



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

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| Name of provider: | The Child and Family Agency |
| Tusla Region: | Dublin North East |
| Type of inspection: | Unannounced |
| Date of inspection: | 9 and 10 October 2019 |
| Centre ID: | OSV - 004178 |
| Fieldwork ID | MON - 0027833 |

About the centre

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

The centre was a large detached seven bedroomed house located in a rural setting near a town in North Dublin. It had a large well maintained garden to the front and rear of the house. There were two other Tusla services running from the location, as an administrative base for operations not related to the centre. There were a range of local amenities in the nearby town. The centre had capacity to provide medium to long term care for four children, male and female between the age of 13 and 18 years.

The aim of the centre staff team was to build strong, appropriate, nurturing and positive relationships with young people through effective interpersonal engagement. To work in an environment that is free from discrimination in any form and ensure young people's dignity, freedom of choice and their rights as an individual are maintained. The centre respects the rights of young people to express their views and considers real consultation with young people as a fundamental element of their care practice.

All staff in the centre recognise the important role family contact has in the lives of young people and staff work in partnership with young people and their families to ensure, as far as is practicable that young people remain fully engaged with their families.

Young people are facilitated by the service in every way possible to ensure they achieve their full educational potential and equipped with the life skills needed to live independent and full lives in their future.

The following information outlines some additional data of this centre.

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| 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 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:

| Date | Times of inspection | Inspector | Role |
|----------|----------------------|------------------------------|------------------------|
| 9/10/19 | 10:00hrs to 17:30hrs | Erin Byrne Jane McCarroll | Inspector Inspector |
| 10/10/19 | 08:00hrs to 16:00hrs | Erin Byrne Jane McCarroll | Inspector Inspector |

Views of children who use the service

Children felt well cared for and supported and they spoke positively about the care they received from staff in the centre. Inspectors observed kind, respectful and caring interactions and a genuine regard for the best interest of children by all staff present during the inspection. Children's move to the centre were planned based on their individual needs and circumstances. Children told inspectors that they had the opportunity to see the house, meet the other children and staff, and decorate their bedrooms before moving in.

Children told inspectors that they liked living in the centre. They said that they were aware of their rights including how to make a complaint if they wished however, children said that they felt confident they could resolve issues themselves directly with staff as they arose. Children told inspectors that when they had made a complaint in the past this was listened to and appropriate action taken to resolve the issue.

Children told inspectors that they felt safe living in the centre and had staff members they could talk to if they were worried or unhappy. Children also knew that they had support options outside of the centre including their social workers and external support services.

Children told inspectors that they were supported and encouraged to express their views and participate in decisions about their care. They said that they were supported to write to the alternative care manager to raise a request about holiday planning, which was outside of the authority of the centre manager to approve. They were awaiting a response at the time of inspection.

Children had daily opportunities to participate in decisions about day to day living in the centre and told inspectors that their overall care including their health and wellbeing was well attended to.

Capacity and capability

This inspection found that the systems in place in the centre ensured each child was listened to and given opportunities to participate in decisions about their lives. They were included in decisions about the centre which affect them and were supported to get involved in accordance with their age and stage of development. There was a culture of openness in the centre where children were encouraged to raise issues and make suggestions. Children were aware of the complaints process and their parents told inspectors that they felt they had opportunities to raise issues with the centre staff or manager should they wish. Children were also aware of external options available to

them to address their concerns if necessary. Inspectors reviewed one complaint made in 2019 and found that this was recorded, investigated and managed well. The centre held a complaints log which detailed complaints including the outcome and whether or not the complainant was satisfied. This was overseen by the centre manager and alternative care manager.

Each child resident in the centre had individual care records which were kept up to date, contained information as specified by regulations and relevant to their care. Active case records were stored securely within the staff office ensuring confidentiality for each child.

Incidents were effectively identified and managed in the centre and the centre manager had a good system in place to oversee reports on these events. There was a culture of learning from incidents evident amongst the staff team and openness to identifying areas for improvement. Parents and social workers were kept informed about significant events or incidents involving children. Input from children, their families and significant people in their lives was sought to guide interventions by staff to help children deal with particular issues as they arose. Centre practices and systems promoted best outcomes for children, and social workers were satisfied that the staff team were always on hand to support children through difficult times, and to help them manage times of crisis.

There were effective systems in place which ensured that the service was operating in compliance with relevant regulatory requirements and national standards. Staff demonstrated an understanding of current legislation and policies. They were confident in their roles and there was a culture of child-centred practice. However, the centre practices were not supported by up to date national policies and procedures which were informed by significant changes in legislation, guidelines and new national standards. Strong leadership and governance arrangements are underpinned by current and relevant policies, procedures and guidelines, and in their absence, the centre manager's capacity to monitor practice and performance effectively within an adequate framework was hindered. In the absence of up to date national policies and procedures, this inspection found that the staff completed training to ensure they were aware of current legislation such as Children First 2015 and data protection, as well as familiarising themselves with the new National Standards for Children's Residential Centres 2018.

The centre was effectively governed and managed by a competent and experienced management team. The centre manager was the person in charge of the day to day delivery of the service. He was supported in this role by a deputy centre manager and was line managed by an alternative care manager. The centre manager delegated duties appropriately while maintaining oversight of the day to day operations of the centre. There was an informal system in place to provide on-call support to staff outside of normal working hours. This system was operated by the centre manager and

deputy centre manager. Despite the need for a formal on-call system having been highlighted by HIQA previously, and an action plan response identifying that a national on-call system would be in place for children's residential services by the end of June 2019, this remained outstanding.

The centre manager, deputy centre manager and alternative care manager were all familiar with the circumstances of children living in the centre, and were involved in their day to day care as appropriate to their roles. There was strong leadership of the centre and as a result, staff were held to account for their practice, and were well supported to address any challenges as they arose.

There were effective risk management systems in place in the centre and all identified risks had been assessed. The centre maintained a risk register that was reviewed regularly. Risk assessments were found to be thorough, and included appropriate control measures to manage identified risks. There were clear procedures in place to escalate risk if necessary. This inspection found that risks had been appropriately escalated and were responded to by external managers in a timely way.

The centre had a written statement of purpose and function which accurately described the service being provided and the age range of the children the centre catered for. The statement of purpose and function was reviewed and signed as required by all members of the management team, and approved by the alternative care manager. The centre's day to day operations were in line with its stated purpose and function.

There were adequate arrangements in place to review and assess the safety, quality and continuity of care provided to children living in the centre. There were regular team meetings during which the centre manager facilitated discussions on progress, presenting challenges and general day to day care of young people. Decisions from team meetings were recorded and informed improvements in practice, and or changes to the staff's team approach to supporting each young person to achieve their identified goals. Individual plans for children were updated by the staff team and were reviewed regularly for their relevance and effectiveness. Significant events which occurred for young people living in the centre were monitored and analysed regularly. Learning from these events were discussed during team meetings, and trends or presenting challenges were appropriately identified and plans to address these were agreed by the team.

The centre manager and or deputy centre manager attended Tusla's significant event review group (SERG) meetings for the Dublin North region. SERG meetings involve representatives from teams within the region who gather on a monthly basis to review selected significant events from each centre, and provide objective analysis, opinion and suggestions for learning from each event. These meetings are designed to promoting learning within the team, and shared learning across the region. Inspectors

found that significant events which occurred in the centre were selected for presentation at these meetings, and recommendations were received from other SERG members. All relevant learning and or recommendations from SERG was then discussed at centre staff team meetings and required actions were implemented.

There was a visit to the centre by a monitoring officer from the National Quality Assurance and Monitoring service of Tusla, in April of 2019. The monitoring officer undertook a themed monitoring inspection of the service on its compliance with Child Care (Placement of Children in Residential Care) Regulations 1995, and focused on the following: Statement of Purpose and Function, Governance, Management and Oversight of the Centre, and the Management of Risk. The monitoring officer identified twelve issues requiring action by the centre, eleven of which were completed or in progress at the time of inspection. Recommendations that the health and safety statement be revised and reviewed by all staff had only partially been implemented in that the statement had been revised in June 2019, however, it had yet to be read and signed by the staff team.

Standard 1.6: Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Children's views were listened to and they were encouraged to participate in decisions about their care. The complaints process was clear to all and complaints were managed appropriately.

Judgment: Compliant

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 relating to all children living in the centre were maintained up to date, containing all necessary documentation and information and stored securely as required.

Judgment: Compliant

Standard 3.3

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

Regulation 15: Notification of significant events

Incidents and significant events in the centre were recorded and reported in line with requirements. They were routinely reviewed for learning by the care team, overseen by the centre management team. All relevant people were appropriately notified of incidents and significant events.

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| Judgment: Compliant |
| <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> <p>Regulation 5: Care practices and operational policies</p> |
| <p>The new National Standards for Children’s Residential Centres were available in the centre and had been discussed amongst staff and the child resident. Records demonstrated that staff had a working knowledge of Children First (2017) and knew how to manage serious concerns and complaints. While there were policies and procedures in place, many were significantly out of date and did not reflect current national standards or legislation. The absence of up to date policies and procedures did not support Tusla in ensuring that all aspects of the service were provided in line with national standards and current legislation.</p> |
| Judgment: Substantially Compliant |
| <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> |
| <p>There was good leadership and a culture of learning evident within the team. There was a management structure in place with clearly defined lines of authority and accountability. The centre manager was experienced, competent and provided leadership and support to the staff team. There were appropriate arrangements in place to support the centre manager in his role. Risk management systems were in place and where risks had been identified these systems were working well.</p> <p>Internal and external monitoring arrangements were in place and effective. However, while there was no evident impact on the operations of the centre at the time of inspection, the matter of agreeing sustainable on-call arrangements for management of the centre outside business hours remained unresolved for a significant period of time.</p> |
| Judgment: Substantially Compliant |
| <p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p> |
| <p>There was a statement of purpose and function in place which clearly described the model of service delivered in the centre. It reflected day to day practice and was reviewed as required</p> |

Judgment: Compliant

Standard 5.4

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

There were mechanisms in place to monitor and evaluate the quality safety and continuity of care provided to children which were effective. External line management arrangements for monitoring against the centre's compliance with national standards were good. Complaints, concerns and incidents were appropriately recorded, acted upon monitored and analysed and there was evidence that they were discussed in staff meetings to ensure on-going learning.

The centre had an external monitoring visit to assess compliance with regulations and had responded appropriately to identify actions to address non compliances however the service had not ensured timely implementation of all actions as required.

Judgment: Substantially Compliant

Quality and safety

Children's needs were appropriately identified and assessed to inform their placement in the centre. Prior to admission staff in the centre worked with each child's allocated social worker to complete an up to date assessment of the children's needs to ensure that the centre was able to meet them. In addition, inspectors found that appropriate consideration was given to the needs and rights of the children living in the centre prior to the admission of any new child.

This inspection found that children received care and support based on their individual needs. There were adequate arrangements in place to ensure that children's care plans were updated as required and appropriate systems in place for addressing any delays in receiving care plans from allocated social workers. The centre staff team and social workers worked together to ensure that children were cared for in line with their care plans. Where challenges arose, they were addressed through strategy or professionals meetings, involving An Gardaí Síochána where appropriate, and or daily contact between children's social workers and the staff team.

All children had up to date plans and their individual goals were reviewed regularly as required. Placement support plans detailed agreed interventions to support children to reach these goals. Inspectors found that these plans were actively evaluated and reviewed or updated as children's presenting needs changed.

Care and support was delivered in a child-centred manner and the children who lived in the centre were actively encouraged to participate in decisions and plans made about their care. Children were involved in placement planning processes including where required, reviews of safety plans in place. The staff team maintained contact with children's families and they too were encouraged and facilitated to be involved in planning their child's care. The centre ethos placed great value on establishing strong relationships with children and their families and or significant people in their lives, and encouraged children to explore and express their individuality. This was evident in centre practices.

Children's own individual goals and aspirations were known to staff members and these were reflected in their individual plans, including realistic achievable steps to support them to achieve these goals. Where specialist supports were required to meet children's specific needs, these were identified and provided. For example, when children presented with specific medical, therapeutic or social needs, specialised multi-disciplinary input was sought and intervention options to meet these needs were included in children's placement plans.

There was a culture of continuous learning and development amongst the staff team, and they demonstrated a desire to ensure that all available resources were identified and utilised to meet children's individual needs. The management team promoted the use of creative intervention approaches to individualised care provision. Social workers spoke highly of the staff team in the centre and of the service delivered to the children living there. They told inspectors that the team were responsive and collaborative in their communication and interactions.

The centre was clean and comfortable with plenty of space for rest and play, as well as communal spaces for dining and day to day interactions. Each child had their own bedroom and two of the four children had their own bathrooms. Children were encouraged to have input into the decoration of the centre and there were photographs and personal items belong to children visible throughout the centre.

There was an appropriate safety statement in place which was up to date, however it had not been signed to indicate that it was read and understood by all staff. There were systems for identifying, assessing and monitoring health and safety risks in place and these were appropriately reviewed and managed. Accidents and injuries were reported and recorded, and where these related to children, they were notified to children's social workers and or families. There were two centre vehicles which were adequately maintained and serviced.

Children were listened to, treated with respect and afforded the opportunity to make decisions about their own lives where possible. Referrals had been made to aftercare for children who required this, and these services had begun to engage with these

children. Preparation for leaving care and adult life was regularly discussed with children, depending on their needs and stage of development. Children played a key role in directing the focus and pace of their plans. Supports were in place to develop children's skills in line with the areas identified through an assessment of their aftercare needs. Goals for aftercare were set by children along with their aftercare worker, and with input from their key workers, social workers and other relevant people in their lives. While formal aftercare planning was in the early stages for all young people in the centre, informal preparation was built into the day to day living for all children.

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

There was a centre safeguarding statement which had been reviewed in line with relevant legislation and national policy. Adequate measures were in place to protect children from abuse, and suitable mechanisms were established to report and manage risks when they presented. Staff responded appropriately to child protection concerns by referring them to the relevant social work department, and the centre manager followed up child protection concerns with social workers as required. When situations arose which placed a child at risk, appropriate measures were put in place to ensure children were safeguarded against any potential harm. Safety arrangements were effectively communicated between professionals, to ensure consistent interventions and children's placement support plans were updated accordingly.

Safety plans were implemented for children when they presented with at risk behaviours. These safety plans were found to be relevant and when appropriate, children were included in their development. These plans were updated regularly and when unusual or unforeseen circumstances arose, the staff team employed creative solutions to manage risks to children. There was a strong emphasis on the development of good relationships between children and staff, and in times of difficulty or distress, children benefited from these supportive and nurturing relationships. This approach ensured children remained engaged with staff members when they were in crisis and could be supported to manage challenges they faced.

The systems in place to address safeguarding issues such as bullying, were found to be effective. Where concerns of this nature arose, the service responded promptly and managed these behaviours. Specific training was provided to the staff team.

Staff members were found to be knowledgeable about their responsibilities in protecting children from abuse and the need to report and record any such concern. Families and social workers told inspectors that they were promptly informed of any concerns relating to the safety and wellbeing of the children living in the centre. Placement plans were found to have equal focus on ensuring children were supported

to develop skills in relation to their wellbeing and self-care, as well as practical skills related to education or employment.

The staff team were experienced and skilled and as a result, they responded effectively to behaviours that challenged. Staff in the centre were trained in an approved approach to managing behaviour that challenged, but this training was not up to date for all staff.

The centre was in the early stages of embedding a new framework for recording and measuring the impact of care on the children's wellbeing, at the time of inspection. The centre staff team were enthusiastic about the impact of this new framework and told inspectors that it had further enhanced and developed their child-centred individualised approach to care. It was standard practice in the centre to try to identify underlying reasons for children's behaviour and explore circumstances which lead to the challenges they faced. This approach assisted and supported children to develop an awareness of the cause of their behaviours and in time, to change them.

There was an obvious awareness of children's mental and physical wellbeing, and how they impacted on children's ability to engage in plans for their care. This was evident in the teams approach to including children in their care and responding to issues as they arose. Children were supported to develop an understanding of their personal circumstances, and to consider ways of responding to them. Staff tailored their communication and intervention styles to meet each child's needs and ability.

The centre manager played an active role in reviewing and evaluating the effectiveness of staff interventions with children. He demonstrated strong leadership and guidance for staff in this regard. Children's behavioural support plans such as crisis management, absence management and or safety plans were reviewed and updated as required and there was evident oversight of these by the centre manager. Where particular vulnerabilities were identified for example; where children failed to return and were reported missing from the centre, these incidents were managed appropriately and in line with children's absence management plan. When required, joint meetings were promptly arranged with An Garda Síochána to address on-going or significant risks to children who were missing from the centre.

Inspectors observed during inspection and a review of centre records, that absences from the centre were well managed and children's wellbeing and safety was central to centre practices.

Children were not subject to any unnecessary restrictive procedures in the centre. When restrictive practices such as room searches were necessary, these were found to be implemented only as required and in response to risk. Restrictive practices were appropriately recorded, and there was evidence of effective oversight and monitoring by the centre manager and external line manager.

Standard 2.1

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

Children's needs were appropriately identified and assessed to inform the appropriateness of the placement to meet their needs. Children living in the centre received care and support based on their individual needs and their care plans were updated as required.

Judgment: Compliant

Standard 2.2

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

Regulation 23: Care Plan

Regulation 24: Supervision and visiting of children

Regulation 25: Review of cases

Regulation 26: Special review

Children living in the centre all had statutory care plans as required. Children's care was reviewed as required and plans for their care updated following review. Plans in place outlined how the child would be supported in respect of their identified needs, and children were actively involved in planning for their care. Communication between the centre staff and the children's social workers was effective.

Judgment: Compliant

Standard 2.3

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

Regulation 7: Accommodation

Regulation 12: Fire precautions

Regulation 13: Safety precautions

Regulation 14: Insurance

The centre was suitable for providing safe and effective care for children. Children had their own bedrooms and there were adequate recreational facilities. Measures were in place as required to prevent accidents and reduce the risk of injury. When incidents occurred they were appropriately recorded, reported and managed. Centre records showed that the vehicles in use by the centre were appropriately serviced and maintained. There was an up to date safety statement in place however, this had not been read by all staff members as required.

Judgment: Substantially Compliant

Standard 2.5

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

Each child experienced integrated, individualised care which was effectively coordinated between relevant services. Children's input into their care and decisions relating to their care were routinely sought and reflected within plans.

Judgment: Compliant

Standard 2.6

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

There was good communication between the centre and services involved with the children in their care. Aftercare plans were progressing as required and were informed by the wishes of the child.

Judgment: Compliant

Standard 3.1

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

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 through Tusla's web portal, in line with Children First (2017). All staff had up-to-date training in Children First (2017) and records reviewed demonstrated appropriate knowledge of this aspect of practice. Safeguarding practices were in place in the centre and children were supported to develop the skills needed for self-care and protection. Staff worked with the social worker, the child and their family to promote their safety and wellbeing.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behavior.

Interventions were aimed at supporting the child to understand their behaviour and in line with their identified needs. Restrictive procedures used in the centre were the least restrictive option, for the shortest duration necessary. They were appropriately risk assessed, recorded and reviewed.

However, while staff were trained in an approved approach to managing behaviour that challenged, this training was not up to date for all staff.

Judgment: Substantially Compliant

Appendix 1 - Full list of standards considered under each dimension

| Standard Title | Judgment |
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| Capacity and capability | |
| Standard 1.6: Each child is listened to and complaints are acted upon in a timely, supportive and effective manner. | Compliant |
| Standard 2.4: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre. | Compliant |
| Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice. | Compliant |
| Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child. | Substantially Compliant |
| Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support. | Substantially Compliant |
| Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided. | Compliant |
| Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children. | Substantially Compliant |
| Quality and safety | |
| Standard 2.1 Each child's identified needs informs their placement in the residential centre. | Compliant |
| Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development. | Compliant |
| Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child. | Substantially Compliant |
| Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services. | Compliant |
| Standard 2.6 Each child is supported in the transition from childhood to adulthood. | Compliant |

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| Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted. | Compliant |
| Standard 3.2 Each child experiences care and support that promotes positive behavior. | Substantially Compliant |

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

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| Action Plan ID: | MON-0027833 |
| Provider's response to Inspection Report No: | MON-0027833 |
| Centre Type: | Children's Residential Centre |
| Service Area: | CFA DNE CRC |
| Date of inspection: | 9 and 10 October 2019 |
| Date of response: | 26 th November 2019 |

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

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| <p>Capability and Capacity Standard : 5.1 Judgment: Substantially Compliant</p> |
| <p>The Provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Many policies and procedures were out of date and did not reflect current national standards or legislation. Tusla had not updated the full suite of policies and procedures for children's residential centres since 2010.</p> <p>Action Required: Under Standard 5.3: You are required to ensure: The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.</p> <p>Regulation 5: Care practices and operational policies</p> <p>Please state the actions you have taken or are planning to take:</p> |

The new national suite of policies and procedures for Children's Residential Services is scheduled to be in place by end 4th quarter 2020. A policy on restrictive practice will form part of the national suite of policies for residential care.

Proposed timescale:
31st December 2020

Person responsible:
National Director
Children's Residential Services

Capability and Capacity

Standard : 5.2

Judgment: Substantially Compliant

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

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

Action Required:

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

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

A national consultation process has commenced, with all stakeholders, regarding the introduction of a standardised on call system in Children's Residential Services. Tusla and Forsa are holding regular meetings with an outcome expected by the 3rd quarter of 2020.

Proposed timescale:
3rd Quarter 2020

Person responsible:
National Director
Children's Residential Services

Capability and Capacity

Standard : 5.4

Judgment: Substantially Compliant

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

Implementation of agreed actions to address non compliances as identified by Tusla monitoring officer, were not timely in all cases.

Action Required:

Under Standard 5.4: You are required to ensure: The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

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

The centre manager will schedule time at team meetings to discuss new developments in policy, legislation and standards. This will ensure that there is a comprehensive understanding among management and the team. Management will complete monthly audits which will ensure oversight and governance.

Proposed timescale
12th November 2019

Person responsible:
Social Care 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 safety statement had not been read and signed by all staff as required.

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:

A revised health and safety statement has been put in place and is signed by all staff and management.

Proposed timescale:
12th November 2019

Person responsible:
Social Care Manager

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| Quality and Safety Standard : 3.2 Judgment: Substantially Compliant | |
| The Provider is failing to comply with a regulatory requirement in the following respect: Mandatory training was not up to date as required for all staff. Action Required: Under Standard 3.2: You are required to ensure: Each child experiences care and support that promotes positive behaviour. Please state the actions you have taken or are planning to take: All Mandatory training is now up to date. | |
| Proposed timescale: 7th November 2019 | Person responsible: Social Care Manager |