



**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:	Dublin Mid Leinster
Type of inspection:	Unannounced
Date of inspection:	26 September 2019
Centre ID:	OSV-4164
Fieldwork ID	MON-0027542

## About the centre

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

This service was a community based residential centre located in the Midlands and it was managed by the Child and Family Agency (Tusla). The centre cared for four children between the age of 13 and 17 years and provided medium to long term placements.

The aim of the service was to provide a safe caring environment characterized by good quality relationships with children and young people living in the centre, in which the issues preventing them from living at home would be addressed with a view to facilitating their earliest possible return. Where this was not possible, children and young people were prepared for a successful transition to an agreed placement of choice.

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

Number of children on the date of inspection:	4
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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
26 September 2019	09:30hrs to 16:30hrs	Pauline Clarke Orohoe Jane Mc Carroll	Inspector Inspector
27 September 2019	09:00hrs to 16:30hrs	Pauline Clarke Orohoe Jane Mc Carroll	Inspector Inspector

## Views of children who use the service

Inspectors met with and observed one child within the centre, and spoke with three children on the telephone, as they were not present at the time of inspection.

Children said that they found the centre to be homely and bright. Children liked their bedrooms, and the meals prepared by staff. One child suggested that a swing could be added to the garden area. Children told inspectors that staff within the centre supported them to take part in activities in the local area, and brought them to meet with their friends, rather than sit in the centre. One child told inspectors that the centre is not like home, and they have to make the most of it.

Children said that they could talk freely to staff and to the managers. They felt listened to, and were aware of how to make a complaint. Some of the children had made complaints. While one child was happy that their complaint was dealt with appropriately, another thought that their complaint wasn't really listened to. Some of the children who were involved in education felt that the managers were rarely in the centre. Managers worked office hours and there was a short overlap of time when the children had access to them when they returned from school. Children said that they would like to see and speak to the managers more often. One external professional told inspectors that while the managers appeared to be available to the young people, there were times when they had phoned, and were unable to speak with a manager on that day.

Some children said they didn't receive much information about the centre before moving to it. Children told inspectors that they got little notice about moving there. When they moved to the centre, children said that staff helped them to settle in and made them feel included. Children told inspectors that there were not too many rules in the house.

Children said they felt safe within the centre most of the time. They told inspectors that they didn't feel safe when incidents were taking place within the centre, and that it got very loud. Some children felt that staff didn't intervene when the incidents took place, and that there were no consequences for the other child involved. Some children felt that staff didn't support them to make a complaint to the Gardaí following an incident.

One parent told inspectors that the staff team made sure that their child's needs were met in the centre and that the staff team supported good family contact. The parent also said that the staff team were good at dealing with any difficulties for the child when they arose. While another parent told inspectors that their child was safe within the centre, they felt that they were only contacted when there were problems.

Children's social workers told inspectors that the staff within the centre were warm towards the children. They provided a space for social workers to meet with children privately, and also supported children to follow through with tasks in line with their care plan and placement plan. Social workers said that the centre provided appropriate care and support to the children who live there.

## Capacity and capability

This centre was last inspected by HIQA on 1 August 2018. At that time, inspectors found that the centre was compliant or substantially compliant with seven out of 10 standards. These included standards in relation to children's rights, planning for children and young people, care of young people, premises and safety, health, purpose and function and monitoring. There were three standards which were not complied with and these were safeguarding and child protection, education, and management and staffing. An action plan was provided by the centre to address these deficits in October 2018.

Governance arrangements were in the place for the centre but they required improvement to ensure that a consistently safe and good quality service was being provided. The centre had a stable management team in place. There was a full-time manager in post since February 2018 who was suitably qualified and experienced. The centre manager was supported by a deputy manager, who had extensive experience of working in the centre, and the duties of centre managers. The centre manager reported to the deputy regional manager, who had overall responsibility for the quality and effectiveness of services provided. Roles and responsibilities were delegated by the centre manager to the deputy centre manager and these delegations were recorded and regularly reviewed in managers' meetings. However, there was a short period of time when there was unplanned absence of both the centre and deputy manager collectively. While suitable cover arrangements were put in place, there was no formal arrangement within the centre to provide managerial cover. Inspectors were assured that a contingency plan was now in place.

The staff team was experienced, and inspectors found that there was sufficient staff in the centre to cater for the needs of four children, in line with the centre's statement of purpose. There was a balanced ratio of social care leaders to social care workers, and there were no vacant posts. The centre seldom used agency staff, apart from during a recent unsettled period in the centre, when additional staffing resources were required. From speaking with staff, inspectors found that they were committed to the children they cared for. Although experienced, the staff team was not resourced adequately to ensure that a child could be safely held when they posed a risk to themselves or others. This posed potential risk in the centre, when in August 2019, peer to peer abuse took

place in the centre and the mix of children had become unsafe. There were no other arrangements put in place for the staff team to intervene in these situations apart from contacting an Gardaí Siochana.

The centre had a written statement of purpose which needed to be stronger to ensure it reflected the cohort of children whose needs the centre could meet. While there were supplementary systems in place for referrals, admissions and discharges, to make sure placement decisions were well informed, and the centre was consistently operating in line with its statement of purpose, they were not effective. As a result, the mix of children in the centre prior to inspection was not well managed and resulted in actual harm to some children. Furthermore, when it was established that the mix in the centre was unsafe, centre policy and procedures did not support managers to move children out of the centre in a timely way, for the purpose of protecting children from potential or actual harm. On a basic level, there was a children's version of the statement of purpose which was attractive in its presentation, but lacked details to inform children of how their needs would be met in the centre.

There was a centre register in place which recorded details of all children placed in the centre. Inspectors found that this register was not accurate. One child's date of admission was incorrect. Furthermore, one child who had moved from the centre prior to the inspection, had not been discharged. Inspectors were told by centre managers that the placement move was subject to a transition process. The process in place for transitioning children out of the centre required that a child's substantive placement would remain open until a successful transition and admission to a new centre took place. However, inspectors found that this was not always the case, as some children could not return to their placement in the centre once their transition out had begun.

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 the staff team up to date on legislative and policy changes related to areas such as, child protection and the National Standards for Children's Residential Centres 2018. However, day-to-day practice could not be assessed by managers as being in line with up to date and current policy and procedure. In turn, the staff team were not provided with all the tools to benchmark the service they provided against best practice.

There were systems in place for the identification and management of risks in the centre but not all risks in the centre were identified. The centre had a risk register system which recorded and tracked risks in the centre. Some current risks to the centre were recorded and tracked such as the risks associated with the lack of up to date policies and procedures for the centre. However, there was no specific risk identified in relation to the inability of staff to physically intervene when required. Inspectors also found that the risk register system did not adequately include the use of restrictive

practices. At the time of this inspection, alarms were connected to children's bedroom doors, which alerted staff when a door was opened during the night. Although risk assessments were completed for the use of this restrictive practice, the actual or potential risk posed to children for which a door alarm was a control, was not identified. This lack of reporting meant that the use of this restrictive practice went unreported and was unknown, to external managers. The deputy regional manager for the centre assured inspectors that this practice had ceased since the inspection fieldwork.

There were managerial systems in place in the centre to provide oversight of practice and hold staff to account. There was improvement in the level and range of practice audits and review of the service since the last inspection. The centre had a systematic approach to auditing practice which was tracked on a live recording system and reported to the deputy regional manager. This system consisted of a 52 week programme of audits of 21 identified aspects of practice. While some of these audits led to improvements in aspects of practice, inspectors found non-compliances in the centre which were not known to the centre manager. For example, inspectors found that children's care records were not compliant with national standards and regulations.

There was a system in place for the notification of significant events. Significant events were notified promptly and managed in line with Tusla's national centralised notification system. There was independent monitoring of selected significant events in the centre through Tusla's significant event review group (SERG) meetings for the service area. Recommendations from the SERG group were shared and discussed at centre team meetings. Following the inspection, the regional manager and deputy regional manager told inspectors that a review of recent incidents was initiated in order to ensure that learning was used to develop practice in the centre. Inspectors found that the staff team was eager and open to learn how to improve the care they provided to children in the centre. Apart from the incidents of aggressive and escalated behaviours in the centre in August 2019, the centre had experienced a very settled period throughout 2019. There were no identified trends of risk arising from the notification of incidents from the centre in the months prior to August 2019.

**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**

Care records were not up to date in the residential centre. A care record was maintained for each child. However, inspectors found that documents which were required by the Child Care (Placement of Children in Residential Care) Regulations 1995 were not all available in the centre. Parental consent for two children's admission to care was absent and one child did not have a care plan or placement plan at the time of this inspection. The centre manager obtained some of these records during the inspection however, this had not been detected prior to this inspection.



<p>Judgment: Non-compliant moderate</p>
<p><b>Standard 3.3</b>  Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.  <b>Regulation 15: Notification of significant events</b></p>
<p>There were internal and external systems in place to review all incidents. The centre had experienced a very settled period prior to August 2019 and there had been no identified trends of risk arising from the notification of incidents from the centre. At the time of this inspection, the centre was recovering from a very recent period of turbulence. Incidents of aggressive and challenging behaviours had become unmanageable for staff in the centre and while these risks were appropriately escalated to the regional manager, initial actions taken to reduce risk were not successful and children were unsafe. This situation was resolved at the time of the inspection as the children involved no longer lived together. A full review of these incidents was being initiated by the regional manager at the time of the inspection and the staff team were open and committed to learning from this review.</p>
<p>Judgment: Non-compliant moderate</p>
<p><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.  <b>Regulation 5: Care practices and operational policies</b></p>
<p>Staff and managers had good knowledge of relevant legislation, national standards and regulations. The staff team were 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.</p>
<p>Judgment: Non-compliant moderate</p>
<p><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.</p>
<p>There were management structures in place with clearly defined lines of authority. Centre managers were experienced and competent and staff members were clear about</p>

their roles. However, alternative arrangements for the management of the centre in the absence of the centre manager and deputy centre manager required improvement. There were systems in place for the identification and management of risks in the centre but not all risks in the centre had been identified and the use of a restrictive practice in the centre went unreported and was unknown to external managers. Inspectors found non-compliances in the centre which were not known to the centre manager. A full suite of up-to-date policies and procedures 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 centre had a written statement of purpose which described the specific care and support needs that the residential unit intended to meet. The aims and objectives of the centre were also outlined appropriately. However, inspectors found a contradiction between the particular support needs which the centre intended to meet and the cohort of children which the centre had capacity to care for. The statement of purpose needed to be stronger to ensure it reflected the cohort of children whose needs the centre could meet. There was a children's version of the statement of purpose which was attractive in its presentation, but lacked details to inform children of how their needs would be met in the centre.

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 and safety of care provided to children but they were not always effective. There was improvement in the level and range of auditing and review of the service since the last inspection. However, while some of these practice audits led to improvements, inspectors found non-compliances in the centre which were not known to the centre manager. The centre also had an external monitoring visit to assess compliance with national standards and had responded appropriately to implement actions to address non-compliances. The centre had experienced a very settled period prior to August 2019, when there were no identified trends of risk arising from the notification of incidents from the centre. A full review of recent incidents of escalated and aggressive behaviours in the centre was underway.

Judgment: Non-compliant moderate

## Quality and safety

The centre provided a homely, warm and comfortable environment for children. Each child had their own room with good storage for their personal belongings. Children were supported by their key workers to personalise their rooms. While the exterior offices were being renovated at the time of the inspection, there were good outdoor recreational facilities for children. Children had access to two communal areas and the kitchen. Inspectors observed one child within the centre during the inspection, and they were able to move freely throughout the communal areas.

Children were supported by staff to take part in activities of interest to them, but there was a need to ensure the routines of the centre encouraged children to participate in education and training. Discussions took place at children's meetings about possible activities the children could take part in. Staff told inspectors that they encouraged children to take part in baking and cooking activities within the centre. Inspectors found that there was no daily routine in place for children who were out of education. In these situations children continued to have free access to leisure activities, TV and computer games. This did not encourage children to participate in education or training.

Children were encouraged to share their views with staff. The centre provided a comments post box, and an information board was placed in the laundry area at the request of children with details for relevant services and complaints processes. The centre manager told inspectors of plans to involve children in decision making for the future renovations to the sitting room.

Inspectors found that there was good communication between the centre and the relevant people in the children's lives. Staff had contact with schools, training centres, social workers and medical professionals as required. Social workers who spoke to inspectors said that they were updated on the children's behaviour and activities. Staff supported children to maintain contact with their family. Family members were facilitated to visit the centre where appropriate. Although communication with families was good, there was a need to ensure parents were contacted for positive feedback on their child, as well as to inform them of any issues arising.

The centre developed placement and placement support plans for each child. These were informed by children's statutory care plans. The majority of these plans were up to date. There was a significant delay of seven months for one child's care review. This meeting was scheduled to be held the week after the inspection, following which their care and placement plans would be updated. This was a critical meeting for

this child who was showing signs of dis-engagement with education and the centre.

Staff within the centre reported child protection concerns in a timely and appropriate manner to the relevant social work department. Inspectors found evidence that the centre manager then followed up with social work departments to get the outcome of the concerns reported. Staff interviewed by inspectors were aware of Children First (2017). Inspectors found that a number of reported concerns were under investigation at the time of this inspection and an outcome was awaited by the centre. Absences from the centre were well managed in line with the centre policy.

There was a new model of care being implemented at the time of the inspection. This model of care emphasised the individuality of each child and the need for interventions that suited their needs. Children's needs were assessed in order to identify and alleviate the cause of their behaviour and the approach to managing behaviour that best suited each child was reflected in their behaviour support plans and individual crisis management plans.

There were systems in place to safeguard children and protect them from abuse but they were not always effective, and children told inspectors that there were times when they felt unsafe in the centre. Inspectors found that over a period of four weeks, peer to peer bullying and aggression had occurred on the premises. There was a lack of timely intervention by way of managing the mix in the centre at that time, which resulted in the need for the centre to place children in hotels on several occasions in order to ensure their safety. This situation was resolved at the time of inspection as the children involved no longer lived together. Some children and an external professional told inspectors the overall management and response to the level of behaviour that challenged which was displayed during that time required improvement.

Restrictive practices such as physical interventions were not routinely used within the centre. While centre practice was guided by an approved model of managing behaviour that challenged and staff were trained in this model, the team was not resourced to ensure a child could be held safely by members of staff when they posed a risk to themselves or others. The alternative to managing behaviour that challenged where physical restraint was required, was the use of An Garda Siochana, who were called to the centre in the four weeks prior to inspection. There was routine and unnecessary use of alarms on each child's bedroom door at the time of inspection. When this finding was presented to the regional manager for the service, inspectors were assured that this practice had now ceased.

All vehicles used by the centre were maintained and serviced as required. The relevant safety equipment was held within each car. The centre manager maintained a system for recording staff driving licenses. Staff had received the required fire safety training, and the centre complied with the fire safety legislation. The fire register and safety

statement were up to date.

**Standard 2.1**

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

One child did not have an up to date care plan outlining their needs when admitted to the centre. Documented information reviewed by inspectors relating to two new admissions lacked thorough risk assessment to indicate the potential of peer to peer aggression and hostility. Therefore, considerations of the potential impact these behaviours had on children already living in the centre was absent. Children were provided with opportunities to have day and overnight visits to the centre before admission. The centre provided opportunities for children to receive information about the centre through their social workers. However, some children said they didn't receive much information about the centre before moving to it. Children told inspectors that they got little notice about moving there.

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**

The centre did not have up to date care or placement plans for all children living in the centre. This meant that the staff team had to improvise in a situation where they were unsupported by the placing social work department in the delivery of a child's care. One outstanding care plan was scheduled for review the week following the inspection.

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 and surrounding grounds were homely, with adequate recreational space available to the children. The centre was compliant with fire safety training and requirements. The external office space was under construction during the inspection, with the area secured to ensure the safety of the children. Necessary maintenance was carried out and recorded in the maintenance log. Centre records showed that the

vehicles used by the centre were maintained and serviced appropriately.

Judgment: Compliant

**Standard 2.5**

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

Arrangements were in place to support communication between the centre staff and allocated social workers. However, one child did not have an allocated social worker at the time of this inspection and this had a negative impact on the child. During a recent time of turbulence in the centre, inspectors found that the centre endeavoured to ensure that children's individualised care was coordinated between relevant services. Strategy meetings between relevant social workers and staff were arranged by the centre, but from a review of information provided to inspectors on inspection, the social work response to strategizing for children was not always timely. This meant that strategies which required endorsement by the relevant social work department to manage risks and parallel plan for children were delayed, and consultation with children by social workers in this regard was delayed. Centre policy and procedures did not support managers to move children out of the centre in a timely way.

Judgment: Non-compliant moderate

**Standard 2.6**

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

Aftercare planning and preparation for leaving care was promoted by the staff team. Children were supported by the centre staff to develop independent living skills in line with their care plan and placement plan. Aftercare services were involved with two children within the centre. Staff had requested the aftercare plan for one child and this was provided by the aftercare worker during the inspection. The staff team was supportive of children's relationships with their families, and where possible, staff supported and co-ordinated children's contact and visits with family. This promoted the inclusion of parents and relevant family members in the preparations and plans for children leaving care.

Judgement: Compliant

**Standard 3.1**

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

There were systems in place to safeguard children and protect them from abuse but children did not always feel safe in the centre. Despite policy deficiencies associated with the absence of up to date national policies and procedures, inspectors found that child protection concerns were reported to the social work department in line with Children First (2017).

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Judgment: Non-compliant Moderate

### **Standard 3.2**

Each child experiences care and support that promotes positive behavior.

There was a new model of care being implemented at the time of the inspection. This model of care emphasised the individuality of each child and the need for interventions that suited their needs. Children's needs were assessed in order to identify and alleviate the cause of their behaviour and the approach to managing behaviour that best suited each child was reflected in their behaviour support plans and individual crisis management plans. However, at the time of this inspection, inspectors found that there was routine and unnecessary use of restrictive practice in the centre.

Inspectors also found that the policies and procedures to support staff in managing children's behaviour in the centre were 10 to 12 years old and the staff team were challenged in their management of aggressive behaviours in the centre. The staff team was not resourced adequately to ensure that a child could be safely held when they posed a risk to themselves or others and this posed potential risk when the mix of children had become unsafe in the centre.

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Judgment: Non-compliant Moderate

## 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.	Substantially compliant
<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.	Non-compliant Moderate
<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.	Compliant
<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.	Compliant
<b>Standard 3.1</b> Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.	Non-compliant Moderate
<b>Standard 3.2</b> Each child experiences care and support that promotes positive behaviour.	Non-compliant Moderate



# 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-0027542
<b>Provider's response to Inspection Report No:</b>	MON-0027542
<b>Centre Type:</b>	Children's Residential Centre
<b>Service Area:</b>	Dublin Mid Leinster
<b>Date of inspection:</b>	26 September 2019
<b>Date of response:</b>	6 <sup>th</sup> December 2019

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:**

All outstanding care records have been received in the centre on or before the 14<sup>th</sup> October 2019.

The deputy regional manager conducted a review of the care files and has implemented a procedure for monitoring the care records for the young people within the centre. The procedure coupled with the implementation of the audit tool will ensure the centre manager is aware of any gaps within the system. Deficits will be addressed immediately. This was completed as part of the centre manager's supervision on the 31<sup>st</sup> October 2019.

In the event that care records are not received to the centre within a two week time period the centre manager will address the issue. If no progress has been made after a further 5 working days, the issue will be escalated to the deputy regional manager, who will address with the appropriate principal social worker.

**Proposed timescale:**  
31<sup>st</sup> October 2019

**Person responsible:**  
Centre 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:**

Incidents of aggression and challenging behaviours had become unmanageable for staff in 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:**

A review of the current intervention strategies for each young person has taken place. The centre manager and deputy regional manager reviewed and updated all the young peoples placement support plans on the 18<sup>th</sup> November 2019.

A new model of care has been introduced in the centre. The roll out of the model is currently in the early stages of implementation. The consultant for the Welltree Model of Care provides direct consultation sessions with the centre every 5 weeks coupled with a Masterclass training for the Region. The direct consultation session is concentrated on the individual needs of the young people within the centre and effective strategies for the staff team to develop and implement with the young people. The centre manager will develop an agenda for the consultation session to focus on the management of behaviour that challenges, this will start on the 14<sup>th</sup> November 2019.

**Proposed timescale:**  
14<sup>th</sup> December 2019

**Person responsible:**  
Centre 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:**

A suite of CRS specific policies and procedures are being developed that will reflect the current national standards and legislation. The new policies will be in situ and operational in the centre following a period of training by 30<sup>th</sup> December 2020. In the interim the centre will be guided by existing policies, procedures and legislation. Centre staff continue to attend all mandatory training and training in the model of care. All new Tusla policies that are developed/updated by Tusla will be reviewed with all staff members through team meetings and supervision as required.

**Proposed timescale:**  
**30<sup>th</sup> December 2020****Person responsible:**  
**Regional Manager****Capability and Capacity****Standard : 5.2****Judgment: Non-compliant Moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

Alternative arrangements for the management of the centre required improvement.

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

The use of restrictive practice in the centre was unreported and unknown to external managers.

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:**

Centre Management have implemented a plan with the social care leaders that in the event of the centre management being on leave a social care leader will assume responsibility. The centre manager has identified this in supervision with each social care leader, this was completed the 8<sup>th</sup> November 2019. In the event there is not a social care leader available the deputy regional manager will support the team or identify a suitable person to manage the centre for the interim period.

The deputy regional manager has reviewed the risk assessments on the 31<sup>st</sup> October 2019 and addressed any gaps identified. The deputy regional manager will implement a procedure to ensure risk is identified and assessed within the centre as part of supervision on the 9<sup>th</sup> December 2019.

The deputy regional manager has addressed the use of restrictive practices with the centre manager as part of supervision on the 31<sup>st</sup> October 2019. Restrictive practice will be identified, reviewed for a decision regarding implementation and have an identified short timeframe for removal or review as required. All relevant professionals will be notified. This matter has been addressed with staff through handovers and supervisions. The procedure around restrictive practice will be addressed in the centre team meeting on 19<sup>th</sup> November 2019.

A suite of CRS specific policies and procedures are being developed that will reflect the current national standards and legislation. The new policies will be in situ and operational in the centre following a period of training by 30<sup>th</sup> December 2020. In the interim the centre will be guided by existing policies and procedures and legislation. Centre staff continue to attend all mandatory training and training in the model of care. All new Tusla policies that are developed/updated by Tusla will be reviewed with all staff members through team meetings and supervision as required.

**Proposed timescale:**  
**30<sup>th</sup> December 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 required improvement to ensure it reflected 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 centre purpose and function and young persons statement will be reviewed and updated. It will contain additional information regarding specific care and support needs and the resources available that the centre will offer. This will be reviewed and implemented by 13<sup>th</sup> December 2019.

**Proposed timescale:**  
13<sup>th</sup> December 2019

**Person responsible:**  
Deputy Regional 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 deputy regional manager conducted a review of the procedure for monitoring the systems within the centre. The deputy regional manager implemented a process with the centre manager which entailed ongoing audits which include staff, deputy manager and centre manager. This will ensure the centre manager is aware of any gaps within the system and can address deficits immediately. This was completed as part of the centre manager's supervision on the 31<sup>st</sup> October 2019. The deputy regional manager will review in supervision with the centre manager on the 9<sup>th</sup> December 2019.

**Proposed timescale:**  
30<sup>th</sup> December 2019

**Person responsible:**  
Deputy Regional 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:**

One child did not have an up to date care plan when admitted to the centre.

Information provided on inspection relating to two new admissions lacked thorough risk assessment.

Children said that they did not receive enough information about the centre before moving to it.

**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 received the updated care plan for one young person on the 14<sup>th</sup> October 2019. The deputy regional manager conducted a review of the care files and has implemented a procedure for monitoring the care records for the young people within the centre. The procedure coupled with the implementation of the audit tool will ensure the centre manager is aware of any gaps within the system. Deficits will be addressed immediately. This was completed as part of the centre manager's supervision on the 31<sup>st</sup> October 2019. In the event that care records are not received in the centre within a two week time period the centre manager will address the issue. If no progress has been made within 5 working days, the issue will be escalated to the deputy regional manager, who will address with the appropriate principal social worker.

A review of the collective risk assessments conducted at the time of the referenced admissions has taken place. A comprehensive collective risk assessment will be completed prior to any young persons admission to the centre and will ensure all concerns are explored fully. This risk assessment is forwarded to the social worker of all current residents of the centre for their review and feedback. The collective risk assessment will be forwarded to the deputy regional manager for approval.

As part of the local process the centre staff will meet with the referred young person and provide them with information about the centre. The centre will complete an additional one to one session with the young person as part of their local process to ensure that they have enough information prior to admission. This is an ongoing process over the course of the young persons initial months of placement and will be reviewed with the young person following the first six months of placement or sooner

if so required.

**Proposed timescale:**  
**31<sup>st</sup> October 2019**

**Person responsible:**  
**Centre 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:**

The centre did not have up to date care plans or placement plans for all children living in the centre.

**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 care plans and placement plans were up to date in the centre as and from the 14<sup>th</sup> October 2019. The deputy regional manager conducted a review of the care files and has implemented a procedure for monitoring the care records for the young people within the centre. The procedure coupled with the implementation of the Audit will ensure the centre manager is aware of any gaps within the system. Deficits will be addressed immediately. This was completed as part of the centre manager's supervision on the 31<sup>st</sup> October 2019. In the event that care records are not received in the centre within a two week time period the centre manager will address the issue. If no progress has been made within a 5 working day time frame, the issue will be escalated to the deputy regional manager, who will address with the appropriate principal social worker.

Following on from a young person CICR the centre manager will diary a date for the young person placement plan to be developed within two weeks after the CICR. The centre manager will check the date of care plans and placement plans as part of their audit checks monthly to ensure they are up to date.

**Proposed timescale:**  
**14<sup>th</sup> October 2019**

**Person responsible:**  
**Centre Manager**

**Quality and Safety**  
**Standard : 2.5**

**Judgment: Non-complaint Moderate**

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

One child did not have an allocated social worker at the time of the inspection.

Strategy meetings between relevant social workers and staff were not always timely during a recent time of turbulence in the centre.

Centre policies and procedures did not support managers to move children out of the centre in a timely way.

**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 in the event a young person does not have an assigned social worker they will address this with the social work team leader. In the event a social worker is not assigned to a young person in a timely manner the centre manager will escalate to the deputy regional manager who will address with the principal social worker.

In the event incidents of concern occur within the centre that require collective decision making, the centre manager will request a strategy meeting to be convened as a matter of priority. In the event a strategy meeting can not be convened as requested. The centre manager will escalate to the deputy regional manager who will address with the principal social worker.

A suite of CRS specific policies and procedures are being developed that will reflect the current national standards and legislation. The new policies will be in situ and operational in the centre following a period of training by 30<sup>th</sup> December 2020. In the interim the centre will be guided by existing policies and procedures and legislation. Centre staff continue to attend all mandatory training and training in the model of care. All new Tusla policies that are developed/updated by Tusla will be reviewed with all staff members through team meetings and supervision as required. In the interim in the event a young person requires to be moved from the centre a collective risk assessment will be completed to outline the timeframe required. This will consider the young person's individual needs and vulnerabilities.

**Proposed timescale:**  
**30<sup>th</sup> December 2020**

**Person responsible:**  
**Regional Manager**

**Quality and Safety**



<b>Standard : 3.1</b>	
<b>Judgment: Non-compliant Moderate</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b>	
Children did not always feel safe in the centre.	
<b>Action Required:</b>	
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.	
<b>Please state the actions you have taken or are planning to take:</b>	
The deputy regional manager and centre manager have implemented a plan within the centre to provide additional support to young people through times that challenge. Each young person will be assigned a staff on each day which they will be made aware of to provide the young people with extra support when needed. The centre manager will ensure individual plans are implemented for the young people to provide consistency to their day. The deputy regional manager if needed will increase staff levels for a period of time to provide additional support to the young people.	
<b>Proposed timescale:</b> 31 <sup>st</sup> October 2019	<b>Person responsible:</b> Centre Manager

<b>Quality and Safety</b>	
<b>Standard : 3.2</b>	
<b>Judgment: Non-compliant Moderate</b>	
<b>The Provider is failing to comply with a regulatory requirement in the following respect:</b>	
There was routine and unnecessary use of restrictive practice at the time of the inspection.	
The staff team was challenged in their management of peer to peer abuse in the centre.	
When the mix of children had become unsafe, the staff team was not adequately resourced to ensure that a child could be safely held when they posed a risk to themselves or others.	
<b>Action Required:</b>	
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:**

The deputy regional manager has addressed restrictive practice with the centre manager as part of supervision on the 31<sup>st</sup> October 2019. Restrictive practise will be identified, reviewed for a decision regarding implementation and have an identified short timeframe for removal or review as required. All relevant professionals will be notified. This matter has been addressed with staff through handovers and supervisions. The procedure around restrictive practice will be addressed in the centre team meeting on 19<sup>th</sup> November 2019.

The centre manager will review the current behaviour management strategies with the centre staff team and discuss strategies for managing behaviours of this nature. A new model of care has been introduced into the centre. The roll out of the model is currently in the early stages of implementation. The consultant for the Welltree Model of Care provides direct consultation session with the centre every 5 weeks coupled with a Masterclass for the Region. The direct consultation session is concentrated on the individual needs of the young people within the centre and effective strategies for the staff team to develop and implement with the young people. The centre manager will develop an agenda for the consultation session to focus on the management of behaviour that challenges, this has started on the 14<sup>th</sup> Novemeber 2019.

Centre Managers will ensure that a comprehensive risk assessment is conducted in advance of an admission to assess for histories of violence and aggression to identify if physical intervention may be required during a childs placement. A review of behaviour management strategies will be conducted to explore and discuss alternative ways of safely managing aggressive behaviour, the implementation of the model of care will assist. A review of staff medical issues will be conducted by the centre manager before the 30<sup>th</sup> December 2019 to assess if staff members require further medical assessments in this area. The regional manager has secured an alternative behaviour management training program for the staff team. This will address further ongoing physical intervention requirements. The start of the training program will commence prior to the 30<sup>th</sup> December 2019.

**Proposed timescale:  
30<sup>th</sup> December 2019**

**Person responsible:  
Centre Manager**