



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	West
Type of inspection:	Unannounced
Date of inspection:	07 and 08 of November 2019
Centre ID:	OSV 004201
Fieldwork ID	0028052

About the centre

This was a children's residential centre managed by The Child and Family Agency (Tusla). According to the statement of purpose and function, the centre provided care for up to three children between 13 and 17 years of age who are in need of medium-term residential care. The aim of the residential intervention is to address the individual needs of each child, whereby they are encouraged and enabled to realise their potential and to develop physically, intellectually and emotionally within a safe and caring environment. The ethos of the residential centre is to provide and maintain a high standard of residential care for children who are for a range of reasons, in the care of Tusla.

The social care team believes that every interaction between staff and children is an opportunity to reinforce new learning, positive relationships, mutual respect and negotiating and influencing skills are modelled constantly.

The following information outlines some additional data of this centre.

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

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 section 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
7th November 2019	09:00hrs to 17:30hrs	Sabine Buschmann	Inspector
7th November 2019	09:00hrs to 17:00hrs	Erin Byrne	Inspector
8th November 2019	09:00hrs to 15:30hrs	Sabine Buschmann	Inspector
8th November 2019	08:00hrs to 13:00hrs	Erin Byrne	Inspector

What inspectors observed and children said during the inspection

Inspectors met and observed two children who were living in the centre. The children had mixed views about the centre. Children said that they liked their rooms, the colours they were painted and everything in them. Children described the activities they could choose such as bowling, cinema, swimming, walks, yoga and horse riding.

Children also said that they “hated” living in the centre and that they did not get to see their family enough as they were living too far away. In addition, they said that living in a residential centre was not like a home. However, inspectors observed that these views were not reflected in the children’s everyday interactions with staff.

Inspectors observed that staff had warm and respectful relationships with the children and that they provided good quality care. Children related to staff in a positive manner and they appeared to be relaxed in the company of staff. The staff team was proactive and innovative in providing care to the children and to ensure they could pursue hobbies and activities they enjoyed.

Children were supported to maintain contact with their families. The staff team facilitated planned overnights for children at home if the child wished to do so, and they encouraged regular telephone calls. Inspectors found that staff facilitated children’s appointments and attended meetings with other services to ensure children’s needs were being met.

Inspectors spoke with two social workers who were satisfied that the children received good quality care in the centre, and that the centre provided regular updates on the progress of the children in their care.

Capacity and capability

The centre was well managed and the governance arrangements in place ensured that the service provided to children was safe and of good quality. There was a management structure in place with clearly defined lines of authority and accountability. The centre manager was experienced and competent. The manager was supported by an experienced and competent deputy manager and four social care leaders. Roles and responsibilities were delegated by the centre manager to the deputy centre manager and these delegations were recorded. The centre manager reported to the regional manager, who had overall responsibility for the quality and effectiveness of services provided. Staff and managers were clear about their roles and responsibilities and the management team provided strong leadership and support to the staff team.

Strong leadership and governance arrangements are underpinned by current and relevant policies, procedures and guidelines, and Tusla had not updated the full suite of policies and procedures for children’s residential centres since 2010. As centre practice was ahead of policies and procedures, managers’ capacity to monitor practice and performance effectively against policy and procedure was hindered.

The centre had a statement of purpose which had been reviewed in May 2019. The statement of purpose was comprehensive and accurately described the organisational structure, the ethos and philosophy of the centre, the model of care, the management and staff employed in the centre, and the policies and procedures that informed daily care practice in the centre. A child friendly version of the statement of purpose and function was developed by children who lived in the centre at that time, and it was displayed on the premises. However, the statement of purpose and function did not clearly outline the cohort of children the centre had the capacity to provide a service to, or the resources required to meet their needs.

Overall, there were effective systems in place to manage risk in the centre. The centre maintained a risk register that was reviewed regularly and updated when risks occurred. Risks were identified and described and appropriate control measures were put in place to mitigate these risks. Risk assessments completed included general risks to children, for example violence and aggression, lack of mental health services for children and staff shortages. From a review of files, inspectors found that individual and collective risk assessments were in place for each child. They were detailed and of good quality and gave consideration to children's individual needs and vulnerabilities. In the case of a new admission, risk assessments considered how the admission would impact the children already living in the centre. There were clear procedures in place to escalate risk if necessary and inspectors reviewed several risks which had been appropriately escalated and responded to by external managers.

Inspectors found however, that the risk register system did not always adequately account for the use of restrictive practices. At the time of this inspection, alarms were connected to children's bedroom doors, which alerted sleeping staff when a door was opened during the night. Although the alarms were used infrequently and risk assessments were completed for their use, door alarms were found to be an inappropriate response to the risks identified. For example, door alarms were a control to reduce or eradicate the risk of self-harm by a child, or to reduce or eradicate the risk of a break-in. In addition, inspectors found that although individual risk assessments were detailed and comprehensive, they included risks of behaviour children had not displayed.

There were financial management systems in place which provided accountability for expenditure in the centre. Inspectors reviewed a sample of financial records and found that they were completed in line with centre policy. The deputy manager, centre manager and regional manager had oversight of the implementation of this system.

The centre had a system in place to manage complaints in line with Tusla policy. Children who spoke with inspectors knew their rights and were familiar with the complaints policy. Complaints were recorded, managed, reviewed and investigated and had been addressed in a timely manner. Information about children's rights was prominently displayed on noticeboards on the premises. In addition the centre had a dedicated member of staff in the role of advocacy worker, who monitored practice to ensure children's rights were being promoted in this regard.

Inspectors sampled children's care records and found they were well maintained. Placement plans and placement support plans were clear about the objectives of each child's placement. Placement plans were based on the assessed needs of children and staff were guided to address these needs in a child-centred way, through the use of a therapeutic model of care. The staff members who spoke with inspectors had good knowledge of the needs of the children, and this was reflected in daily records. There was evidence that the centre staff team consulted with children and their parents or carers when placement plans were being developed, and that their views informed these plans.

There were sufficient staff on duty at the time of the inspection to provide for the needs of the children. In addition to the centre manager and deputy centre manager, there were four social care leaders, eight full time and two relief social care workers. The centre had one vacant post which was in the process of being filled. The manager told inspectors that the centre had recruited nine new staff members over the past 18 months to address staff shortages, and implement the new Tusla national rota for children's residential centres. The regional manager told inspectors that new staff were phased in, to ensure minimum disruption to the children's lives, and to give children time to get to know new staff members. This minimised the impact of change on the children in the centre.

The centre was well managed by an experienced management team who provided good leadership to the staff team. There were arrangements in place to provide cover for the centre manager during leave. The staff team were found to be committed and experienced, and provided stability and consistent care to the children. There was an adequate skill mix across the team. There was an informal system in place to provide on-call support to staff outside of normal working hours. This system was operated by the centre manager and deputy centre manager. Despite the need for a formal on-call system having been highlighted by HIQA previously, and an action plan response identifying that a national on-call system would be in place for children's residential services by the end of June 2019, this remained outstanding.

There were management systems in place within the centre which provided oversight of practice and held staff to account. The centre had a systematic approach to auditing practice which was tracked on an electronic spreadsheet. Managers read and signed off on children's daily logs, on significant event notifications and all other care records generated by staff. Managers carried out audits on file content and the quality of care records. The manager used an audit tool to record audit findings and the improvements which were required. The manager dated and signed off on actions when they were implemented.

The regional manager had good oversight of the centre. She provided regular supervision to the centre manager, visited the centre, met the children and attended staff meetings on occasion. She received frequent updates on the activities and performance of the centre, including significant event notifications, minutes of all staff meetings and monthly operational reports.

There were other mechanisms in place to ensure good and improved quality of care was provided to children. Staff were trained in safeguarding children and managing allegations and serious concerns. Adverse events were recorded, acted on and monitored, and there was evidence that they were discussed in staff meetings to enable learning. Children's meeting minutes and any issues raised were a standing item on the staff meeting agenda, to capture the views and concerns of children.

Significant events were responded to appropriately. Records of these events were well maintained and significant events were reported to social workers, the monitoring officer, guardians' ad litem and parents. Managers maintained good oversight of these events and reviewed and signed off on the records promptly. Where appropriate, managers commented and provided guidance to staff on any further actions required. Tusla had a monthly significant event review group (SERG) meeting for the region, and this was attended by the deputy regional manager for the West. Inspectors reviewed records and were satisfied that the National Incident Management System (NIMS) was implemented in the centre.

Team meetings were held every two weeks. The agenda for team meetings was comprehensive and always included discussion of issues related to each of the children.

There was a strong commitment to the supervision of staff in the centre. Inspectors examined a sample of supervision records and found that each supervision file contained a supervision contract, and the majority of supervision sessions were held every four to six weeks. When a supervision session was cancelled or deferred, the reason was clearly recorded. Supervision records were of good quality and included discussion of the staff member's individual work with the children.

This inspection found that there was a culture of reflective practice in the centre and this demonstrated the commitment to continuously improving the quality of care that was provided to the children.

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 maintained a care record for each child that was up-to-date and contained all the information as specified in the regulations. Care records were stored securely in a locked filing cabinet. Information about children was accessible to those who required it and record keeping was of a good standard. Inspectors reviewed audits of case records by management who provided constructive feedback to staff in a respectful manner. There was evidence that children reviewed their daily logs on occasions and wrote into the log to capture their daily experience in the centre.

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

Significant events were appropriately recorded, reported and responded to in a timely manner. There were internal and external systems in place to review all incidents, and recommendations from these were implemented in all of the records sampled. There were systems in place to ensure learning from significant events for the staff team. The National Incident Management System (NIMS) was implemented in the centre.

Judgment: 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

Management and staff had good knowledge of relevant legislation, regulations and national standards. The new National Standards for Children's Residential Centres had been presented to staff meetings and discussed. Staff who spoke to the inspectors had good knowledge of Children First (2017) and how to manage serious concerns and complaints. While there were policies and procedures in place, many were significantly out of date by nine years and did not reflect current national standards or legislation. The lack of up to date policies and procedures did not support Tusla's ability to ensure all aspects of the service was 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.

Staff and managers were clear about their roles and responsibilities. There was a management structure in place with clearly defined lines of authority and accountability. Centre managers were experienced, competent and provided leadership and support to the staff team. The management and governance arrangements in the centre ensured that the care and support delivered to children was child-centred, safe and effective. All aspects of care were subject to regular review. A risk management system was in place but the centre needed to ensure restrictive practices were an adequate response to identified risks.

The centre manager was well supported by the deputy centre manager, four social care leaders and the regional manager. Arrangements were in place to provide cover when the centre manager was on leave. Internal and external monitoring arrangements were in place to ensure oversight and learning.

Judgment: Substantially compliant

Standard 5.3

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

The centre had a statement of purpose which had been reviewed in May 2019. The statement of purpose was comprehensive and accurately described the full organisational structure, the ethos and philosophy of the centre, the model of care, the management and staff employed in the centre and the policies and procedures that inform the daily care practice in the centre. A child friendly version of the statement of purpose and function was developed by the residents of the centre and displayed openly for children to access. The statement of purpose and function did not clearly identify the cohort of children the centre had the capacity to provide a service to or the resources required to do so.

Judgment: Substantially 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 mechanisms in place to monitor, improve and evaluate the quality of care and safety provided to the children in the centre. Staff were trained in safeguarding. Complaints and adverse events were recorded, acted on and monitored and there was evidence that they were discussed in staff meetings to enable learning. The centre had a systematic approach to auditing practice which was tracked on an electronic spreadsheet. Managers read and signed off on children's daily logs, on significant event notifications and all other care records generated by staff. They carried out audits on file content and the quality of care records. The manager used an audit tool to record audits and the improvements which were required, and dated and signed off on actions when they were implemented. The regional manager had good oversight of the centre.

Judgment: Compliant

Quality and safety

Children living in the centre received child-centred care and support. A new model of care had been implemented to further develop the existing relationship-based positive care approach, and to support children to reach their full potential. Children were involved in activities relevant to their interests and hobbies. Activities were planned on a daily basis, in line with the children's placement plans. Staff were proactive and innovative in supporting children to pursue their hobbies. For example, one child's hobby required in-depth research to find an agency that could safely facilitate this hobby. As a result the child was able to continue their hobby and they were supported to develop their skills to a level where they may compete in this field.

The centre provided a homely, clean and comfortable environment for children. There were good facilities in the centre for recreation, and children had their own bedrooms which gave them space for storing personal belongings and for privacy. Each child had an en-suite bedroom and there was adequate space for facilitating visits from family and friends. However, whilst some areas of the centre were homely, other areas would have benefitted from redecoration. The service manager told inspectors that the centre will be refurbished in the third quarter of 2020 including an extension to the kitchen and refurbishment of all bedrooms and the kitchen.

Staff were trained in fire safety and fire drills, which included the participation of children. However, inspectors found that not all children had participated in a fire drill. In addition, fire drills were not appropriately recorded and managerial oversight of this required improvement. Emergency lighting, while effective, required upgrading since the previous inspection in February 2018. Inspectors sought written assurance from the centre manager that the emergency lighting was up to the required standard.

Centre records showed that the vehicle in use by the centre was appropriately serviced and maintained.

The service had measures in place to ensure the safety of children. While there had been no recent child protection concerns reported to any Tusla social work department, staff and managers who spoke to the inspectors had good knowledge of their obligations under Children First 2015. The centre had a safeguarding statement and a range of protective measures, which included safety planning and individual risk assessments, to manage to any new risks that emerged.

There was an up to date register of children placed in the centre and it included all the information required by regulations. Records related to children discharged from the centre were archived appropriately.

The care provided to children in the centre was child-centred and staff were skilled and sensitive in responding to the children's needs. The centre was in the process of

implementing a national model of care that focused on the development of healthy relationships which challenge and support young people without judging them. The goal of the model was to promote recovery, wellbeing and personal accountability through the provision of unconditional positive regard, honesty and empathy. Children's wishes, feelings and experiences were placed at the centre of communication between children, staff, parents and significant others and the model provided the staff team with a framework for positive behaviour support. Children's child in care reviews took place in line with regulations. All children had up to date care plans and their individual goals were reviewed regularly as required. Placement plans were current and were based on the goals identified in the care plans provided by the social work department. Placement plans addressed and identified needs of children not articulated in their care plans. Placement and placement support plans were detailed and of good quality. They outlined the children's needs and supports required to assist in meeting those needs. The staff who spoke to inspectors had very good knowledge of the needs of the children and this was reflected in children's the daily records.

Children were supported to maintain relationships with family and significant others. Inspectors found that there was good communication between the centre and the relevant people in the children's lives. Social workers told inspectors that they received regular updates on children's progress and were notified promptly of any issues arising.

Restrictive practices were in use in the centre. Door alarms were placed on children's bedroom doors. Restraint was not used in the centre. When restrictive practices were used, with the exception on two occasions when bedroom doors alarm was used incorrectly, they were otherwise always appropriately risk assessed, recorded and reviewed.

Children experienced integrated, individualised care which was effectively coordinated between relevant services. Children were supported to engage with other external services in line with their needs, and this was facilitated by the staff team. There was good communication between the centre and services involved with the children in their care. There was regular consultation with social workers and external agencies in relation to the children's care and staff ensured that children attended relevant appointments with other services. Staff ensured that the children and their parents/guardians were included in the decision-making process and kept informed of progress.

Children received medical care and were supported to engage with other external services in line with their needs, and this was facilitated by the staff team. Staff made appointments with medical practitioner and other services as required and ensured that children were able to attend these appointments.

From a review of children's care files, inspectors found that each child was supported to meet any identified health and developmental needs. Children's physical and mental health needs were outlined in their care and placement plans. Staff in the

centre worked with the allocated social worker to ensure that the care record contained clear and complete records of all medical and health information from birth. This included details of a child's referral to medical, psychiatric, psychology, and dental or other specialist services, as required. Children had access to a medical practitioner and staff supported and facilitated children to attend appointments. In addition, staff ensured in conjunction with the allocated social worker, that children had access to specialist services to meet their individual health and developmental needs.

There were times when children living in the centre required specialist supports such as child and adolescent mental health services (CAMHS). Records related to these children showed that they were appropriately referred to CAMHS through their general practitioner and appointments were scheduled. However, the appointments were not always prompt.

In the interim, staff ensured that children attended the local hospital for access to emergency mental health supports when needed. Managers told inspectors that there were long waiting times in hospital for children to be seen by a psychiatrist. Centre records showed that when children were seen by clinicians, there was sometimes a delay in the transfer of medical records between CAMHS mental health clinicians who had attended the child involved, despite being requested by centre staff and relevant social workers. However this was rectified as there was an escalation process in place by the centre and the regional manager ensured that these records were obtained.

Standard 2.1

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

The centre had an admissions policy which was clear and comprehensive. From a review of files inspectors found that the centre conducted appropriate risk assessments prior to a new admission of a child which included the impact of the new admission on the children already placed in the centre. Children had a comprehensive assessment of need on admission. Children transitioned into the centre in a planned way.

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.

Child in care reviews were held in line with regulations and each child had an up-to-date care plan. Care plans and placement plans in place outlined how children would be supported in respect of their identified needs, and children were involved in the planning process. Each child had an allocated social worker, who visited the children. Staff told inspectors that there was good and effective communication between the staff team and the children's social workers, and social workers confirmed this.

Judgment: Compliant

Standard 2.3

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

The physical environment in the centre was homely. Each child had an en-suite bedroom and there was adequate space for facilitating visits from family and friends. However, whilst some areas of the centre were homely, other areas would have benefitted from re-painting and refurbishment. A submission to extend the building had been approved but will not commence until quarter three of next year which comes with a significant delay. Emergency lighting, while effective, required upgrading since the previous inspection in February 2018. There were measures in place to prevent accidents and reduce the risk of injury. Fire precautions were in place and fire safety equipment was serviced regularly. Fire drills had been carried out with the children, but not all children had participated in a fire drill. In addition fire drills were not always recorded appropriately and managerial oversight in this regard required improvement. Incidents that did occur were appropriately reported. Centre records showed that the vehicle in use by the centre was appropriately serviced and maintained.

Judgment: Substantially Compliant

Standard 2.5

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

Children experienced integrated, individualised care which was effectively coordinated between relevant services. There was good communication between the centre and services involved with the children in their care. There was regular consultation with social workers and external agencies in relation to the children's care and staff ensured that children attended relevant appointments with other relevant services. Staff ensured that the children and their parents/guardians were included in the decision-making process and kept informed of progress.

Judgment: Compliant

Standard 2.6

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

There were no children over the age of 16 years in the centre at the time of the inspection. From review of the children's files good practice was evident in the level of support that the centre planned to provide to a young person leaving care, including the involvement of a staff member in facilitating the transition of the young person to their new placement and a commitment from staff for a young person to return to the centre for planned visits as well as regular telephone calls for support purposes.

Judgement: compliant

Standard 3.1

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

Children were safeguarded in the centre and their care and welfare was protected and promoted. The centre had an up-to-date safeguarding statement, all staff had Garda vetting, and staff had a good understanding and working knowledge of Children First: National Guidance on the Protection and Welfare of Children (Children First), 2017. All staff had up-to-date training in Children First (2017) and those interviewed by inspectors demonstrated good knowledge of this aspect of practice.

The centre manager was the designated liaison person for the centre and maintained a list of mandated persons in line with Children First (2015). Safeguarding practices were in place in the centre and children were supported to develop self-awareness and skills needed for self-care and protection. Individual risk assessments were comprehensive and any risks to the children's wellbeing were identified and addressed. There was good evidence of staff engaging in discussion with children about their safety. Inspectors found that children discussed issues of internet safety, safe use of mobile phones and issues of self-care, with their keyworkers and staff in general. In addition, inspectors reviewed minutes of children's meeting and found that issues of safety were discussed in these meeting.

Judgment : Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

The care provided to children in the centre was child centred and staff were skilled and sensitive in responding to the children's needs. The centre was in the process of implementing a national child centred model of care. The model focused on the development of healthy relationships which challenge and support young people without judging them.

Inspectors observed that staff had warm and respectful relationships with the children and provided good quality care. Records showed that behavioural issues were discussed with children in key working sessions and, when appropriate, in a group context in house meetings.

Judgment: Compliant

Standard 4.2

Each child is supported to meet any identified health and development needs.

Regulation 9: Health care**Regulation 20: Medical examination**

From a review of children's care files, inspectors found that each child was supported to meet any identified health and developmental needs. Children's physical and mental health needs were outlined in their care and placement plans. Staff in the centre worked with the allocated social worker to ensure that the care record contained clear and complete records of all medical and health information from birth. This includes details of a child's referral to medical, psychiatric, psychology, and dental or other specialist services, as required. Children had access to a medical practitioner and staff supported and facilitated children to attend appointments. In addition, staff ensured in conjunction with the allocated social worker that children had access to specialist services to meet the individual health and developmental needs of the child.

Judgment: 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.	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.	Substantially 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.	Substantially Compliant
Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.	Compliant

<p>Standard 2.6 Each child is supported in the transition from childhood to adulthood.</p>	Compliant
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive behavior.</p>	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-0028052
Provider's response to Inspection Report No:	MON-0028052
Centre Type:	Children's Residential Centre
Service Area:	CFA West CRC
Date of inspection:	7 and 8 November 2019
Date of response:	22 December 2019

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

<p>Capability and Capacity Standard : 5.1 Judgment: Non-compliant moderate</p> <p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>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.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <p>A National suite of Policies and Procedures for Children's Residential Services are in the process of being developed. The area has representation on the oversight group through whom the Managers and Staff are contributing. The timescale for implementation of the new policies is Q4.</p>
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In the interim all new developments, practice improvements, changes to Policy and Regulations are discussed at National, Regional and local team meetings as well as through the supervision process to ensure that the Centre is kept informed and adjustments are made to practice to keep current and abreast of changes.

Proposed timescale:
30/12/2020

Person responsible:
Regional Manager

Capability and Capacity

Standard : 5.2

Judgment: Substantially compliant

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

The matter of agreeing sustainable on-call arrangements for management of the centre outside business hours remained unresolved.

The risk management of using alarms on children bedroom doors was not adequate on two occasions.

Individual risk assessments of children were generic.

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:

A National On Call Service for all Children's Residential Centres is in the process of being developed. In the interim the local arrangement will remain in place.

The use of alarms on the bedroom doors was reviewed on the 08/11/2019 and they are no longer activated. Any future use will be risk assessed in conjunction with the Regional Manager.

The risk assessments were reviewed by the Centre Manager on 17/12/2019 and are now individualised outlining risks only specific to each young person.

Proposed timescale: 30/06/2020

Person responsible: Regional Manager

Capability and Capacity

Standard : 5.3

Judgment: Substantially compliant

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

The statement of purpose and function did not reflect the cohort of children whose needs the centre could meet.

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 Statement of Purpose will be revised to clearly outline the cohort the Centre caters for.

Proposed timescale: 31/01/2020

Person responsible: Regional Manager

Quality and Safety

Standard : 2.3

Judgment: Substantially Compliant

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

Some areas of the centre required re-painting and updating.

An upgrade of the emergency lighting and fire alarm systems recommended by the fire officer in May 2017 had still not been actioned by Tusla.

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 communal areas of the Centre were painted and refurbished as of 13/12/2019.

Additional lighting and sensors were installed in the fire system in the Centre as of 13/12/2019.

A refurbishment plan is underway and is due for completion by Q3 2020.

Proposed timescale: 30/09/2020

Person responsible: Regional Manager

