



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South
Type of inspection:	Unannounced
Date of inspection:	25 and 26 September 2019
Centre ID:	OSV-4189
Fieldwork ID	MON-0027832

About the centre

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

The service is a community based children's residential centre operating in a four bedroom detached house on the outskirts of a large city. The centre provided short, medium and long term care for up to four boys aged between 13 and 17 years of age. At the time of inspection, the statement of purpose provided to inspectors stated that its primary purpose was to provide a safe place for children, to value the concept of group living as an important catalyst for change and to work meaningfully with children and their families.

The aim of the centre was to provide a therapeutic living environment which promotes physical, psychological and emotional safety for children through individual intervention plans tailored to meet each child's developmental needs.

Number of children on the date of inspection:	3
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How we inspect

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

As part of our inspection, where possible, we:

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

In order to summarise 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:

	Times of inspection	Inspector	Role
25 September 2019	09:30 to 17:00	Sharron Austin	Inspector
25 September 2019	09:30 to 17:00	Lorraine O'Reilly	Inspector
26 September 2019	09:30 to 17:30	Sharron Austin	Inspector
26 September 2019	09:30 to 16:00	Lorraine O'Reilly	Inspector

Views of children who use the service

Inspectors met with three young people and observed their interactions with staff over the course of the inspection fieldwork and saw that positive relationships had been formed and young people were confident around members of the staff team. Although the young people were positive about the staff team, they had mixed views about living in the centre. Some of the comments the young people said when asked what they liked about their placement were:

- "I like living here, it's a nice house"
- "happy living here"
- "Staff are very nice, managers are nice"
- "a few nice staff that get you"
- "nothing"
- "would change everything".

They told inspectors that they had choices in relation to day-to-day decisions and said that they were happy with the level of contact they had with family members and friends.

Inspectors observed staff providing appropriate care that met the young people's needs. Staff had an awareness of and responded to behaviours that challenged in a positive way.

Parents and social workers who spoke with inspectors were satisfied that the centre provided appropriate and safe care to the young people and were kept informed of all incidents or significant events in a timely manner.

On a walk around the premises, inspectors could see that refurbishment had been completed to the interior of the building and communal spaces and other facilities within the centre were available. The kitchen and dining areas were inaccessible following an incident three days prior to the inspection, involving all young people living in the centre at that time. Food and meat was strewn around these areas and had yet to be fully cleaned. This posed potential health and safety risks in the centre and impacted on access to cooking facilities, fresh water and structured mealtimes.

Capacity and capability

There were governance and management arrangements in place for the centre, but they were not effective. As a result, the centre was not operating well and decisions related to staffing the centre were not always safe. Strong leadership was needed to ensure the centre was well run, and that the necessary changes were made at the pace required. The centre management team was not operating effectively and until this happened, they could not adequately focus on implementing systems to improve everyday practice.

There were significant issues related to operating the centre for over a year, and they remained unresolved at the time of inspection. They included low staffing levels due to a significant level of sick leave, poor management of staffing resources including staff retention and workforce planning, inadequate and ineffective communication systems across the team and staff dissatisfaction with a national child-centred approach to the staff rota. As with all statutory children's residential centres, there was a lack of up to date Tusla national policies and procedures.

The centre manager was appropriately qualified and experienced, but did not demonstrate the level of leadership needed. Roles and responsibilities across the management team were not clearly defined; there was a lack of accountability for the implementation of existing systems and policies and procedures, and poor systems of communication across the staff team. As a result, professional working relationships were strained and children did not always experience consistency of care. Many of these issues were identified by the staff team and brought to team meetings and individual supervision sessions, but they were not addressed effectively. Staff and managers reported to inspectors that morale across the team was being affected and some team members said they were considering leaving the centre. Operating within this context was not sustainable for the centre.

The regional manager and deputy regional manager were met as part of the inspection fieldwork. They acknowledged that the centre was operating ineffectively and provided some context, by way of unresolved legacy issues. They described the supports which had been put in place to improve the delivery of the service and, based on findings of the inspection, acknowledged that they were not effective, and agreed that a revised approach was required.

The centre had a written statement of purpose which had been reviewed by managers since the last inspection, to include the model of care being delivered, and the new regional referral pathway for admissions. It adequately described the service being provided and the age range of young people the centre catered for. Managers and staff were clear about the purpose and function of the centre. While the statement defined the statutory and legislative functions within which the centre operated, it did not reflect the introduction of new national standards for children's residential centres in 2018.

While a number of new systems to ensure adequate monitoring and oversight were introduced in the centre, they were not effectively implemented. There was a new filing system which ensured young people's care records were better organised and accessible. However, this system did not ensure that care records were maintained in a secure or chronological order. A number of key documents were not on file such as an up to date care plan for one young person, and admission documentation for another. Similarly, the recently introduced auditing system, to ensure adequate monitoring and oversight of centre practices, was not being implemented in a consistent manner. The regional manager said that a new national audit system had just been introduced on the 30

September 2019. Centre managers were to provide feedback on its implementation at the next regional management meeting in October 2019. At the time of inspection, the lack of a systematic approach to auditing of practice did not support a culture of continuous improvement.

The systems in place to manage risk were ineffective and risk management was not clearly understood by all staff. The centre risk register was maintained as part of a monthly report to the deputy regional manager. Risk assessments were completed which identified appropriate control measures to address the risks identified. However, a review of the centre's monthly reports from May to July 2019 demonstrated that the risks associated with staffing issues were not recorded until July 2019, but were known for quite some time previous. A request from staff for a risk assessment in relation to staff shortages was recorded in team meeting minutes in June 2019, but was not completed until August 2019. This assessment identified additional controls required to address the risks involved. Risk assessments in relation to individual young people and specific incidents were not timely. This delay did not ensure risks were addressed promptly. Following the introduction of a new live risk register system from the end of September 2019, a workshop had been provided to regional managers, but appropriate training and information had yet to be provided to centre staff.

Information relating to complaints, concerns and incidents was recorded, acted on, investigated and reviewed. A central register was maintained of all complaints which demonstrated how the complaint was managed and reviewed, but it did not record if the young person was satisfied with the outcome to their complaint.

Significant events were comprehensively recorded and reported and responded to promptly, but records were not consistently signed by staff or managers. A central register was maintained but it was not up to date. Significant events which occurred in the centre were selected for presentation at Tusla's significant event review group (SERG) which promoted learning among staff. The National Incident Management System (NIMS) was implemented in the centre. There were internal and external review systems in place to ensure oversight of this system. The actions taken to address an incident that had occurred in the centre three days prior to the inspection resulting in potential health and safety risks were not considered timely by inspectors. As a result, inspectors requested the submission of an immediate action plan, which was provided by the regional manager.

A full suite of national policies and procedures for statutory children's residential centres had not been updated by Tusla since 2009. It was estimated that they would not be in place until the second half of 2020. The centre had reviewed its local suite of policies and procedures in May 2019. However, the absence of up-to-date national policies and procedures impacted on the manager's capacity to monitor practice and performance effectively and to ensure the centre operated as it should.

On the day of inspection there were sufficient numbers of staff on duty to provide for the

needs of the young people. Inspectors were told by managers that the roster was planned and scheduled to have a sufficient number of staff on duty, however, sick leave has had and continued to have a significant impact on staffing levels. In addition, a number of experienced staff had left the centre in the previous 12 months. Staff shortages, coupled with inadequate contingency planning, meant that on at least four occasions, the centre was reliant on staff who had worked a day shift remaining in the centre to work overnight. Furthermore, centre managers had worked on a number of day and night-time shifts to ensure the centre was staffed appropriately. Senior managers attributed staff shortages to the lack of available agency staff in the region. There were occasions where the decreased number of staff on duty impacted on young people's activities, and this was confirmed by the young people who met with the inspectors.

As reported in previous inspections of the centre, existing practices did not ensure staff resources were utilised efficiently or effectively. There were no waking night staff in the centre. Two staff were rostered for overnight shifts and were woken when door alarms fitted to each child's bedroom door was activated. Staff accrued significant time off in lieu hours as a result. Returning these hours to staff placed an additional strain on the centre managers to staff the centre. The centre manager and external line managers told inspectors that at a regional level, engagement with staff and unions for the introduction of waking night staff was ongoing. Opportunities to introduce live night staff shifts with new or agency staff had not been explored. This was a missed opportunity to bring about the required changes in the centre and make best use of available resources.

Team meetings were held on a weekly basis and were well recorded. The voice of the young people was represented in the minutes of these meetings. A feedback form for the young people was completed following each meeting with clear outcomes recorded. Meetings at social care leader level did not take place on a regular basis and meetings between centre managers were informal with no record of decisions made. This led to inconsistent approaches to practice and poor sharing of information with staff and young people. This was brought to the attention of the centre manager during the inspection and to external managers after the inspection, who acknowledged that this required improvement.

While the centre manager received regular supervision from their external line manager, the supervision of staff was poor and not taking place as required. For two staff, there were no records of supervision on file. Poor supervision had been a regular finding in previous inspections of this centre. The non-adherence to the supervision policy meant that there was no accountability or effective link between supervision and practice, or the implementation of policy, procedures and placement plans.

A themed monitoring visit to the centre was undertaken by a monitoring officer from Tusla's National Quality Assurance and Monitoring service in April 2019. The monitoring officer identified 19 issues requiring action by the centre. The inspectors found that

required actions were either completed or still in progress.

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.

Some improvements had been made to support good record keeping in the centre. A new filing system had been introduced to ensure that young people's care records were organised and more accessible. However, the format did not ensure that the care records were maintained in a secure and chronological order. While each young person had a secure care record, a number of key documents were not on file such as an up-to-date care plan for one young person, and admission documentation for another.

Judgment: Substantially Compliant

Standard 3.3

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

Incidents were appropriately reported and recorded and the National Incident Management System (NIMS) was implemented in the centre. Incidents were notified to all relevant people as required and there were internal and external review systems in place to ensure oversight. A significant event register was maintained, however, this was not up-to-date as there were a number of individual significant event reports placed in the folder that were not recorded on the register. Actions to address an incident that had occurred in the centre three days prior to the inspection resulting in potential health and safety risks in the kitchen and dining areas were not considered timely by inspectors.

Judgment: Non-Compliant Moderate

Standard 5.1

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

While there were policies and procedures in place, many were significantly out of date and did not reflect current national standards or legislation. The centre had reviewed its local suite of policies and procedures in May 2019. However, the absence of up-to-date national policies and procedures impacted on the manager's capacity to monitor practice and performance effectively and to ensure the centre operated as it should.

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.

While there were governance and management arrangements in place, they were not effective. Strong leadership was required to ensure the centre was well run, and that the necessary changes were made at the pace required. Roles and responsibilities across the management team were not clearly defined; there was a lack of accountability for the implementation of existing systems and policies and procedures, and poor systems of communication across the staff team. As a result, professional working relationships were strained and children did not always experience consistency of care. Low staffing levels due to a significant level of sick leave, poor management of staffing resources including staff retention and workforce planning, inadequate and ineffective communication systems across the team and staff dissatisfaction with a national child-centred approach to the staff rota were significant issues related to operating the centre for over a year, and they remained unresolved at the time of inspection.

The systems in place to manage risk were also ineffective and risk management was not clearly understood by all staff.

Judgment: Non-Compliant Major

Standard 5.3

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

The statement of purpose had been reviewed by managers since the last inspection to include the model of care delivered in the centre and to outline the new regional referral pathway for admissions. However, it did not reflect the introduction of new national standards for children's residential centres in 2018.

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.

Systems put in place to ensure adequate monitoring and oversight were not effective. The new filing system format did not ensure that the care records were maintained in a secure or chronological order. A number of key documents for young people were not on file. Similarly, the recently introduced auditing system to ensure adequate monitoring and oversight of centre practices was not being completed in a consistent manner by the designated persons. The lack of a systematic approach to auditing of practice did not support a culture of continuous improvement.

Quality and safety

While the level of support provided to young people was appropriate and the young people and staff interacted well, the best interests of young people were not always fully promoted. This was demonstrated in a number of significant safeguarding incidents that occurred in the centre in the previous 12 months that were not well managed and had not been entered onto the centre's risk register in a timely manner. The ability of the placement to safely meet one young person's needs were identified prior to admission. Inspectors found that challenges associated with this placement emerged post admission, and highlighted the need for supervision by waking night staff. The centre manager and external line managers were satisfied that incidents were responded to in line with policy. This young person had since been discharged from the centre in a planned manner.

One young person was attending school and doing well, but two were not. Although school placements were available, these young people refused to attend. Other alternatives to mainstream school placements were explored with these young people which included an alternative school setting for one, and a bespoke educational programme for the other. Although the centre manager reported to the inspectors that there was a routine in place for young people who did not engage in education, this was not evident in written plans or in practice during the inspection fieldwork. Inspectors observed a lack of routine for young people out of school, who remained in bed for the morning and when up, played computer games. Furthermore, the lack of long-term placement planning for one young person impacted considerably on their interest in attending a school and they said that at this point in time, school was "not important".

Planning for leaving care, the development of independent skills and aftercare were the focus of one young person's placement, which took precedent over their attendance at school. Despite this, appropriate aftercare options in line with the leaving care assessment of need for this young person were not available.

Care plans were up to date for two young people. The social worker for the third young person told the inspector that an up to date care plan had yet to be provided to the centre. For one young person about to leave care and another young person who was to move to another service, clear transition plans had not been formalised. New placement plans and placement progress reports were put in place just prior to the inspection as part of the implementation plan for the model of care operating in the centre. Placement plans and placement progress reports were developed based on each young person's care plan and outlined the supports required to ensure their needs would be met on a daily basis.

Managers were satisfied that staff had the required skill set to care for one young person's

learning abilities, and information was provided to the team by an appropriate external specialist at a recent team meeting. Despite this, staff told inspectors that they required additional and specific guidance and training to enhance their communication with the young person, and to support them achieve best outcomes while in their care. Young people told inspectors that they participated in their care plan review meetings and understood their placement plans. Individual, achievable goals were identified in consultation with each young person and were reviewed on a regular basis as part of the placement plan review process. Staff understood and advocated for the needs of each young person as demonstrated in the care records.

The effectiveness of care should be supported by the environment in which it is delivered. The centre had undergone refurbishment in 2018 and improvements were made in the overall décor and furnishings. The centre manager outlined that a submission had been made to extend the building so as to increase the living space and to improve facilities within the building. This was confirmed by the regional manager as part of a regional accommodation strategy within the south region.

The kitchen and dining areas were inaccessible following an incident three days prior to the inspection, involving all young people living in the centre at that time. Food and meat was strewn around these areas and soiled areas had yet to be cleaned. This posed potential health and safety risks in the centre and impacted on access to cooking facilities, fresh water and structured mealtimes. Inspectors observed meals having to be purchased and use of bottled water on a daily basis. Young people and staff had their meals in different parts of the centre. When asked what the consequences were for their behaviour, the young people told inspectors that their free time and activities such as gym time were reduced, and their pocket money was deducted. External line managers confirmed there was financial reparation from pocket money and no access to paid activities for two weeks. While the young people felt that their free time was impacted as a result of this incident, external managers reported that there was none. A deep clean by a cleaning company had yet to happen, and as a result, an immediate action plan was requested by inspectors and provided by centre managers.

The centre complied with the requirements of fire safety legislation. Fire drills involving staff and young people were recorded in the centre's fire register. While appropriate systems were in place to ensure the safety and maintenance of the premises, the centre's safety statement was not up to date.

Staff were trained and knowledgeable in Children First (2017) and responded appropriately to child protection concerns or safeguarding issues, but assessments of risk were not always carried out in a timely manner. Young people were supported to develop self-awareness and skills needed for self-care and protection as demonstrated in their placement plan goals. Staff worked effectively with social workers, young people and their families to promote the safety and wellbeing of young people. Staff who spoke with inspectors were aware of the centre's policy and procedure about making a protected

disclosure.

Communication between centre staff, social workers, families and other external professionals was good. The centre supported young people to maintain contact with their families and facilitated regular visits home for overnights or to meet with their families and friends. Social workers and parents spoke positively about the staff team's involvement with and the care provided to each of the young people. They were also satisfied that they were kept up to date of any issues or events arising for the respective young people and had a good relationship with the centre manager in respect of this.

A trauma based model of care was being implemented in the centre alongside an approved approach to managing behaviour that challenges. The model of care included an outcomes based framework to support meeting the young person's identified needs and to review the impact of care on their wellbeing. An implementation plan for the model of care was provided to inspectors which demonstrated key stages over the coming months up to December 2019. Restrictive practices were not routinely used in the centre. Where a physical intervention had been used in order to prevent the child from the risk of harm, a comprehensive record of the event was completed and reported appropriately. Although records were completed promptly, they were not consistently signed by staff or managers. This did not demonstrate how staff were held to account for their practice.

There were three vehicles assigned to the centre which were appropriately taxed, insured and had the necessary safety equipment. Regular checks and service records were maintained for each vehicle. Copies of valid driving licences for staff who used the vehicles were maintained by managers.

Standard 2.1

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

A new regional referral pathway process for children's residential centres in the south region was in place since September 2019. The referral committee had clear terms of reference and a detailed process was in place. Young people admitted to the centre since the last inspection were admitted in line with the centre's statement of purpose and pre-admission risk assessments and visits were carried out. There was regular and effective communication between centre staff and social workers to ensure the needs of young people were being met appropriately.

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.

With the exception of one young person, care plans were up to date. Placement plans and placement progress reports were developed based on the care plans and outlined the supports required to ensure the young people's needs were being met on a daily basis. Individual, achievable goals were identified in consultation with each young person and were reviewed on a regular basis as part of the placement plan review process. Information and training specific to one young person's learning abilities was required for staff to ensure the best outcomes while in their care. There was appropriate and effective communication between the centre and the young people's allocated social workers.

There was a lack of routine for two young people during the inspection as neither were attending an education or training placement. While staff discussed education with the young people in key-worker sessions, no clear alternative options were explored or individual tuition or other arrangements put in place in the interim. The lack of long-term placement planning for one young person impacted on their interest in attending school.

Judgment: Non-Compliant Moderate

Standard 2.3

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

The centre had undergone refurbishment in 2018 and improvements were made in the overall décor and furnishings. A submission to extend the building so as to increase the space and to improve facilities within the building was part of a regional accommodation strategy within the south region. At the time of inspection the kitchen and dining areas were inaccessible following an incident three days prior to the inspection which posed potential health and safety risks in the centre and impacted on access to cooking facilities, fresh water and structured mealtimes. While appropriate systems were in place to ensure the safety and maintenance of the premises, the centre's safety statement was not up to date.

Judgment: Substantially compliant

Standard 2.5

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

While the care and support provided to young people was appropriate and the young people and staff interacted well, the best interests of young people were not always fully promoted. This was demonstrated in a number of significant safeguarding incidents that occurred in the centre in the previous 12 months that were not recorded on the centre's risk register in a timely manner. The ability of the placement to safely meet one young

person's needs were identified prior to admission. Inspectors found that challenges associated with this placement emerged post admission, and highlighted the need for supervision by waking night staff. Centre managers were satisfied that incidents were responded to in line with policy.

New placement plans and placement progress reports were put in place just prior to the inspection as part of the implementation plan for the model of care operating in the centre. For one young person about to leave care and another young person who was to move to another service, clear transition plans had not been formalised. Communication between centre staff, social workers and other external professionals was good.

Judgment: Non-Compliant Moderate

Standard 2.6

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

Young people were supported to develop independent living skills in line with their care and placement plans. Appropriate aftercare options in line with the leaving care assessment of need for one young person were not available. A transition plan for leaving care had been discussed with all relevant persons and the young person but had not been implemented at the time of inspection.

Judgment: Non-Compliant Moderate

Standard 3.1

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

While staff were trained and knowledgeable in Children First (2017) and responded appropriately to child protection concerns or safeguarding issues, the assessment of risks were not always done in a timely manner. Staff were aware of the centre's policy and procedure about making a protected disclosure.

Judgment: Non-Compliant Moderate

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Inspectors observed positive relationships between staff and young people which supported young people to understand their behaviours. Staff were trained in an approved approach to managing behaviour that challenged which operated alongside a trauma informed model of care which provided a framework for positive behavioural support. With the exception of one, all staff had completed the training or information days on the model of care to date and the centre was at the initial stage of its

implementation plan. Staff spoke positively and were optimistic about this holistic approach to ensure young people's needs were being met. The concept had yet to be fully introduced to the young people, their social workers and families and this was one of the next steps as part of the overall implementation plan. Although records were completed promptly, they were not consistently signed by staff or managers. This did not demonstrate how staff were held to account for their practice.

Judgment: Substantially Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>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.</p>	Substantially Compliant
<p>Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.</p>	Non-Compliant Moderate
<p>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.</p>	Non-Compliant Moderate
<p>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.</p>	Non-Compliant Major
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Substantially Compliant
<p>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.</p>	Non-Compliant Moderate
Quality and safety	
<p>Standard 2.1 Each child's identified needs inform their placement in the residential centre.</p>	Compliant
<p>Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p>	Non-Compliant Moderate

<p>Standard 2.3 The children’s residential centre is homely, and promotes the safety and wellbeing of each child.</p>	Substantially Compliant
<p>Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.</p>	Non-Compliant Moderate
<p>Standard 2.6 Each child is supported in the transition from childhood to adulthood.</p>	Non-Compliant Moderate
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Non-Compliant Moderate
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</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-0027832
Provider's response to Inspection Report No:	MON-0027832
Centre Type:	Children's Residential Centre
Service Area:	South
Date of inspection:	25 September 2019
Date of response:	14 November 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: Substantially compliant

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

The new filing system did not ensure that the care records were maintained in a chronological and secure order.

A number of key documents were not on file which included an up-to-date care plan for one young person and missing admission documentation for another.

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:

- (1) The organisation of care files will be reviewed with the staff team on November 19, 2019 with a view to identifying shortfalls and agreeing a consistent chronological organised approach. The files will be audited as per the national internal audit system by centre management commencing November 15, 2019. The findings of the audit will feed into the review with the staff team.
- (2) All key documents are now on file as of November 11, 2019 and the audit system will capture the care file contents and its maintenance from this date on. Where deficits are identified corrective action will be detailed with associated timeframes.

Proposed timescale:
Action complete – November 19, 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:

Actions to address an incident that had occurred in the centre three days prior to the inspection resulting in potential health and safety risks in the kitchen and dining areas were not timely.

The significant event register was not up to date.

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:

- (1) Initial cleaning was completed by the staff team at the time. The required work was completed by cleaning contractors within 5 working days. A review of the incident and subsequent actions was completed with the centre manager to inform practice in the event of a recurrence.
- (2) The significant event register is up to date as of November 11, 2019. The register will continue to be audited by centre manager/deputy on a monthly basis evidenced by initial and date with quarterly checks completed by the Deputy Regional Manager commencing December 18, 2019.

Proposed timescale:
December 18, 2019

Person responsible:
Deputy Regional 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:**

The absence of updated national policies and procedures impacted on the manager's capacity to monitor practice and performance effectively and to ensure the centre operated as it should.

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:

- (1) Centre policies were most recently reviewed in May 2019. The national suite of agreed policy/procedure for the service is due for issue and implementation by December 20, 2020.

Proposed timescale:
December 20, 2020**Person responsible:**
Centre Manager**Capability and Capacity****Standard : 5.2****Judgment: Non-compliant major****The Provider is failing to comply with a regulatory requirement in the following respect:**

Leadership was not strong enough to ensure the centre was well run and that the necessary changes were made at the pace required.

Centre management team was not operating effectively and required further supports.

Poor communication systems impacted on the centre's ability to function effectively.

Systems to ensure adequate monitoring and oversight of centre practices were not effective and records were not completed in a consistent manner by the designated

persons.

Risk management systems were not effective and risk assessments were not always completed in a timely manner.

Risk management was not clearly understood by all staff.

Decisions related to staffing the centre were not always safe. There were occasions where the decreased number of staff on duty impacted on young people's activities.

Meetings at social care leader level did not take place on a regular basis and meetings between centre managers were informal with no record of decisions made.

Supervision of staff was poor and not taking place as required. The non-adherence to the supervision policy meant that there was no accountability or effective link between supervision and the implementation of policy, procedures and placement plans.

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:

- (1) A service improvement group has been put in place as of October 15, 2019 with associated terms of reference identifying the group composition and tasks.
- (2) A key function of the service improvement group will be to support local management in implementing and sustaining change. Training applicable to management has been identified and prioritised.
- (3) Weekly management meetings will commence November 18, 2019 and fortnightly meetings with social care leaders will commence November 19, 2019. All meetings will be minuted using an established template.
- (4) The national internal auditing system is operational in the centre as of November 7, 2019 which is the manager and deputy manager's responsibility to complete, resulting in associated action plans where necessary. Completion of audits and identified actions will be reviewed with the deputy regional manager either via supervision, site visit and / or email correspondence as appropriate.

- (5) A risk management system is in place and operational as of October 2, 2019. Centre risk registers are subject to annual review at regional management meetings.
- (6) The deputy regional manager gave a presentation on risk management at the team meeting on October 29, 2019 to ensure common understanding of the management of risk associated with the service.
- (7) Systems exist to manage staffing issues. Approval to fill existing vacancies is managed through the Children’s Residential Service (CRS) Employment Monitoring Group. Agency staff are employed to cover deficits that cannot be covered by flexibility within the staff team. Decisions made regarding deployment of staff are made based on care principles, safety and available resources.
- (8) Weekly management meetings will commence November 18, 2019 and fortnightly meetings with social care leaders will commence November 19, 2019. All meetings will be minuted using an established template.
- (9) An audit of supervision has been completed as of November 7, 2019 by the Deputy Manager. A plan for training and review has been formulated based on the findings of the audit to ensure adherence to policy and improve quality.

Proposed timescale:
February 28, 2020

Person responsible:
Centre 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 did not reflect the introduction of new national standards for children’s residential centres in 2018.

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:

(1) The statement of purpose and function reflects the introduction of new national standards for children's residential centres in 2018 as of November 5, 2019.

Proposed timescale:
Action Completed November 05, 2019

Person responsible:
Centre 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:

The lack of a systematic approach to auditing of practice did not support a culture of continuous improvement.

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:

(1) The new national internal audit system is operational in the centre since November 7, 2019; the rolling nature of the system will support a culture of continuous improvement. This audit tool is in addition to an annual completion of three audits completed for Quality Improvement focusing on the following components of the service - Safe, Well Led and Child Centred which are due for completion by November 30, 2019. Findings of all audits will be subject to review as part of the line management relationship in supervision and with the team as appropriate.

Proposed timescale:
November 30, 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:**

An up-to-date care plan was not on one young person's file.

The lack of long-term placement planning for one young person impacted considerably on their interest in attending a school.

The best interests of young people were not always fully promoted and there was a lack of routine for young people out of school.

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 maximize their wellbeing and personal development.

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

- (1) Where there is an issue with an outstanding care plan that has not been resolved at centre level the matter will be escalated for the attention of the Deputy Regional Manager and /or Regional Manager. A review of the escalation process with centre management will take place at the next meeting of the service improvement group scheduled for December 5, 2019 and subsequently with the staff team.
- (2) Where issues related to long term planning impacts on a young person's educational placement or level of engagement, minutes of professional meetings will reflect the rationale for decisions made on the issue and placement plans will reflect the agreed plan of action regarding same. During school hours staff will work to maintain a healthy routine with the young person and encourage engagement in activities deemed appropriate.
- (3) Any young person without an identified school placement will have a written plan whereby they are encouraged to participate in an established routine and complete a programme consistent with identified needs during school hours. Where appropriate, alternative school settings or home tuition will be explored.

**Proposed timescale:
December 5, 2019****Person responsible:
Centre Manager**

Quality and Safety

Standard : 2.3

Judgment: Substantially compliant

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

The centre's safety statement was not up to date.

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:

- (1) The centre's health and safety statement will be updated by December 16, 2019. This document will be subject to review annually by the centre management and staff team and reflected in staff team meeting minutes.

Proposed timescale:
December 16, 2019

Person responsible:
Centre Manager

Quality and Safety

Standard : 2.5

Judgment: Non-compliant moderate

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

Incidents that related to one young person were responded to in line with policy but highlighted the need for waking night staff supervision.

Clear transition plans for young people who were either leaving care or moving to a new placement had not been formalised.

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:

- (1) Plans to address roster related issues continue in the context of national plans for double waking staff but in the interim, negotiations will commence at local level to move from the existing double sleep over cover to a roster with one

sleeping /one waking staff. Negotiations will commence by December 30, 2019.

(2) Transition plans for young people leaving care or moving to a new placement will be documented subsequent to professionals meetings. These plans will be located on young people's files.

Proposed timescale:
December 30, 2019

Person responsible:
Centre Manager

Quality and Safety

Standard : 2.6

Judgment: Non-compliant moderate

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

Appropriate aftercare options in line with the leaving care assessment of need for one young person were not available.

A leaving care plan for one young person had not been implemented at the time of inspection.

Action Required:

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

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

(1) Where aftercare options identified by the leaving care assessment prove unavailable or are changed, the context and reason for same will be documented and attached to the leaving care plan identifying the next most appropriate option.

(2) Leaving care plans will be implemented in line with the timelines agreed at professionals meetings. Where plans are amended or timelines altered the reason for same will be detailed and attached to the original leaving care plan to provide context.

Proposed timescale:
Action completed

Person responsible:
Centre Manager

Quality and Safety**Standard : 3.1****Judgment: Non-compliant moderate****The Provider is failing to comply with a regulatory requirement in the following respect:**

The assessment of risks were not always done in a timely manner.

Action Required:

Under Standard 3.1: You are required to ensure: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

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

- (1) A review of the risk management systems and recording of same has been completed in the first instance with centre management and subsequently with the staff team on October 29, 2019. Audits by management at local level and by external line management will ensure that risks are being managed in a timely manner.

Proposed timescale:
Action completed October 29, 2019

Person responsible:
Centre Manager

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

Not all staff had completed training or information days on the model of care implemented in the centre.

Significant event notifications were not consistently signed by staff or managers which did not ensure accountability for practice.

Action Required:

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

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

- (1) The full staff team are scheduled to attend the next training on the new model of care on November 20, 2019. Attendance at training is tracked on a regional basis to ensure that follow up training is scheduled for staff members

not in attendance if necessary.

(2) The system for signing of significant event notifications (SENs) will be reviewed with the team at the next team meeting scheduled to take place on November 19, 2019 to ensure consistent signing by staff members and managers.

**Proposed timescale:
November 20, 2019**

**Person responsible:
Centre Manager**