



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:	4 and 5 September 2019
Centre ID:	OSV-4181
Fieldwork ID	MON-0027638

About the centre

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

[The centre] forms an integral component of the provision of child care and family support services. Residential care is an essential aspect of these services, providing a structured, caring and supporting environment for those children not living at home or in an alternative family provision. The care provided to the young people availing of the service in [the centre] is rooted in the principle of profound respect for the dignity of each individual. Our central task involves a holistic approach and seeks to realise the intellectual, spiritual, emotional, social and physical potential of each child. Our primary purpose is 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 families. The centre provides residential care for up to four young people. These young people are aged 13-17 years upon admission to the centre. The duration of placement is medium to long term care.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
04 September 2019	09:30 to 18:00	Lorraine O Reilly, Sharron Austin	Inspector
05 September 2019	09:30 to 18:00	Lorraine O Reilly, Sharron Austin	Inspector

Views of children who use the service

Inspectors met and observed three children over the course of the inspection fieldwork. Inspectors observed children and staff making lunch and talking to one another. Children appeared relaxed in the company of staff members.

Children said that they were happy in the centre. They had their own en-suite bedrooms and storage areas. They spoke positively about the various living spaces such as the living room, gaming room and activity room. They said they did not like that the centre was 'on the grounds of a psychiatric hospital'. Children spoke about wanting the centre to be located somewhere else.

Children talked about staff in a positive manner and described the staff team as the 'best thing about living here'. They said that they felt comfortable talking to members of the staff team and they spoke about how the staff team cared for them. They valued having a keyworker and were aware of how their keyworker could support them.

It was obvious during the inspection that children were supported to maintain contact with their families. They were also supported to attend educational programmes and to seek or maintain part-time work. Children told us that they enjoyed going outside of the centre for various activities.

Inspectors observed staff providing appropriate child-centred care that met children's needs. Staff facilitated children's appointments and they encouraged family contact and promoted alternative educational options for the children. Staff managed difficulties in a positive way, and attended meetings with services to ensure children's needs were being met. Staff were observed as diligent in updating social workers on children's progress.

Capacity and capability

There was a clear governance structure for the centre with defined lines of authority and accountability. An experienced centre manager was in place who was supported by a deputy manager. A deputy regional manager commenced in post four months prior to the inspection. Leadership was shown in the centre with regard to challenging previous practices, and while there were some improvements, stronger leadership was required in relation to the on-going use of some restrictive practices. There was also a need for managers to ensure that the quality assurance systems in place were effective in bringing about improvements in fundamental day to day practices, such as carrying out fire safety checks on a consistent basis. Furthermore, the centre remained in an unsuitable premises without any formal plan to relocate.

Staff were aware of their roles and responsibilities in providing a child-centred service. There was a national initiative in place to review and change the staff roster to ensure it met the needs of children on a 24 hour basis. This had raised challenges for the management team which were being dealt with at the time of the inspection. Inspectors found that this did not impact on the level of care provided to children.

A full suite of up to date policies and procedures was not in place at the time of inspection. National policies and procedures for residential care services had not been updated by Tusla since 2009. Managers told inspectors that draft national policies had been distributed to the residential centre for comment and review, but they were not aware when these would be in place. The absence of policies and procedures impacted on the manager's capacity to monitor practice and performance effectively, and to ensure the centre operated as it should.

The statement of purpose for the centre was reviewed and updated in September 2018. It provided information about the staff employed at the centre and outlined how the centre would meet children's needs. The statement of purpose needed to be updated to reflect current national strategy. The length of one child's placement was considerably longer than the duration provided in the statement of purpose and function. However, this extension was based on the needs of the child.

There was an operational reporting system in place in the centre. This report was submitted by the centre manager to the deputy regional manager on a monthly basis. Quarterly data and information returns were submitted to Tusla's national office for oversight of its performance. The deputy regional manager had an office in the same building as the centre and the level of visits were organised based on need. Visits facilitated both formal and informal contact between them and the centre manager.

There were mechanisms in place to ensure quality of care. They included oversight of records such as the child protection log, registers for recording complaints and significant events, and a risk register. There were systems in place to manage risk which were supported by procedures for the escalation of risk to senior managers when required. Risk assessments were completed and they identified appropriate control measures to address the risks identified. However, the risk register did not fully reflect risks in the centre such as those related to ligature points, following the refurbishment of the centre. Significantly, it did not identify potential risks associated with the suitability of the centre to provide residential care to children in its current location or premises, and meeting national standards in this regard. Although there were systems in place for oversight of basic requirements in the centre such as emergency lighting checks, they were not effective in ensuring these checks

happened.

The centre had an effective system in place to manage complaints in line with Tusla's policy. Children were listened to and were aware of how to make a complaint and had exercised this right. Complaints were recorded, managed, investigated and reviewed on a monthly basis to see if any complaints were outstanding. There was one open complaint at the time of inspection and managers said that this was on track for resolution.

The deputy regional manager attended Tusla's significant event review group (SERG) meetings for the service area. This allowed for independent monitoring of selected significant events that occurred at the centre. There was a system in place for the notification of significant events. Significant events were notified promptly and managed appropriately in line with Tusla's national centralised notification system.

The centre did not have a systematic approach for conducting practice audits as a matter of routine. One audit did happen and it had led to a practice change in the month prior to inspection. This improved the documentation of children's records but further improvements were required.

There were systems in place to consult with children so that they could contribute to decisions made within the centre. This happened through regular children's meetings that clearly recorded requests made by children but did not record the outcomes of these requests. Children's rights information was included in the children's information booklet which was given to children on admission. Children's rights were also painted on a wall along the main corridor of the centre.

There were some effective communication systems in the centre which included regular managerial and staff team meetings. Weekly team meetings were recorded in a detailed manner and staff signed the minutes after reading them. Meetings at social care leader level occurred on an irregular basis. Meetings at senior management level were not formally recorded. Assurances were provided by the centre manager during the inspection that this would be rectified immediately.

Staff supervision records were maintained with a good level of detail to ensure each staff member was accountable to their line manager for their daily practice. Decisions agreed were not clearly recorded and were not followed up in subsequent sessions. Supervision sessions were not always provided within the timelines of the supervision contracts, and records did not always demonstrate the reasons for any delays between supervision sessions.

Inspectors sampled children’s care records and found they were well maintained. Placement plans, placement support plans and key working reports were comprehensive, detailed and addressed key issues including health, education and the children’s overall needs. There was evidence that the centre consulted with children and their parents or carers when placement plans were being developed, and that their views informed placement plans. Children attended therapeutic services as required and participated in various social activities.

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.

Staff in the centre maintained a care record for each child that was up to date and contained all the information as specified in the regulations. Care records were stored securely. Information about children was accessible to those who required it. A recent audit of care records led to the management decision that daily logs would be typed rather than handwritten due to records being illegible. The recording system in place did not indicate who created the daily log. Typed daily logs implemented within the past month were not always signed off by two staff members.

Judgment: Substantially compliant

Standard 3.3

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

Significant events were appropriately recorded, reported and responded to in a prompt manner. A register was kept in respect of events related to each child. Events that required follow-up were all clearly documented. The items for discussion from these various mechanisms were brought to the weekly staff team meetings for learning. Incidents were appropriately reported and recorded and the National Incident Management System (NIMS) was implemented in the centre.

Judgment: Compliant

Standard 5.1

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

The new National Standards for Children's Residential Centres were available in the centre and had been reviewed with the staff team to ensure their understanding of them. Records demonstrated that staff had up to date training in Children First (2017) and staff knew how to manage serious concerns and complaints. The lack of up to date policies and procedures did not ensure that service provision was in line with current national standards and legislation.

Judgment: Non-compliant moderate

Standard 5.2

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

There was a clear management structure in place. The centre manager was experienced and provided support to staff. Stronger leadership was required to ensure practice changes occurred, such as the continuing use of unnecessary restrictive practices. The current staff rota was under review nationally to ensure it met the needs of children. This presented some challenges to the management team, which were being addressed at the time of the inspection. There was no timeframe for when the necessary changes would occur. Centre practices were not supported by up to date policies and procedures for children's residential centres. Given that leadership and governance arrangements are underpinned by current and relevant policies, procedures and guidelines, in the absence of these the manager's capacity to monitor practice and performance effectively against policy and procedure was hindered. There was an operational reporting system in place but not all internal meetings were formally recorded.

Judgment: Non-compliant moderate

Standard 5.3

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

The statement of purpose was reviewed by managers since the last inspection. The statement of purpose and function clearly described the model of service delivered in the centre. The statement of purpose described the organisational structure, the management and staff employed in the service. It referred to an outdated national strategy and required review to incorporate and reflect the requirements of the national

standards and regulations.

Judgement: 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.

Complaints, concerns and incidents were appropriately recorded, acted upon, monitored and analysed. Staff were trained in safeguarding children and managing allegations and serious concerns. The lack of up to date local policies and procedures which reflected current national standards and legislation did not support the centre manager to drive improvement in practice and service delivery. The centre did not have a systematic approach to auditing of practice which would support ongoing improvements to the quality of care for children.

Judgment: Substantially compliant

Quality and safety

Children living in the centre received child-centred and good quality day to day care. They were involved in planning their day and were regularly encouraged to engage in activities related to their placement plans.

The centre provided a clean and comfortable environment for the children. There were good facilities for recreation. Children had their own rooms and storage units for their belongings. Despite these positive findings, the premises was not fit for the purpose of providing residential care to children. While the unsatisfactory nature of the centre was acknowledged by Tusla, there was no current plan in place within an identified timeframe to re-locate the centre to an appropriate premises.

The service had measures in place to ensure the safety of children. Staff responded appropriately to child protection concerns by referring them to the relevant social work department. Staff engaged in individual work with children on an on-going basis both in a planned and opportunity led manner, which was well recorded in the child's file. Individual work was aimed at promoting learning and reducing risks in a way that took account of each child's learning ability.

There had been a decrease in the number of restrictive practices in use in the centre since the last inspection. Doors within the centre were now unlocked and children had access to various communal areas. Notwithstanding this, other restrictive practices continued since the last inspection. Alarms remained on each child's bedroom door which were activated at night time. There was no evidence to demonstrate that this practice was based on risk to each child. A risk assessment for each child was not completed and as a result, there was no rationale for the need for door alarms.

Furthermore, there was no system in place to review this practice to ensure it was necessary and only used for the shortest time possible. Other restrictive practices were in use, and discussions took place between staff and children to ensure they understood why these restrictions were in place. This was recorded in children's individual files. For example, restricting the use of a child's mobile phone for a specific reason and specific length of time, for reasons of risk.

Children living in the centre had up to date placement plans at the time of inspection. Placement plans were found to reflect each child's care plan and the role of the centre in implementing these plans. Placement support plans were informed by the expressed wishes of the children. The children had access to specialist therapeutic advice and support as required.

Inspectors found that there was good communication between the service and relevant people in children's lives. Social workers spoke positively about the team's interactions and involvement with the children. The children's social workers told the inspector that they received regular updates as required and they were notified promptly of any issues arising. Social workers were invited to meet with the staff team to discuss the child's needs. The centre supported children to maintain contact with their families and also in developing independent living skills, appropriate to their age and stage of development. Children were referred for an aftercare service in a timely manner, to ensure their needs would be met on leaving care.

There were three vehicles assigned for use by staff in the centre which were appropriately taxed, insured and serviced. There was a system in place for daily checks of the vehicles by staff. Staff received fire training and effective systems were in place to ensure that the centre was well maintained. Not all fire safety checks occurred in a timely manner. Emergency lighting checks that were to occur on a weekly basis were not done so consistently. Although the centre was well maintained, there was no recording system in place to track work completed or the timeframe within which this occurred. However, the deputy manager assured inspectors that responses to maintenance requests were timely. When incidents occurred, they were appropriately recorded, reported and managed.

Standard 2.1

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

Admissions occurred in a planned manner. When the residential centre had capacity to offer a placement to a child, the centre managers attend a regional referrals meeting. The suitability of a placement was informed by a child's needs. Children's social workers visited the centre with the child. Children were shown around the centre, met with staff and other children living there. There was regular and effective communication between children's allocated social workers and the staff team to ensure the children's needs were being met on an on-going basis.

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.

Children were admitted to the centre in line with the centre's statement of purpose and function. All children had up to date care plans and placement plans relevant to their needs. Plans in place clearly outlined how children would be supported on a daily basis by the staff team. Children were supported to access external supports and services as required. Children were involved in developing their plans. Individual goals were reviewed and plans were updated as required.

Judgment: Compliant

Standard 2.3

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

Staff were providing safe and effective care to children and appropriate measures were in place to promote their safety. Incidents were effectively responded to and reported to the relevant parties. Centre vehicles used to transport children and staff were regularly serviced and maintained. While the centre had undergone significant refurbishment of its interior to make it more homely, the design and location of the building was not suitable for the provision of mainstream residential care to children.

Judgment: Non-compliant major

Standard 2.5

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

There was good communication between the centre and services involved with the children living there. Admissions were well managed. There was regular consultation with social workers and external agencies in relation to the children's care. Staff ensured that the children attended various support services on a daily basis. Aftercare referrals and plans were in place where necessary, and the collaborative work between the centre staff and social workers was evident in care plans, placement plans and placement support plans.

Judgment: Compliant

Standard 2.6

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

Children were referred to the aftercare service in a timely manner. Children were also supported by staff in developing their independent living skills such as cooking, using public transport, engaging in part-time work when appropriate, and availing of driving lessons.

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, inspectors found that child protection concerns were reported to the social work department in line with Children First 2017. All staff had up to date training in Children First (2017) and staff interviewed by inspectors were aware of mandated reporting. The centre manager was the designated liaison person for the service. Staff worked with social workers, children and their families to promote children's safety and well-being. Staff were aware of the centre's policy and procedure about making a protected disclosure.

Children were supported to develop the knowledge, self-awareness and understanding in relation to making choices about their care. Children were allowed unsupervised time outside of the centre to attend various activities and meet with family or friends when it was safe to do so. Children had their own mobile phones and when restrictions were put in place around activities or mobile phones, they were directly related to keeping children safe. Discussions that occurred with the children on these issues were clearly documented in their individual files.

Judgment: Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Staff in the centre were trained in an approved approach to managing behaviour that challenged. The staff team had attended information days on implementing their model of care, which provided a framework for positive behaviour support. Children were supported to understand their behaviour through individual work with keyworkers, in line with their needs identified in their placement plans. The restrictive practice of having alarms on all of the children's bedroom doors at night was not risk assessed and the centre could not demonstrate that this practice was based on actual or potential risk to each child.

All staff had received up to date training in the therapeutic approach utilised by the centre. Managers informed inspectors that a psychologist was due to be in post

shortly following the inspection. Staff spoke about this as a positive addition for the children and the team, to ensure children's needs were being met in a holistic manner. Staff spoke about the importance of being child-centred in their practice and meeting the children's individual needs. Children were positive about their daily interactions and relationships with staff in the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
Standard 2.4: The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.	Substantially compliant
Standard 3.3 Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice.	Compliant
Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.	Non-compliant moderate
Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.	Non-compliant moderate
Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.	Substantially compliant
Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.	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

<p>Standard 2.3 The children's residential centre is homely, and promotes the safety and wellbeing of each child.</p>	Non-compliant major
<p>Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.</p>	Compliant
<p>Standard 2.6 Each child is supported in the transition from childhood to adulthood.</p>	Compliant
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive 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-0027638
Provider's response to Inspection Report No:	MON-0027638
Centre Type:	Children's Residential Centre
Service Area:	South
Date of inspection:	04 September 2019
Date of response:	2 December 2019

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

Capability and Capacity

Standard : 2.4

Judgment: Substantially compliant

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

All children's records were not signed by the required number of staff.

An internal audit found records to be illegible.

Action Required:

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

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

- The current young person's record format was reviewed at a staff team meeting that took place on 15/10/2019. As part of this review the format will be amended to provide for one staff signature format. Work will also focus on ensuring the format reflects the introduction of a new model of care.

- In response to the findings of the internal audit all daily records are now typed since 01/08/2019.

Proposed timescale:
01/12/2019

Person responsible:
Centre Manager

Capability and Capacity

Standard : 5.1

Judgment: Non-compliant moderate

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

Policies and procedures were out of date and did not reflect current national standards or legislation.

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:

- An audit will be carried out by a designated Social Care Leader on existing Policies and Procedures to ensure all policies are current and /or reflect national policy where it exists. This audit will be completed by 1/12/2019. A full suite of national policies and procedures for residential care is scheduled for availability in the last quarter of 2020.

Proposed timescale:
20/12/2020

Person responsible:
Centre Manager

Capability and Capacity

Standard : 5.2

Judgment: Non-compliant moderate

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

Centre practices were not supported by up to date policies and procedures.

Meetings at team leader level occurred on an irregular and infrequent basis.

Meetings at senior management level were not formally recorded.

The centre premises were not fit for the purpose of providing residential care to children.

Leadership was not strong enough to bring about the required changes to day to day practice.

Action Required:

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

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

- Centre practices will be supported by current policy on foot of an internal audit pending receipt of the national suite of policies and procedures. Findings of the audit and implication for practice where identified will be subject to review with the staff team at a team meeting scheduled to take place on 10/12/2019.
- Social Care Leader meetings will commence monthly meetings from 05/11/2019. These will be chaired by the Manager/Deputy Manager. All meetings will be minuted.
- Meetings at Senior Management level (Centre and Deputy Manager) will be held weekly as of the week commencing 21/10/2019. All meetings will be minuted.
- A service decision has been made to relocate to an alternative setting which would provide a more home like environment. This service decision forms part of the regional service development plan which has been reviewed with Tusla estates. Three options have been identified to date - to build a detached purpose built centre as part of a development control plan for the entire site, to buy or build off-site. Work has commenced to identify which of the three options will prove most appropriate to the identified needs of the service. The anticipated timeframe for conclusion is 3 – 5 years.
- Structures around leading roles in the service have been formalised by the Deputy Regional Manager. This is to ensure regular forums exist to identify and support any required changes with associated timeframes. In addition to line management supervision, meetings will be established that include the Manager, Deputy and Social Care Leaders on a quarterly basis chaired by the Deputy Regional Manager. These meetings will focus on areas of required change and development to ensure leadership at all levels is monitored and supported commencing 17/12/2019.

Proposed timescale: 17/12/2019	Person responsible: Deputy Regional Manager
Capability and Capacity Standard : 5.3 Judgment: Substantially compliant	
The Provider is failing to comply with a regulatory requirement in the following respect: <p>The statement of purpose does not incorporate and reflect the requirements of the national standards.</p> <p>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.</p> <p>Please state the actions you have taken or are planning to take:</p> <ul style="list-style-type: none"> • The Purpose and Function will be updated on the 28/10/2019 by the Centre Manager and Deputy Regional Manager. It will incorporate and reflect the requirements of the national standards. 	
Proposed timescale: 28/10/2019	Person responsible: Centre Manager
Capability and Capacity Standard : 5.4 Judgment: Substantially compliant	
The Provider is failing to comply with a regulatory requirement in the following respect: <p>There was no systematic approach to quality assuring practice to ensure a safe and effective service.</p> <p>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.</p>	

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

- On the 16/10/2019 under the Tusla Quality Improvement Framework in order to ensure a high quality service the descriptors Safe and Child Centred were completed. The Centre Manager will review with the staff at staff meetings on the 22/10/2019 and 29/10/2019. The quality principles, Well Led, Child Centred and Safe will be reviewed by Management and the team on an annual basis commencing January 2020. A national audit tool will also be operational with effect from 7/11/2019. Findings from the audits completed will be actioned as appropriate to maintain a quality learning culture in the centre.

Proposed timescale:
29/10/2019

Person responsible:
Centre Manager

**Quality and Safety
Standard : 2.3**

Judgment: Non-compliant major

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

The design and location of the building was not suitable for the provision of residential care to children.

Fire safety checks were not carried out consistently.

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 service decision has been made to relocate to an alternative setting which would provide a more home like environment. This service decision forms part of the regional service development plan which has been reviewed with Tusla estates. Three options have been identified to date - to build a detached purpose built centre as part of a development control plan for the entire site, to buy or build off-site. Work has commenced to identify which of the three options will prove most appropriate to the identified needs of the service. The anticipated timeframe for conclusion is 3 – 5 years.
- A Health and Safety Representative has been identified in the Centre who will assume responsibility to monitor fire safety checks on a weekly basis

evidenced by signature and date. The Centre's shift planner has been amended to include daily fire safety checks. Safety check requirements are listed. Management oversight on fire checks will be noted on the annual audit tool. Any deficits noted will be prioritised for immediate action. This system change will be communicated and discussed with the staff team at a team meeting on 10/11/2019.

Proposed timescale:
12/11/2019

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:

The restrictive practice of having alarms on all of the children's bedroom doors during the night was not risk assessed or individual to each of the children's needs.

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:

- A review of the current practice of having alarms on all of the children's doors will be reviewed by the Deputy Regional Manager in the first instance with the Centre and Deputy Manager on 25/10/2019. A subsequent meeting with the staff team will take place on 29/10/2019. Following this review a new protocol in respect of night time routines will be drawn up which will reflect the identified needs and safety of all young people living in the centre.

Proposed timescale:
12/11/2019

Person responsible:
Deputy Regional Manager