



# Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin North East
Type of inspection:	Unannounced
Date of inspection:	16 and 17 October 2019
Centre ID:	OSV-004177
Fieldwork ID	MON-0027915

## About the centre

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

The aim of the centre is to provide medium to long term care for four children of mixed gender from the ages of ten to eighteen years. The centre will consider referrals for young people with complex needs subject to the completion of a collective risk assessment prior to placement giving due considerations to the needs of the existing groups of young people resident in the centre. In exceptional circumstances we will give consideration to the admission of younger children having full regard to their individual needs and the need of the existing client group.

**The following information outlines some additional data of this centre.**

Number of children on the date of inspection:	3
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## 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
16 October 2019	10:00hrs to 17:30hrs	Jane Mc Carroll Erin Byrne	Inspector Inspector
17 October 2019	08:00hrs to 16:30hrs	Jane Mc Carroll Erin Byrne	Inspector Inspector

## Views of children who use the service

Inspectors met with and observed three children in the centre. Children said that they liked the atmosphere in the centre. One child told inspectors that it was 'alright' to live in the centre and that it was 'homely'. Another child said that the house was nice and that staff helped them to sort out any problems they had while living there. Children who spoke to inspectors said that they felt safe. Inspectors observed caring and calm interactions between children and staff.

Children told inspectors about some of the activities and occasions they enjoyed most in the centre. One child told inspectors that the staff team supported them to arrange visits and outings with their family and these occasions were really valuable to them. Another child told inspectors that they travelled abroad for the first time with staff in the centre as a reward for their educational achievements. Inspectors observed staff and children planning activities together for the mid-term break and these included activities which were of interest to the children such as, go-karting and going to the gym.

Children said that they liked the food in the centre and that they had opportunities to decorate their bedrooms in ways that made them comfortable. However, one child was not happy that they had to wait a long time to get a television in their room. One parent who spoke to inspectors also said that the house was not always clean when they visited.

Children had good relationships with staff in the centre. One family member who spoke to inspectors said that positive relationships between staff and children had helped their child. A social worker who spoke to inspectors said that the staff team were very understanding of children's needs and that she had observed a lovely nurturing relationship developing between one child and their keyworkers. Two children also described the positive relationships they had with staff. One child said that the staff were very supportive and another child said that they 'got on well' with them. However, one child said that they could not remember the last time they had individual time with their keyworker for the purpose of planning the care and support they needed.

Two children told inspectors that they were not satisfied with their relationship with their social workers. One child said that they did not have a social worker at the time of this inspection but that they did not mind this as they did not like their social workers. Another child told inspectors that social workers did not stay around long enough to build a relationship with them. The child stated that there had been numerous social workers in their life in the last 18 months and they said that this impacted on their ability to form good relationships with social workers.

There were mixed views amongst children and parents in relation to the management of behaviours in the centre. Some children were not happy about the consequences applied by the staff for particular behaviours in the centre. One child said that the sanctions applied to them were too harsh. Another child felt that some consequences were not age appropriate. For example, they said that if they choose to stay with a friend without informing their social worker they were reported missing and they felt that this was 'stupid.' However, one parent who spoke to inspectors said that while their child was safe in the centre, the staff team did not apply enough consequences to the child to encourage positive behaviours.

Children were aware of the way to make a complaint. They also told inspectors that if there were any incidents in the centre or behaviour that may disrupt others, that the staff team address these. A social worker told inspectors that managers were readily available in the centre and were quick to respond to any issues that arose. An external professional stated that sometimes there was a delay in the notification of incidents from the centre.

## Capacity and capability

The centre was last inspected by HIQA on 18<sup>th</sup> of October 2018. At that time, inspectors found that the centre was compliant or substantially compliant with six out of 10 standards. These included standards in relation to children's rights, safeguarding and child protection, purpose and function, care of young people and monitoring. There were four standards which were not complied with and these were health, planning for children and young people, premises and safety and management and staffing. An action plan was provided by the centre to address these deficits in November 2018. However, during this inspection in September 2019, inspectors found that similar non-compliances remained in the centre.

Governance arrangements were in place in the centre but they did not ensure that a consistently good quality service was being provided. The centre had a centre manager who was competent and experienced. The centre manager was supported by a temporary deputy centre manager who was awaiting a permanent contract at the time of this inspection. The centre manager reported to the deputy regional manager, who had overall responsibility for the quality and effectiveness of services provided. The centre manager was present in the centre Monday to Friday during office hours. There was no formal system for on-call outside of office hours.

Oversight mechanisms were in place in the centre in order to assess the quality of the service provided but these required improvement to ensure they were effective.

Inspectors found evidence of managerial oversight in the centre such as managers' attendance at care planning meetings, chairing of team meetings, meetings with children and supervision of staff. Records in the centre, such as children's files and centre registers, were also signed by the centre manager, but although these documents were signed, inspectors found that this did not always provide assurance of their quality and accuracy. For example, the centre held a register to record all incidents of physical restraint in the centre. This was signed off by the centre manager and alternative care manager, but inspectors found that the date of an incident of physical restraint was incorrect and one incident recorded on the register did not involve any physical interventions with a child. Inspectors also found that other examples where registers were signed off without the identification of errors and identification of potential risk.

The centre manager had delegated tasks to specific staff members for example medication management, fire safety and health and safety. The delegation of duties was clear but inspectors found that managerial oversight of these duties was not consistent and did not ensure quality. For example, following a recent fire drill in the centre August 2019, staff made a record in the fire register that children's personal evacuation plans were not up to date or accessible at the time of the fire drill. While the centre manager signed off on the register September 2019, there was no associated commentary or recommendation made to remedy the situation.

The staff team were experienced and committed to the children they cared for. They described a strong culture of openness and support in the centre. This was evident to inspectors during the observations of a team meeting, and in supervision records and minutes of meetings reviewed, which showed staff were supported to raise concerns, issues or challenges which they faced. However, inspectors found that there were some challenges for the staff team which had remained unresolved for some time. These included the lack of appropriate IT facilities in the centre, the lack of an integrated computer based recording system, continued staffing vacancies and associated difficulties in workforce planning. Staff told inspectors that while some changes were occurring in the centre, such as the introduction of a new model of care, other changes were slow in their implementation.

There were five staff vacancies at the time of this inspection and the centre was dependent on the use of agency workers. The systems in place to recruit staff had not been effective. While the centre manager endeavoured to use the same agency workers in order to promote consistent and continuous care to children, staff told inspectors that the lack of a permanent staff team had a negative impact on the delivery of the service to children. For example, some administrative duties could not be shared out to agency workers as they were unfamiliar with recording systems in place in the centre. This meant that core staff had less time to interact with the children in the centre. The staff team also identified that the use of agency staff had been

destabilising for some children, who found it difficult to build a rapport with professionals who may not be a constant in their lives.

The Child and Family Agency (Tusla) did not ensure that the centre's policies and procedures were up to date. In the interim, the centre manager made sure that staff training was provided to keep staff up to date in legislative and policy changes in areas such as child protection and data protection. However, day to day practice could not be assessed by managers as being in line with up to date and current policy. In turn, the Child and Family Agency could not be assured of the quality of practice in this context.

There was a statement of purpose for the centre which was not compliant with the national standards. The statement of purpose incorporated information which described the aims, objectives of the service and the model of care utilised in the centre was outlined. The ethos of the centre was well defined and inspectors found that the staff team were guided by this ethos in the delivery of care to children. However, the statement of purpose lacked essential information to ensure that a placement in that centre was the right one for a particular child. For example, the specific care and support needs that the residential centre intended to meet were not described. Furthermore, the resources available to the centre to respond to the assessed needs of children were not described. This posed a potential risk that children would not be appropriately matched to the centre.

The centre risk register was not up to date and current risks to the centre were not identified, such as those related to staff vacancies and the lack of up to date policies and procedures. The centre manager was aware of this and told inspectors that the risk register was scheduled to be reviewed and updated to incorporate current risks.

Inspectors found that the staff team were not always identifying and reporting risk appropriately. The administration of prescription medication for two children was not occurring at intervals which were identified by the prescriber. While this was clearly documented by the staff with delegated responsibility for medication management, it had not been identified or reported as a potential risk to the centre manager. Furthermore, the deputy centre manager had reviewed the medication register in October 2019 and did not identify any potential risks. Inspectors requested assurances from the centre manager in relation to the ongoing review and monitoring of the medication management system in the centre and a satisfactory response was received.

There was a system in place for the notification of significant events. Significant events reviewed by inspectors were notified promptly and managed in line with Tusla's national centralised notification system. However, an external professional told inspectors that sometimes there was a delay in the notification of incidents from the centre. The centre manager was unaware of this at the time of the inspection, as this information had not been brought directly to her attention. The centre had a system of



reviewing significant events internally by the staff team on a monthly basis in order to monitor and evaluate their quality and to highlight any required action or learning for staff. Inspectors found that these meetings had not been held for a number of months in 2019 due to staffing deficits in the centre, and not all significant events had been reviewed by the centre manager during this time. This had been rectified since August 2019.

Inspectors found good practice in relation to the response to potential risks which may be identified through significant events for children. Where there were safety concerns for children in the centre due to ongoing incidents, appropriate actions were taken by the staff team to address these, in a collaborative way, with other professionals. Significant events were also reviewed at a regional level within the Dublin North East service area. Inspectors found that actions arising from these review groups were addressed by the staff team.

There was one complaint in the centre which was reviewed by inspectors. The complaint was dealt with effectively by the centre manager. The Child and Family Agency did not ensure that all regional managers who had oversight of this complaint had access to the national incident management system where the complaint was recorded, monitored and tracked. However, this did not appear to have a negative impact on the management of the complaint, as information was shared amongst all relevant managers.

**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 were tasked with establishing and maintaining a care record for each child in the centre. However, inspectors found that the documents required for each child by the Child Care (Placement of Children in Residential Care) Regulations 1995 were not all available in the centre. Three children did not have up to date care plans and one child did not have a record of immunisations. While there were systems in place to escalate any lack of timely receipt of information to the relevant social work departments, these actions were not always successful.

Judgment: Non-compliant moderate

**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**

There were internal and external systems in place to review all incidents. While there was a period of time in 2019 when internal reviews were not taking place, this had been rectified at the time of this inspection. However, inspectors found that not all significant event notifications had evidence of managerial oversight. Where there was an identified trend of risk arising from particular incidents in the centre, inspectors found that the staff team were responsive and strategy meetings were arranged by the centre manager when required in order to develop integrated safeguarding measures for children. One external professional told inspectors that sometimes there was a delay in the notification of incidents.

Judgment: Non-compliant moderate

**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 managers had good knowledge of relevant legislation, national standards and regulations. The staff team had been trained in Children First 2017 and were aware of their statutory obligations as mandated persons. The new National Standards for Children's Residential Centres were available in the centre and had been discussed at team meetings. While there were policies and procedures in place in the centre, many were significantly out of date and did not reflect current national standards and legislation. Therefore, day to day practice could not be assessed by managers as being in line with current policy and procedure. In turn the Child and Family Agency could not be assured of the quality of practice in this context.

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.

There was a management structure in place in the centre with clearly defined lines of authority. Centre managers were experienced and competent and staff members were clear about their roles. However, managerial oversight of certain aspects of the service required greater vigilance, as inspectors found potential risks associated with poor medication management and this was undetected for a number of months. Other areas of the service lacked thorough oversight such as the fire safety register, physical restraint register, significant events and the visitors' log. There were systems in place for the identification of risk in the centre but not all risks had been identified. A full suite of up to date policies were not provided to the centre by the Child and Family Agency and some existing policies were significantly out of date.

Judgment: Non-compliant moderate

**Standard 5.3**

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

The statement of purpose lacked essential information to ensure that a placement in that centre was the right one for a particular child. For example, the specific care and support needs that the residential unit intended to meet were not described. Furthermore, the resources available to the centre to respond to the assessed needs of children were not described. This posed a potential risk that children would not be appropriately matched to the centre.

Judgment: Non-compliant moderate

**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 mechanisms in place to monitor, review and evaluate the quality and safety of care provided to children but these were not always effective. The centre had a systematic approach to auditing practice which was tracked on a live recording system and was reported to the deputy regional manager. While some of these practices led to improvements in aspects of practice, inspectors found non compliances which had not been identified through this process. Inspectors also found that some of the findings from audits did not always result in corrective action where required. The centre also had an external monitoring visit to assess compliance with national standards and had devised an action plan to address non compliances.

Judgment: Non-compliant Moderate

## Quality and safety

The centre was a comfortable and warm environment for the children. Inspectors found that the centre was mostly tidy and clean. There were sufficient communal spaces for the children and they each child had their own bedroom with good storage for their belongings. However, on a walk around the premises, inspectors found that the maintenance of the centre required improvement. Inspectors found a loose architrave on the top of a doorway which had not been repaired and this fell away from the door during the inspection. Inspectors also found that bathroom hygiene was not sufficient, and this was brought to the attention of managers who assured inspectors that this would be addressed immediately.

There was a maintenance log in the centre which documented each maintenance request made by the centre manager. Inspectors found that there were a number of outstanding maintenance requests which had not been completed at the time of this inspection. Inspectors saw ongoing efforts made by the centre manager to have these addressed but there continued to be delays in work being completed. There was no evidence of these outstanding maintenance issues being escalated to the deputy regional manager.

Arrangements were in place in the centre to allow for the communication and cooperation within and between services to deliver better outcomes for each child. However, not all children received the same standard of coordinated and integrated care. Inspectors found that for two children, there were several mechanisms in place to support integrated care planning, such as family welfare conferencing, professional meetings and strategy meetings. By comparison, inspectors found that for another two children, this level of planning was not in place and this had a negative impact on them. One child did not have an allocated social worker and did not have arrangements in place for appropriate family access which required endorsement and oversight by the social work department. A second child did not have an up to date care plan which was reflective of their current needs. While staff in the centre endeavoured to work in partnership with this child, their family and social worker, the child's placement plan was not informed by a current needs assessment, and the child was not in receipt of all relevant external supports required.

The centre had implemented a new model of care. This model emphasised the individuality of each child and the need for interventions that suited their needs. Children's needs were assessed in order to alleviate the cause of their behaviour and the approach to managing behaviour that best suited each child was reflected in

individual crisis management plans. Individual crisis management plans were reviewed and updated but they were not always fully descriptive. For example, one did not adequately describe suggested interventions at every stage of crisis, and although physical restraint was not suitable for this child, the alternatives were not detailed in the individual crisis management plan.

Restrictive practices were in use in the centre and inspectors found that these measures were not in line with the national standards. The centre manager did not ensure that the use of alarms on children's bedroom doors was in response to risk, and was reviewed to ensure they were used for the shortest duration possible. The deputy regional manager told inspectors that the use of door alarms was now under review.

Children were safe in the centre at the time of the inspection. Staff in the centre understood and implemented child protection policies and procedures in line with Children First 2017. The staff also worked in partnership with children, families and the child's allocated social worker to promote the safety of children placed there. For example, strategy meetings were convened appropriately for all children when safeguarding risks emerged. Child protection concerns were reported by staff to the relevant social work department and the manager held a register of these concerns. Inspectors found evidence that the manager followed up with social workers to find out the outcome of reported concerns, where appropriate. Safety planning was also used in the centre to safeguard children at risk. While these plans addressed identified risks, improvement was required to ensure that they were regularly reviewed and updated to reflect whether the risk had increased or reduced.

There was improvement since the last HIQA inspection in the quality of information being provided to the centre prior to the admission of children. There was evidence of good practice in the planning and coordination of care for a child being readmitted to the centre. While the centre manager and deputy centre manager had engaged in good collaborative communication with the professionals and services involved with the child, other external professionals were unaware that a readmission was taking place, and the impact for other children, while known to the centre, was not shared with their social workers. Inspectors found that improvement was required to ensure that the potential impact of this re-admission on other children in the centre was shared with children's social workers.

Inspectors found potential risk in the management of medication for children in the centre. Two children were not receiving their medication in line with their associated prescriptions. There was medication which was unlabelled and not stored safely. While audits were completed by staff, these errors were not found. First aid boxes were not fully stocked and there was no system to ensure that their contents were monitored. Inspectors requested an assurance from the centre manager that a plan was in place in relation to medication management. A timely and satisfactory response was received by HIQA.

Fire precautions and health and safety measures were in place but there were times over the last twelve months when they were not fully implemented. For example, inspectors found gaps in weekly fire testing and in the daily check of equipment used to cut ligatures in incidents of self-harm.

**Standard 2.1**

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

There had been one admission to the centre and one discharge from the centre since the last HIQA inspection. There was improvement since the last HIQA inspection in the quality of information being provided to the centre prior to the admission of children. However, at the time of the inspection, a planned readmission to the centre for a child did not include an updated collective risk assessment to determine the potential impact of this re-admission for other children in the centre. This meant that the needs of the children already living there were not considered in conjunction with each child's social worker. Inspectors found that children were provided with opportunities to have day and overnight visits to the centre prior to their admission.

Judgment: Non-compliant Moderate

**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**

There were arrangements in place for the residential centre to receive an up-to-date care plan for each child but they were not always effective as there were delays in the receipt of these documents. Three children did not have up to date care plans. Inspectors found that one child's placement plan did not reflect the current presentation of the child and another child was not in receipt of an adequate number key working sessions consistent with their needs.

Judgment: Non-compliant Moderate

**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 a comfortable and warm environment for the children. There was

adequate recreational space available to the children. There was sufficient communal space for the children and each child had their own bedroom with good storage for their belongings. Children also had adequate outdoor recreational space available to them. However, while fire precautions and health and safety measures were adequate in the centre, they required greater oversight. There were also a number of maintenance issues outstanding.

Judgment: Non-compliant Moderate

**Standard 2.5**

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

Arrangements were in place in the centre to allow for the communication and cooperation within and between services to deliver better outcomes for each child. However, not all children received good coordinated and integrated care. One child did not have an up to date care plan at a crucial time in preparing for their transition from the centre. Another child did not have an allocated social worker and this had a negative impact on the child's contact with their family.

Judgment: Non-compliant Moderate

**Standard 2.6**

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

Children in the centre were supported by staff to develop independent living skills in line with their care plans and placement plans. Aftercare services were in place for the children eligible for this service. Staff collaborated with relevant services and stakeholders to support children transitioning from the centre. Some improvements were required to ensure that leaving care plans and assessments were timely and that these plans identified and addressed all of the child's presenting needs.

Judgment: Substantially 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. Staff in the centre understood and implemented child protection policies and procedures in line with Children First 2017. Child protection concerns were reported by staff to the relevant social work department and the manager had oversight of the external progress of these reports. Safety planning was also used in the centre to safeguard children at risk. While these plans addressed identified risks, improvement was required to ensure that there were regularly updated to provide information on their duration or whether or not they had ceased to be in use.

Judgment: Substantially compliant

**Standard 3.2**

Each child experiences care and support that promotes positive behavior.

Staff used de-escalation and other strategies such as positive relationships with children in order to prevent incidents escalating to an unsafe level and these strategies were effective in practice at the time of the inspection. However improvements were required to ensure that individual crises management plans and individual absent management plans up to date and comprehensive.

Judgment: Substantially compliant



## Appendix 1 - Full list of standards considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Standard 2.4:</b> The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Non-compliant Moderate
<b>Standard 3.3</b> Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Non-compliant Moderate
<b>Standard 5.1</b> 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
<b>Standard 5.2</b> 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.	Non-compliant Moderate
<b>Standard 5.3</b> The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Non-compliant Moderate
<b>Standard 5.4</b> 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.	Non-compliant Moderate
<b>Quality and safety</b>	
<b>Standard 2.1</b> Each child's identified needs informs their placement in the residential centre.	Substantially compliant
<b>Standard 2.2</b> Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.	Non-compliant Moderate
<b>Standard 2.3</b> The children's residential centre is homely, and promotes the safety and wellbeing of each child.	Non-compliant Moderate
<b>Standard 2.5</b> Each child experiences integrated care which is coordinated effectively within and between services.	Non-compliant Moderate
<b>Standard 2.6</b> Each child is supported in the transition from childhood to adulthood.	Substantially compliant
<b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Substantially compliant
<b>Standard 3.2</b> 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.**

<b>Action Plan ID:</b>	MON-0027915
<b>Provider's response to Inspection Report No:</b>	MON-0027915
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Date of inspection:</b>	16 and 17 October 2019
<b>Date of response:</b>	29 <sup>th</sup> 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 : 2.4

#### Judgment: Non-compliant Moderate

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

Care records were not up to date for all children living in the residential centre.

#### Action Required:

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

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

- The centre manager has written to the relevant social work team leaders requesting all outstanding care records for the young people. If the care records are not furnished to the centre by 13<sup>th</sup> February 2020 the centre manager will escalate the matter to the alternative care manager who in turn will raise the issue with the principal social worker
- In future, if a care record has not been furnished to the centre within one month of the child's admission, the young person's keyworker will write to the assigned social worker to request a copy of the care record. If the documentation is not received within 10 working days, the social care

manager will escalate the matter to the social work team leader. If the documentation remains outstanding after a further 5 working days , the matter will be escalated to the Alternative Care Manager, who in turn will raise the matter with the Principal Social Worker. If the documentation remains outstanding after a further 10 working days, the alternative care manager will escalate the matter to the regional manager who will in turn raise the matter with the area manager.

**Proposed timescale:**  
**29/02/2020**

**Person responsible:**  
**Social Care Manager**

**Capability and Capacity**

**Standard : 3.3**

**Judgment: Non-compliant Moderate**

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

Not all significant event notifications had evidence of managerial oversight.

Delays were identified by an external professional in the notification of significant events from the centre.

**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:**

- The centre Manager will ensure that all significant events are processed in line with policy. Since September 2019 a social care leader has been appointed as significant events co-ordinator with the support of the deputy social care manager. They ensure that significant events are reviewed monthly as per terms of reference. Significant events are also reviewed weekly at team meetings with follow up actions identified where required.
- The centre manager will ensure that all significant events are sent to relevant personnel within the time frame outlined in centre policy.

**Proposed timescale:**  
**28/02/2020**

**Person responsible:**  
**Social Care Manager**

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

Many policies 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:**

- Tusla, the Child and Family Agency are devising policies and procedures which are expected to be implemented in Children's Residential services by the end fourth quarter of 2020. Centre staff will continue to reference current policies and procedures within the service. Staff in the centre are up to date with mandatory training which reflects current national standards and legislation

**Proposed timescale:**  
**31/12/2020****Person responsible:**  
**National Director Children's Residential Services****Capability and Capacity****Standard : 5.2****Judgment: Non-compliant Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Managerial oversight of certain aspects of the service was not strong enough.

The management of risk in the centre needed to be stronger to ensure that all risks in the centre were identified and assessed.

A full suite of up-to-date policies and procedures were not provided to the centre by the Child and Family Agency.

**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 will conduct a review of the current systems within the centre to ensure that there is clarity with regards to leadership, governance and management, this will be done in consultation with the deputy regional manager.
- Risks will be reviewed and updated at a minimum of every three months at the centre risk review meetings.
- Tusla, the Child and Family Agency are devising policies and procedures which are expected to be implemented in Children's Residential Services by the end of the fourth quarter of 2020. Centre staff continue to work in line with current policies and procedures within the service. Staff in the centre are up to date with mandatory training which reflects current national standards and legislation.

**Proposed timescale:**  
**31/12/2020**

**Person responsible:**  
**National Director**  
**Children's Residential Services**

**Capability and Capacity**

**Standard : 5.3**

**Judgment: Non-compliant Moderate**

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

The statement of purpose lacked essential information to ensure compliance with national standards.

**Action Required:**

Under Standard 5.3: You are required to ensure: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

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

- The centre manager in conjunction with the deputy regional manager will review and update the statement of purpose and function to reflect the current national standards, key policies and legislation

**Proposed timescale:**  
**28/02/2020**

**Person responsible:**  
**Social Care Manager**

**Capability and Capacity****Standard : 5.4****Judgment: Non-compliant Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Monitoring systems in the centre were not always effective.

**Action Required:**

Under Standard 5.4: You are required to ensure: 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.

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

- The centre manager will ensure the quality, safety and continuity of care provided to the young people is consistently monitored and regularly reviewed. This will be observed and noted during handovers, team meetings, staff supervision and fortnightly key working reports. The centre manager will formally review the systems in place with regards to management and governance with the deputy regional manager every four to six weeks at supervision.  
Team meetings and key working supervision will become a forum to discuss and review the national standards and communicate any issues and or learning to staff team and the wider multi-disciplinary team.

**Proposed timescale:**  
**01/03/2020****Person responsible:**  
**Social Care Manager**

**Quality and Safety****Standard : 2.1****Judgment: Non-compliant Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

The potential impact of a re-admission to the centre on other children in the centre was not shared with children's social workers.

**Action Required:**

Under Standard 2.1: You are required to ensure: Each child's identified needs informs their placement in the residential centre.

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

- The centre manager will ensure that the social workers for all young people in the centre are informed of any future re-admission of a young person

**Proposed timescale:**  
**28/02/2019****Person responsible:**  
**Social Care Manager****Quality and Safety****Standard : 2.2****Judgment: Non-compliant Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Three children did not have up to date care plans.

One child's placement plan did not reflect the current presentation of the child.

One child was not in receipt of an adequate number key working sessions consistent with their needs.

**Action Required:**

Under Standard 2.2: You are required to ensure: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.

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

- All young people in the centre have up to date care plans. Going forward, if a care plan has not been furnished to the centre within one month of the Child in Care review, the young person's keyworker will write to the assigned social worker to request a copy of the Care Plan. If the documentation is not received within 10 working days, the social care manager will escalate the matter to the social work team leader. If the documentation remains

outstanding after a further 5 working days , the matter will be escalated to the Alternative Care Manager, who in turn will raise the matter with the Principal Social Worker. If the documentation remains outstanding after a further 10 working days, the alternative care manager will escalate the matter to the regional manager who will in turn raise the matter with the area manager.

- The centre manager will ensure that the young person’s placement plan is updated to reflect their current presentation
- The frequency of keyworking sessions will be discussed as part of placement planning for each young person during the admission stage of their placement. Sessions will be reviewed weekly at staff meetings. Keyworkers will develop a monthly planner indicating the number and dates of each session to be scheduled for each young person and the focus of the sessions. This planner will be reviewed at the end of each month to review the focus and frequency of sessions and this review will form part of planning for the coming month. A clear record of sessions will be indicated in the young person’s files.

**Proposed timescale:**  
30/04/2020

**Person responsible:**  
Social Care manager

**Quality and Safety**

**Standard : 2.3**

**Judgment: Non-compliant Moderate**

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

Fire precautions and health and safety required greater oversight.

There were a number of maintenance issues outstanding.

**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 centre manager will ensure that the daily fire duties are assigned to a staff member during handover as part of shift planning. Monthly health and safety audits will be carried out on the fire records to identify any issues causing concern and an action plan will be developed.
- The monthly health and safety audits will include a review of the maintenance issues and an action plan will be developed to address outstanding maintenance issues. Maintenance in the centre is a standing item on the team meeting agenda.

**Proposed timescale:**  
01/03/2020

**Person responsible:**  
Social Care Manager



**Quality and Safety**

**Standard : 2.5**

**Judgment: Non-compliant Moderate**

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

Not all children received good coordinated and integrated care.

**Action Required:**

Under Standard 2.5: You are required to ensure: Each child experiences integrated care which is coordinated effectively within and between services.

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

- The centre manager will ensure that regular contact will take place with all professionals in the multi disciplinary team. The fortnightly key working reports will be forwarded to the social work department to ensure they receive regular updates regarding the young people. Regular reviews will take place of the contact with other services to ensure that all young people receive a good level of intergrated care from all relevant professionals.

**Proposed timescale:**  
**28/02/2020**

**Person responsible:**  
**Social Care Manager**

**Quality and Safety**

**Standard : 2.6**

**Judgment: Substantially compliant**

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

Leaving care plans and assessments required improvement to ensure timeliness and to ensure that these plans identified and addressed all presenting needs.

**Action Required:**

Under Standard 2.6: You are required to ensure: Each child is supported in the transition from childhood to adulthood.

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

- When a young person reaches 16 years old, the manager will ensure that the timeliness of leaving care plans and assessments will be reviewed at the young person's child in care reviews. Leaving Care Plans and needs assessments will be requested from the young person's aftercare workers and any difficulties in receiving the reports will be escalated as follows: The young person's keyworker will write to the assigned social worker to request the

required paperwork. If the documentation is not received within 10 working days, the social care manager will escalate the matter to the social work team leader. If the documentation remains outstanding after a further 5 working days, the matter will be escalated to the Alternative Care Manager, who in turn will raise the matter with the Principal Social Worker. If the documentation remains outstanding after a further 10 working days, the alternative care manager will escalate the matter to the regional manager who will in turn raise the matter with the area manager.

**Proposed timescale:**  
30/04/2020

**Person responsible:**  
Social Care Manager

## Quality and Safety

**Standard : 3.1**

**Judgment: Substantially compliant**

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

Safety plans were not regularly updated to reflect whether the risk had increased or reduced.

### **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:

- A review date will be assigned to all safety plans during their development. All safety plans will be reviewed at a minimum of every 2 weeks with input sought from other professionals involved in the young person's care. Where a safety plan is no longer required, the plan will be marked as closed.

**Proposed timescale:**  
28/02/2020

**Person responsible:**  
Social Care Manager

## Quality and Safety

**Standard : 3.2****Judgment: Substantially compliant****The Provider is failing to comply with a regulatory requirement in the following respect:**

Individual crises management plans and individual absent management plans required updating.

**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:**

- All individual crisis management plans will be reviewed in accordance with the young people's support plans monthly. Any changes will be made in consultation with the young person, their assigned social worker and significant others where appropriate. A clear record will be maintained indicating the date of review and whether changes are required.

**Proposed timescale:**  
**28/02/2020****Person responsible:**  
**Social Care Manager**