken place were recorded and reported appropriately. While the centre had a policy in relation to smoke free environments, inspectors found that there had been times when staff had not adhered to this policy. Records indicated that vehicles in use in the centre were serviced appropriately.

Standard 2.1

Each child's identified needs informs their placement in the residential centre.

The centre had conducted appropriate collective risk assessments prior to children having been admitted to the centre. These risk assessments had considered the impact of the new admission on the children already living in the centre. Children had transitioned into the centre in a planned way, and had been admitted in line with the centre's statement of purpose and function.

Judgment: Compliant

Standard 2.2

Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

Regulation 23: Care Plan

Regulation 24: Supervision and visiting of children

Regulation 25: Review of cases

Regulation 26: Special review

The centre had a copy of up to date care plans for all children in the centre. Placement plans had been developed for each child relevant to their needs. Children had been involved in the planning process through their keyworking sessions. The centre had supported the children to access external specialist services. There was evidence of regular and effective communication between the staff and the child's social worker.

Judgment: Compliant

Standard 2.3

The children's residential centre is homely, and promotes the safety and wellbeing of each child.

Regulation 7: Accommodation

Regulation 12: Fire precautions

Regulation 13: Safety precautions

Regulation 14: Insurance

The centre was homely and welcoming. The children had their own bedrooms, and had facilities to store personal belongings. While painting works had been completed, refurbishment works detailed in the previous HIQA report had not been completed. Reasonable measures had been taken to prevent accidents and reduce the risk of injury. Incidents that had taken place were recorded and reported appropriately. Management had identified a gap in the completion of checks on the fire alarm system, and this had been addressed prior to the inspection. Vehicles that had been used by the centre were service and maintained appropriately. Inspectors found that the while the centre had a policy in relation to smoke free environments, there were times where staff had not adhered to this policy. At the time of inspection the administration of medication and completion of records had been updated

appropriately. However inspectors found that there had been occasions where medication had not been administered in line with the associated prescription.

Judgment: Non-compliant moderate

Standard 2.5

Each child experiences integrated care which is coordinated effectively within and between services.

There had been good communication between the centre and services involved with the children in their care. There had been four children discharged from the centre since the previous HIQA inspection. Inspectors found evidence that strategy meetings had been held with an Garda Siochana and the relevant social work departments. Transitions from the centre and out of care had been managed, and plans had been put in place to meet the needs of the child.

Judgment: Compliant

Standard 2.6

Each child is supported in the transition from childhood to adulthood.

Aftercare planning and preparation for leaving care had been promoted by the staff team. Aftercare services had been involved with one child who was discharged from care. At the time of the inspection a second child had been referred to the aftercare service, and was awaiting allocation of a worker. Inspectors found evidence that children had been supported to prepare for independent living through their key working sessions. The centre had been supportive of children's relationships and contact with their families, and supported the involvement of parents in the preparation for leaving care.

Judgment: Compliant

Standard 3.1

Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Children who spoke to inspectors said that they felt safe living in the centre. Despite the absence of up to date national policies and procedures, all staff had up to date training in Children First (2017). Staff who were interviewed by inspectors demonstrated an appropriate level of knowledge in this area. Inspectors found evidence that child protection concerns were reported to the relevant social work department through the Tusla portal system, and the centre manager had oversight of the external progress of these reports. Safety planning was also used in the centre to safeguard children at risk. Children were supported to develop the skills needed for

self-care and protection. However inspectors found that while an allegation made against a staff member had been reported to the allocated social work department through the significant events process, it had not been managed in line with Children First (2017). Safeguarding measures put in place to manage the risks involved were not informed by an appropriate risk assessment.

Judgment: Non-compliant moderate

Standard 3.2

Each child experiences care and support that promotes positive behavior.

Staff in the centre were trained in an approved approach to managing behaviour that challenged. At the time of inspection a new model of care was being implemented, which emphasised the individuality of each child. Children had been supported to understand their behaviour through individual sessions with their key worker, in line with the needs which had been identified within their placement plan. Following an internal review, the centre had decreased the use of negative consequences for children. Inspectors found evidence of an increase in the use of positive consequence for children. House meetings had been used to promote positive behavior within the centre. However improvements were required to ensure these meetings occurred in a consistent and timely manner. While efforts had been made by the centre to alleviate the cause of children's behaviour, restrictive practices had been used on an ongoing basis to maintain the safety and welfare of children within their care. The restrictive practices had been risk assessed and reviewed by centre management, regional management and the appropriate social work team. Inspectors found that all but one restrictive practice had been recorded appropriately. Risk assessments completed in relation to one child showed that the required checks of this child every 15 minutes had taken place, but were not well recorded. This limited the manager's ability to monitor practice effectively.

Judgment: Substantially compliant

Appendix 1 - Full list of standards considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Standard 2.4: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Compliant
Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Substantially compliant
Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Non-compliant moderate
Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Substantially compliant
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Compliant
Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	Compliant
Quality and safety	
Standard 2.1 Each child's identified needs informs their placement in the residential centre.	Compliant
Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Compliant
Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Non-compliant moderate
Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.	Compliant
Standard 2.6 Each child is supported in the transition from childhood to adulthood.	Compliant
Standard 3.1 Each child is safeguarded from abuse and neglect and their	Non-compliant moderate

care and welfare is protected and promoted.	
Standard 3.2 Each child experiences care and support that promotes positive behavior.	Substantially compliant

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-0028182
Provider's response to Inspection Report No:	MON-0028182
Centre Type:	Children's Residential Centre
Service Area:	Dublin Mid Leinster
Date of inspection:	09 & 10 December 2019
Date of response:	29 January 2020

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

Capability and Capacity Standard : 3.3 Judgment:	
The Provider is failing to comply with a regulatory requirement in the following respect: Safeguarding measures put in place following an allegation against staff had not been evidenced through a detailed risk assessment.	
Action Required: Under Standard 3.3: You are required to ensure: Incidents are effectively identified, managed and reviewed in a timely manner, and outcomes inform future practice.	
Please state the actions you have taken or are planning to take: A risk assessment was completed on the allegation against the staff member and placed on file on 11.12.2019. The Centre Manager will ensure as a matter of routine that the detailed risk assessment is completed after any allegation is made and made available for review as required.	
Proposed timescale: Completed 11.12.2019	Person responsible: Centre Manager

Capability and Capacity**Standard : 5.1****Judgment:****The Provider is failing to comply with a regulatory requirement in the following respect:**

The centre did not have an up to date policy on the management of allegations against staff members.

Many practices and procedures were out of date and did not reflect current national standards or legislation. Tusla had not updated the full suite of policies and procedures for children's residential centres since 2010.

Action Required:

Under Standard 5.1: You are required to ensure: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

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

The Deputy Regional Manager reviewed the management of the allegations against staff with the Centre Manager on 11.12.2019. Children's First (2017) will be reviewed with the staff at the team meeting on 29.01.2020.

A suite of CRC specific policies and procedures are being developed that will reflect the current national standards and legislation. The new policies will be in situ and operational in the Centre following a period of training by 30.12.2020. In the interim the Centre will be guided by existing policies, procedures and legislation. All new Tusla policies that are developed/updated will be reviewed with all staff members through team meetings and supervision as required.

Proposed timescale:
31.12.2020

Person responsible:
Regional Manager

Capability and Capacity**Standard : 5.2****Judgment:****The Provider is failing to comply with a regulatory requirement in the following respect:**

Improvements were needed to ensure that supervision occurred in a timely and consistent manner.

Sustainable on-call arrangements for the management of the centre outside business hours remained unresolved.

The deputy centre manager held an interim post at the time of inspection resulting in the future management of the centre remaining uncertain.

Gaps were identified in relation to the updating of staff driving licenses and a date entered on the centre register.

Action Required:

Under Standard 5.2: You are required to ensure: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

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

The Centre Manager met with the Deputy Centre Manager and Social Care Leader's on 15.01.2020 and addressed the issues in relation to supervision. A supervision schedule was devised to take place in line with the guidelines set out in the supervision policy. This will be monitored and reviewed by the Centre Manager every quarter for effectiveness.

National on-call arrangements for management for Children's Residential centres has progressed and is currently being reviewed and discussed in a National forum. A regional on-call system is currently under development. In the interim, the Centre will continue to be supported out of office working hours by the Regional Management team.

The Deputy Centre Manager has received a renewed temporary contract. All contract related issues have been escalated to Tusla HR department. In the interim the current Deputy Centre Manager will remain in post.

The Centre Manager has updated the centre database and to ensure all staff's driving licences are up to date and on file with National Personnel Records. The Centre Manager will review this on a regular basis and update as necessary.

Proposed timescale:
30.09.2020

Person responsible:
Regional Manager

Quality and Safety

Standard : 2.3

Judgment:

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

Refurbishment works detailed in the previous HIQA report had not been completed.

While the centre had a policy in relation to smoke free environments, there were times where staff had not adhered to this policy.

There had been occasions where medication had not been administered in line with the associated prescription.

Action Required:

Under Standard 2.3: You are required to ensure: The children’s residential centre is homely, and promotes the safety and wellbeing of each child.

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

The Deputy Regional Manager has escalated to the Regional Manager the outstanding refurbishment works for the Centre on 28.01.2020. This is currently being addressed with Tusla Estates in order to agree a date for commencement of the works. The Deputy Regional Manager will ensure the Centre Manager is kept fully up to date with the progression. In the interim the Centre Manager will continue to ensure that the Centre is maintained well while awaiting the larger works required.

The Centre Manager will review the smoking policy with all staff at team meeting on 29.01.2020. The Centre Manager will ensure all staff who are smokers are aware of their obligations under the smoking policy. Any breach of policy Centre Manager will be address formally with the relevant staff member.

The medication management policy will be reviewed with staff at team meeting on 12.02.2020. Any issues with administration of medications will be addressed by the Centre Manager. The Deputy Centre Manager reviews the medication register on a weekly basis to ensure effectiveness and compliance in the Centre.

Proposed timescale: 12.02.2020	Person responsible: Centre Manager
--	--

Quality and Safety Standard : 3.1 Judgment:
The Provider is failing to comply with a regulatory requirement in the following respect: An allegation made against a staff member had not been managed in line with Children First (2017). Safeguarding measures put in place to manage the risks following an allegation been made against a staff member were not informed by an appropriate risk assessment.
Action Required: Under Standard 3.1: You are required to ensure: Each child is safeguarded from

abuse and neglect and their care and welfare is protected and promoted.

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

The Deputy Regional Manager reviewed the management of the allegation against staff with the Centre Manager on 11.12.2019. The allegation made against the staff member was notified as a child protection concern and was followed up and resolved by the Social Worker. As part of the Deputy Managers systems check, will review to ensure all child protection concerns are reported appropriately. The Centre Manager will ensure that they are followed up and addressed in line with policy.

A risk assessment was drawn up and put on file 11.12.2019.

Children's First (2017) will be reviewed with the staff at the team meeting on 29.01.2020.

Proposed timescale:
29.01.2020

Person responsible:
Centre Manager

Quality and Safety

Standard : 3.2

Judgment:

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

Improvements were needed to ensure that house meetings took place consistently.

Risk assessments completed in relation to one child showed that the required checks of this child every 15 minutes had taken place, but were not well recorded. This limited the manager's ability to monitor practice effectively.

Action Required:

Under Standard 3.2: You are required to ensure: Each child experiences care and support that promotes positive behavior.

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

Centre Management reviewed the frequency and content of the young people's meeting minutes on 15.01.2020 with the Social Care Leaders. The young people's meeting dates are scheduled into the house diary and in the event that they don't take on a given day, they will be re-scheduled to take place as a matter of priority. A staff member has been allocated to oversee that the young people's meeting take place regularly. As part of the Deputy Regional Manager system check this will be reviewed to ensure the meetings consistently take place.

The Centre Manager has devised a checklist system for recording the 15 minute checks as set out in the safety plan on 15.01.2020. The Centre Manager will review

this on a regular basis to ensure its consistently filled in appropriately.	
Proposed timescale: 31.03.2020	Person responsible: Centre Manager