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Children's Residential Centre, CRC, 20 September 2018

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Children's Residential Centre, CRC, 20 September 2018', [report], Health Information and Quality Authority, 2019-01-10, Children's Residential Centre (CRC), (CRC) Children's residential centre, Monitoring Inspection Report on children's statutory residential centres under the Child Care Act, 2019
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-06-16 06:25:24
Link to Item	https://hdl.handle.net/20.500.14765/86891

Health Information and Quality Authority Regulation Directorate

Monitoring Inspection Report on children's
statutory residential centres under the Child Care
Act, 1991



Type of centre:	Children's Residential Centre
Service Area:	CFA DML CRC
Centre ID:	OSV-0004166
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0025048
Lead inspector:	Jane McCarroll
Support inspector (s):	Sabine Buschmann

Children's Residential Centre

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

The Authority is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011, to inspect children's residential care services provided by the Child and Family Agency.

The Authority monitors the performance of the Child and Family Agency against the National Standards for Children's Residential Services and advises the Minister for Children and Youth Affairs and the Child and Family Agency. In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- assess if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- seek assurances from service providers that they are safeguarding children by reducing serious risks
- provide service providers with the findings of inspections so that service providers develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of the Authority's findings.

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

From:	To:
20 September 2018 09:00	20 September 2018 17:00
21 September 2018 09:00	21 September 2018 17:00

During this inspection, inspectors made judgments against the *National Standards for Children's Residential Services*. They used three categories that describe how the Standards were met as follows:

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

Substantially compliant: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-compliant: means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

The table below sets out the Standards that were inspected against on this inspection.

Standard	Judgment
Theme 1: Child - centred Services	
Standard 4: Children's Rights	Non-Compliant - Moderate
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Non-Compliant - Moderate
Standard 6: Care of Young People	Non-Compliant - Moderate
Standard 7: Safeguarding and Child Protection	Non-Compliant - Moderate
Standard 10: Premises and Safety	Substantially Compliant
Theme 3: Health & Development	
Standard 8: Education	Compliant
Standard 9: Health	Non-Compliant - Moderate
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Non-Compliant - Moderate
Standard 2: Management and Staffing	Non-Compliant - Moderate
Standard 3: Monitoring	Compliant

Summary of Inspection findings

The centre was a detached two story house located in a residential area of Kildare. The service provided medium to long term care to five young people who were aged 13 to 17 years of age on admission. The children were referred to the centre from the regional central referrals committee. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 4 children, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

In addition, inspectors interviewed three children, two social workers and the interim service manager.

Children in the centre received good quality care provided by an experienced and

committed staff team. Children's views were sought and valued and the centre had won an award for investing in children in 2017. Inspectors found that children were supported and encouraged to contribute to the day-to-day running of the centre. Staff were warm and caring towards children in their care and there was a homely welcoming atmosphere in the centre.

Staff and managers worked with children, their families, social workers and other services to identify and meet the needs of young people. The health, emotional and behavioural needs of the children were facilitated and promoted by staff in the centre. However, from a review of medication records, inspectors found that improvements were required to ensure the safe and timely administration of medication to children.

Some children told inspectors that they did not like living in residential care in general because they were sharing their home with professional staff. Three children told inspectors that they had good relationships with staff and they were aware of the ways in which they could raise a concern or complaint. Some children told inspectors that it was sometimes hard to live in the centre due to the behaviour of others.

Statutory requirements in relation to children in care were on files reviewed by inspectors. Inspectors found good quality placement plans and placement support plans for children in the centre.

Safeguarding measures were in place in the centre but the children did not always feel safe. Inspectors sought assurances from the centre manager during the inspection that immediate steps would be taken to appropriately safeguard all children.

Some restrictive practices were utilised in the centre. However, inspectors identified gaps in the review and recording of risk and restrictive practice. This meant that the response to risk was not always timely. Furthermore, systems to ensure that restrictive measures were appropriate, proportionate and for the shortest duration possible, were not in place.

Aftercare services were inadequate and children were concerned for their future. At the time of inspection, inspectors found that none of the children who were eligible for aftercare services were actively engaged in this service. This was impacting negatively on the children who were unsure of where they would live and who would support them when they approached 18 years. This also impacted on the staff team's ability to plan and prepare the children for their transition from care.

The service was led by a centre manager and deputy manager who were experienced and qualified. The management structure and lines of accountability were embedded. Effective systems of communication were in place. Staff were supported individually to develop the knowledge and skills needed to meet the needs of the children in their

care. However, not all staff had completed mandatory training. Systems of audit and monitoring were in place but these required development.

Inspection findings and judgments

Theme 1: Child - centred Services

Services for children are centred on the individual child and their care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

Standard 4: Children's Rights

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

Inspection Findings

Children's rights were respected and promoted by staff in the centre. Upon admission, children received information in relation to their rights and the independent advocacy services available to them. Three children who spoke with inspectors said that they knew their rights and two gave examples of how they exercised them. For example, they said they were able to access their own records.

Inspectors found that children's views were sought and valued in the centre. The centre won an award for investing in children in November 2017 and was the first residential centre to achieve this award nationally. This award recognised the collaborative work of the children and staff in designing and developing a dance room in the centre. Children also received individual awards for their participation in this process. During inspection, there was further creative design work being carried out in the centre, which had been initiated by the children and fully supported by the staff team. For example, children had created a mood board which set out their ideas to update and design a dining room in the centre. Inspectors found good practice in relation to the staff team's support and encouragement of children's contribution and inclusion in the day to day running of the centre.

There were regular house meetings where children were consulted about the running of the centre and also provided with an opportunity to express their views and make requests. From a review of children's meeting minutes, inspectors found that children's views were elicited and well recorded. Children were engaged with this process and their attendance at meetings was good. However, the recording of children's meetings did not always include a record of decisions or actions made on foot of children's views and requests.

There was an effective system in place to manage complaints. Children were provided with information which described Tusla's national complaints policy on their admission. Three children told inspectors that they were aware of how to make a complaint and

inspectors found that the children made complaints when they wished. Children told inspectors that they were supported to complain and were happy that their complaints were heard. There were nine complaints made in the centre in 2018. The complaints policy outlined the procedures to be followed in the event of a complaint being made. Inspectors reviewed the complaints system in use and found that complaints were processed and tracked in line with policy. However, inspectors found some gaps in the recording of outcomes of complaints. For example, four of the nine complaints on the complaints log had not been updated in full. There were gaps in the recording of the resolution of the complaint and the child's view or satisfaction of this resolution. This meant it was difficult to see if the complainant was satisfied with the outcome of the complaint.

Children's complaints reviewed by inspectors showed that children's right to have privacy and their belongings protected was not always possible in the centre due to theft and access to children's private space by other residents. In response, children had requested that their bedroom doors be locked when not in use and this response remained in place at the time of the inspection.

Judgment: Non Compliant - Moderate

Theme 2: Safe & Effective Care

Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

Standard 5: Planning for Children and Young People

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

Inspection Findings

Admissions were managed in line with centre policy and procedure and through a central referrals committee. There were two admissions in the 12 months prior to inspection. A local process for admissions was in place to assess and plan for the transition of a child to the centre prior to their admission.

Inspectors reviewed records in relation to one admission. Inspectors found that adequate information was received by the centre during the admission process. There was also evidence of good planning in relation to the child's transition. There were regular professional's meetings and plans for the child to visit the centre to become accustomed to the environment, whilst also determining the child's suitability. Records

showed that the children did not always engage in the local process and as a result, some staff said that a child may transition too quickly to the centre. Inspectors found that reports on file in relation to one admission were not balanced as they did not accurately reflect resistance to the placement and the impact that had on other children settled in the centre. While the staff team were committed to meeting the needs of all children, improvements were required to ensure that all available information was given adequate review and consideration to determine safe and suitable placements.

Inspectors found that there was a lack of clarity with regards to local process. From a review of one admission and discussion with some staff, the intended purpose of local process was unclear. In some instances it was described as a way to transition the child to the centre and other times it was described as a way to determine the suitability of the child for admission to the centre.

Inspectors reviewed the information pack that children received on admission. This pack contained useful information for the child in relation to their rights. However, children did not receive an information booklet which described life in the centre itself.

Discharges from the centre were well managed. One young person was discharged from the centre in the last 12 months and inspectors found good practice in the way in which this happened. Inspectors reviewed written information and found that the staff team were very supportive and considerate of the young person's needs during their transition out of the centre. Records showed that the staff team provided advocacy, emotional and practical support to assist in this process and there was good effective planning to ensure a positive experience for the young person.

All children had allocated social workers. Three children who talked with inspectors said that they were happy with the contact they had with their social workers. Inspectors found that social workers regularly visited the centre and were in frequent contact with the children and the centre staff.

Statutory requirements in relation to children in care were met. Inspectors sampled two out of four children's care files. Both children had up to date care plans and they were of good quality in that they were mostly comprehensive and included information on all aspects of the children's developmental needs. Children's views were well represented. However, one care plan for a child did not adequately describe key aspects of the child's background and family circumstances which were relevant to their day to day care. Some staff members told inspectors that a more comprehensive understanding of the child's background would be of benefit to them.

Of the two files sampled, child-in-care reviews for children occurred in line with regulatory requirements. Children participated in their reviews and their family members were invited to attend.

Placement plans and placement support plans were developed for each child in the centre. Inspectors found that these plans were of good quality. They provided a comprehensive analysis of children's needs and identified supports and actions to be taken. Actions required were delegated and set within a timeframe for review. The centre manager and staff regularly reviewed and up dated placement support plans when children's circumstances had changed or when there was a change in risk to the

child.

Children were supported to maintain positive relationships with their families and peers. Staff facilitated access and provided transport to and from family visits. Some children exercised their right to choose how much family access they participated in, and care plans reflected these arrangements. The staff team also promoted children's access to support services according to their needs, including therapeutic services. Records showed that the staff team encouraged and facilitated children to attend and engage with external professionals.

Aftercare planning for children over the age of 16 years was insufficient. All four children residing in the centre were over the age of 16 years. The centre manager and staff expressed concern about the delays in the provision of suitable aftercare services and this matter had been escalated by the centre to senior managers. At the time of this inspection, one child had recently been appointed an aftercare worker. However, none of the children in the centre were actively engaged with an allocated aftercare worker. Two children, who were turning 18 years in a couple of months time told inspectors that they were concerned for their future and that they had no indication of where they would live or the supports they would have. Inspectors escalated the lack of aftercare provision for one child to the area manager for the relevant social work department involved. In response, inspectors were assured that this young person was now allocated an aftercare worker.

Children were supported by staff to gain independence skills. Children told inspectors that they enjoyed the support they received to cook for themselves. Children also had one to one support from key workers in life and problem solving skills to assist them to in their future lives. One child who was an ex-resident of the centre suggested to inspectors, that further work could be done to help prepare children for leaving the centre.

Judgment: Non Compliant - Moderate

Standard 6: Care of Young People

Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

Inspection Findings

Children were well cared for in the centre. Inspectors observed the staff team handing over from one shift to the next and found that this was an effective and child-centred process. Staff who spoke with inspectors were aware of the needs of the children and were committed to ensuring that each child reached their full potential. Inspectors observed staff interacting with children in a respectful and caring way and this contributed to a warm and homely atmosphere in the centre.

The centre was in the early stages of piloting a new Tusla model of care. Staff training

had been provided but it was not yet integrated into day to day practice. The staff team were positive about the benefits of developing consistency in their care practice with children. In the interim, the centre manager explained that the centre continued to work off a relationship based model, which focused on caring and supporting children by anticipating and addressing their needs and to help the children problem solve. From a review of team meeting minutes and interviews with staff, inspectors found that one child was unhappy about aspects of their day to day life in the centre and this was managed well by the centre staff and manager.

Three children told inspectors that they had good relationships with staff. Children said that they could confide in staff and inspectors observed warm interactions between children and the staff team. Three of the four children were very settled in their placement. One child told inspectors that this was the longest lasting placement they'd had since coming into care. Inspectors found that the staff team had provided stability and established good routines in the centre and the majority of the children responded well to this.

Children were supported to engage in activities of interest to them. Education was a key priority of children's daily routines, and where appropriate family visits for children outside of the centre were prioritised. From a review of children's files and children's meetings minutes, inspectors found that not all children were actively requesting activities that they liked outside of the centre. Inspectors also found that when children expressed a dislike to a certain activity, alternative activities or hobbies were not sourced and provided. Inspectors found that there was a need to improve practice in this regard.

An overseas trip for the children was proposed during the summer months, and children expressed their frustration that this, or an alternative holiday did not happen. On further examination with the centre and interim service managers, inspectors found that there was a clear rationale as to why this was the case.

Children received an allowance which was determined by their age and basic expectations that they would abide by house routines. Children could purchase clothes in line with their own taste and preferences.

There was a full time cook in the centre and three children told inspectors that they enjoyed the range of nutritious food available at the centre and also the opportunities they were afforded to cook and bake at the centre.

Behaviour was managed in the centre primarily, through the use of consequences. Records showed that when children failed to act responsibly, a consequence for their behavior took effect. The majority of consequences used by staff were found to be appropriate, proportionate and effective. Inspectors found examples of natural consequences for different types of both positive and negative behaviour which included giving or withholding money for activities. The staff team remained supportive of the children if a negative consequence took effect and encouraged them to understand the reason and the desired outcome of the consequence applied.

Absences were well managed by centre staff, but one aspect of practice was not in line with policy. Inspectors reviewed records of children who absconded from the centre.

Inspectors found evidence that strategy meetings were held for children who were repeatedly missing from the centre in order to coordinate with An Garda Síochána to manage absences and prevent them re-occurring. Notifications were not always made to An Garda Síochána for one child as part of a multi-disciplinary decision. This meant that certain absences were assessed and monitored by the staff team only. Inspectors found that this decision was being adhered to by the staff team and this approach to managing and reporting this child's absences was reviewed as part of a multi-disciplinary process. Inspectors reviewed significant event notifications related to absences from the centre and found that while the majority were reported in line with policy and children's absence management plans, one child went missing from the centre and a report was not made. Records showed that the centre manager identified this lack of reporting and brought it to the staff team to prevent further incidences. Inspectors found that practice had improved.

Some restrictive practices were in place in the centre and there had been no physical restraints in the 12 months prior to inspection. At the time of inspection, the centre's kitchen door was locked at night. At the request of the children, the children's bedroom doors were also locked during the day when they were not in use. The centre manager and staff team were very clear on the rationale for locking both the kitchen and bedroom doors. Inspectors found that although the decision to restrict access to certain areas was clearly recorded, the centre did not demonstrate how it reviewed this practice in a systematic way. Although the centre manager told inspectors that the team did discuss restrictive practices at team meetings, meeting minutes reviewed by inspectors did not record the review of each restrictive measure in place in the centre. Furthermore, the centre did not record enough detail in relation to restrictive measures such as their date or duration. As a result, there was no evidence that these restrictive measures were always necessary. Poor recording mechanisms meant that managerial oversight of practice was not possible.

Judgment: Non Compliant - Moderate

Standard 7: Safeguarding and Child Protection

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

Inspection Findings

There were systems in place to safeguard children and protect them from abuse but children did not always feel safe in the centre. Inspectors interviewed staff members who demonstrated good knowledge about their role in safeguarding children and the procedures and measures to be taken in the event of an allegation of abuse or neglect. The centre manager was the designated liaison person for the centre and staff members who spoke to inspectors were aware of this role. There was a system in place to assign duties of the designated liaison person to the deputy manager or a member of staff, when the centre manager was not on duty. Whilst all training records were not available at the centre at the time of inspection, the centre manager was assured that all staff had completed training in Children First: National Guidance for the Protection and Welfare of Children (2017).

At the time of the inspection, some children told inspectors that the behaviour of others was having a negative impact in the centre and this made it difficult at times to live in the centre. Inspectors found that children had complained about this and that the situation had escalated in the weeks prior to this inspection. In light of the concerns raised by children to inspectors, inspectors sought assurances from the centre manager that steps would be taken to appropriately safeguard all children. An adequate response was provided to inspectors and the centre manager set out actions to mitigate immediate risks to children. The centre manager and interim service manager acknowledged the risk to children in the centre to inspectors. They also told inspectors that they were confident that their actions would result in the desired reduction of risk. However, staff and managers told inspectors that alternative placements were difficult to source for children with challenging behaviours. This meant that, despite the staff teams' commitment and vigilance, a child with complex behaviours may remain living in the centre in spite of the risks they posed to other children.

There was a system in place to report child protection concerns to social work departments and to make notifications to other professionals. Child protection concerns were recorded in children's files and on a child protection log. Information provided to inspectors detailed that there were nine child protection concerns reported in the 12 months prior to this inspection. While the outcome of the child protection concerns were recorded in children's files, the centre's child protection log was not always updated in this regard.

Staff who were interviewed demonstrated a good awareness of the protected disclosure policy.

Judgment: Non Compliant - Moderate

Standard 10: Premises and Safety

The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Inspection Findings

The centre was situated in an urban area of a large town. It was based in a two storey detached building and it was in keeping with the surrounding residences. The centre was well maintained and in good condition and there was adequate space to accommodate five children. There were two communal living areas as well as an open kitchen and dining area. Each child had their own bedroom which provided adequate space and storage for their belongings. Children decorated their rooms to their tastes and preferences. There was a self contained building at the rear which was a dance room for the children. There were two staff offices on the premises.

The centre was homely and there was a pleasant ambiance. Inspectors found that this was a welcoming centre. Most children were actively contributing to some design features in the premises. Inspectors found that the majority of the children, through the

support and encouragement of staff, were positively invested in making improvements to the centre.

Maintenance issues were effectively dealt with in the centre. There was a log which clearly recorded maintenance requests. From a review of this log, inspectors found that this log did not always record when maintenance requirements were completed. Although staff did not report any outstanding maintenance issues to inspectors, records kept by the centre did not make it possible to identify what work had been completed or remained outstanding.

Health and safety measures were in place in the centre. The centre had policies and procedures relating to health and safety and there was an up-to-date health and safety statement which was specific to the centre. Health and safety risk assessments reviewed by inspectors were of good quality and were rated and reviewed by the centre manager and interim service manager. Cleaning materials and chemicals were appropriately and safely stored.

Centre records showed that centre vehicles were maintained, taxed and insured. There was appropriate insurance in place for the centre.

There were effective fire safety systems in place in the centre but records needed to improve. There was a fire safety certificate and verification that annual maintenance of fire equipment was completed. Inspectors found that fire fighting equipment was in place and appropriately maintained. There was adequate means of escape and prominently displayed signage and procedures for safe evacuation in the event of a fire. Staff and children participated in drills and information about who participated was recorded. However, inspectors found that one member of staff who had been working in the centre since March 2018, had not completed a fire drill. Inspectors reviewed the fire register which outlined daily, weekly and monthly checks of fire equipment. However, inspectors found gaps in the recording of daily checks and there were two occasions in September 2018 when daily checks were not recorded. Furthermore, inspectors found that there were two occasions when daily checks were not signed off by staff. This meant that it was not possible to determine which staff member had responsibility for these checks.

Children had personal emergency evacuation plans and there was a formal emergency plan available in the centre.

Judgment: Substantially Compliant

Theme 3: Health & Development
The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children’s educational needs are given high priority to support them to achieve at school and access education or training in adult life.

Standard 8: Education

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

Inspection Findings

The centre placed a high value on children's education. The majority of children had fulltime educational placements and they were supported by staff to attend on a consistent basis.

From a review of files, inspectors found that children's educational needs were assessed and appropriate plans were put in place to meet these needs. At the time of the inspection, three of the four children were engaging in their educational placements, and one child had recently opted out of their training course. Due to staff and social work efforts, a new educational placement was secured for this child.

The staff team supported children to attend school by transporting them there and through direct work. Children's educational goals were integrated appropriately into their statutory care plans, and were reflected in their placement plans.

Judgment: Compliant

Standard 9: Health

The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

Inspection Findings

Children's healthcare needs were assessed and met and children attended specialist appointments when required. These included outpatient, psychiatric, ophthalmic and dental appointments. Children also attended their general practitioner when required. Therapeutic supports such as counselling were also available to children. Medical records were stored securely in children's files and care plans and placement plans provided an overview of children's physical and mental health needs.

Staff promoted children's healthcare needs but improvements were required to ensure that the children were encouraged to have a healthy lifestyle. Staff engaged children in direct work on personal hygiene, self care and smoking cessation. Inspectors found however, that there was not adequate priority amongst the staff team to promote and encourage a range of physical activities.

There was a medication management policy and procedure in place for the centre. This policy guided staff in the management, recording and administration of medication. All staff had received training in medication management. From a review of medication records, inspectors found that improvements were required to ensure the safe and timely administration of medication to children. Inspectors found that there had been two medication errors. In one instance, a child was given the wrong medication. This was responded to appropriately by the centre manager and a notification of a significant event was initiated. The second error occurred when staff forgot to take a

child's medication with them on a planned overnight away from the centre.

Judgment: Non Compliant - Moderate

Theme 4: Leadership, Governance & Management
Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

Standard 1: Purpose and Function
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

Inspection Findings

The centre had a statement of purpose and function but it was not adequate.

The centre's statement of purpose and function described the physical premises, the centre's criteria for admission and listed the key policies in place. The criteria for admission was generic and did not ensure the centre only admitted children whose needs the centre had the capacity and resources to meet. The statement did not provide information on the centre's model of care. This meant that the day to day operation of the centre was not fully reflected in the statement of purpose and function. The range of services and facilities to meet the needs of children were not adequately described.

Judgment: Non Compliant - Moderate

Standard 2: Management and Staffing
The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

Inspection Findings

There was a clear management structure in place in the centre. There was a centre manager and deputy manger who worked full time. The centre manager was qualified and experienced, but the position was interim, for the last four years. The deputy manager and centre manager provided supervision to all staff in the centre. At the time of the inspection there were ten whole time equivalent posts assigned to the centre and the centre manager told inspectors that this was not sufficient. The centre manager said that they had escalated this under-resourcing to the interim service manager. In the meantime, agency staff were sourced to cover gaps in staffing as a result of leave.

Communication systems in the centre were effective. The centre manager attended management meetings on a monthly basis and she provided feedback to the staff team during team meetings. Inspectors observed a handover meeting and found that all relevant information was imparted to staff who were starting their shift. Communication books were utilised and inspectors found that staff were communicating relevant information to ensure consistent care of children.

Team meetings were held on a weekly basis. Minutes of these meetings showed that the needs of children were reviewed and planned at these meetings. For example, inspectors found that one team meeting was utilised to discuss and address consistency in the use of sanctions and rewards in the centre. Children's views were well represented in the minutes of meetings. However, inspectors found that the minutes did not reflect the outcome of audits or system checks which were being carried out in the centre and this limited learning opportunities for the staff team.

There were systems in place for the identification and management of risk in the centre but these systems were not adequate and did not ensure a timely response to risk to children. The centre had a risk register which formed part of a reporting system to external managers. The risk register recorded and tracked risks in the centre. Inspectors found that the register was not up to date and did not accurately reflect the risks posed to children while living in the centre. This meant that risks may go unreported and unmanaged in the centre.

Risk assessments were completed by the centre but they were not completed in relation to the use of restrictive measures. This hampered managers' ability to ensure these practices were appropriate and proportionate and in response to risk. For example, children's bedrooms were locked during the day in order to protect their personal belongings from theft and kitchen doors were locked at night.

The centre manager had systems in place to monitor the quality and effectiveness of the service but they were ineffective. Regular audits were in place in relation to young people's files and health and safety records. Inspectors found that the manager returned records to social care staff where they had identified the need for improvements in the quality of recording. Inspectors found that while these audits led to improvements in some aspects of practice in the centre, there was limited evidence to show a transfer of learning across the staff team outside of the supervision process. Similarly, the interim service manager had developed systems of monitoring and oversight of the service but centre records did not show how learning from these systems was shared with the staff team or how the actions required to bring about the required improvements were implemented.

Inspectors found that all staff were garda vetted but not all staff had received mandatory training. The centre had carried out a training needs analysis and gap analysis to include mandatory training that was needed by members of staff. Staff had up-to-date training in areas including medication management, but between one and two staff members needed updated training in relation to fire safety and manual handling.

In the absence of national provisions for out of hours support for children's residential

centres, the centre had on-call arrangements in place to support staff outside of office hours. However, the level of demand this placed on centre managers was not sustainable.

The centre's policies and procedures were not all up to date and the majority had not been reviewed for a number of years. Financial systems were effective and there was a good system in relation to petty cash.

Judgment: Non Compliant - Moderate

Standard 3: Monitoring

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

Inspection Findings

The centre was monitored by a Child and Family Agency (Tusla) monitoring officer. The monitoring officer had visited the centre in August 2018 in line with the national standards and their report was awaited at the time of the inspection.

Judgment: Compliant

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

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-0025048-AP
Provider's response to Inspection Report No:	MON-0025048
Centre Type:	Children's Residential Centre
Service Area:	CFA DML CRC
Date of inspection:	20 September 2018
Date of response:	22 November 2018

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

Theme 1: Child - centred Services

Standard 4: Children's Rights

Judgment: Non-Compliant - Moderate

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

The recording of information in the complaints log was not up to date.

Children's right to have privacy and their belongings protected was not always possible in the centre.

Action Required:

Under Standard 4: Children's Rights you are required to ensure that:

The rights of young people are reflected in all centre policies and care practices.

Young people and their parents are informed of their rights by supervising social workers and centre staff.

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

The Complaint Log has been updated by the Centre Manager to ensure that all relevant information is contained within. The printed copy of the Complaint Log will be brought to the fortnightly team meeting to be reviewed by the Centre Manager.

The Centre Manager will ensure that the log is updated accordingly on that date.

The Centre Manager and keyworkers have addressed the issues of theft with the young person involved. It has also been acknowledged with the other young people. A restorative piece of work was carried out with all young people offered the opportunity to engage. The Centre Manager will include Young People rights on the Young people's meeting agenda to ensure this is reviewed and discussed with young people on an ongoing basis.

Proposed timescale:
21/11/2018

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 5: Planning for Children and Young People
Judgment: Non-Compliant - Moderate

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

All aspects of information in relation to admissions required critical analysis and balanced review to ensure the safe and suitable placement of a child.

There was a lack of clarity with regards to the intended purpose of local process.

Children's admission packs were not complete as they did not contain child friendly information which described the centre.

Care plans required a comprehensive chronology of children's background and familial circumstances where relevant and available, in order to determine the care needs of the children.

Aftercare services were inadequate and children were concerned for their future.

Action Required:

Under Standard 5: Planning for Children and Young People you are required to ensure that:

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

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

The Centre Manager will ensure that all aspects of a young person pre-admission programme is detailed in the young person local process form going forward. The Centre Manager and Deputy Regional Manager will complete a full review of the most recent admission to the Centre and forward their findings to the Regional Manager who will address any issues that may present.

The Centre Manager has reviewed the local process procedure with the staff team during the team meeting on the 7th November 2018 to ensure that all staff are fully aware and clear on the admissions procedures going forward.

All young people will receive a Centre Specific Children's booklet as a matter of course going forward. The Centres Young Persons booklet is currently under review by the Centre Manager and Staff team. This will be reviewed and implemented in the Centre by the Deputy Regional Manager on the 3rd December 2018. One to One sessions will be scheduled with each young person to discuss.

The Centre Manager will ensure that the young person's care plan contains all relevant information. Where it is found that the Care Plan is not complete or of good quality the Centre Manager will address with the appropriate Social Worker to ensure the plan is amended. If issues are not rectified the Centre Manager will escalate the issue to the Deputy Regional Manager who will address with the relevant Principal Social Worker.

Aftercare Workers have been appointed to all young people where relevant. Aftercare plans have been established and are currently under review by the Deputy Regional Manager. Issues in respect of Aftercare provision and planning have been escalated to the Regional Manager who is currently addressing the issues with the relevant Area Manager. Aftercare planning and provision will be a standing an agenda item on the Deputy Regional Managers supervision with the Centre Manager to ensure all potential issues are highlighted and / or escalated in a timely manner.

Proposed timescale:
09/12/2018

Person responsible:
Regional Manager

Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Non-Compliant - Moderate

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

Children required encouragement to develop hobbies and interests outside of the centre.

Planning for the children's holiday was not timely or effective and the children were disappointed that their holiday was cancelled.

The staff team were not always consistent in their approach to managing absences.

The system in place to assess and review restrictive practice was not strong.

Action Required:

Under Standard 6: Care of Young People you are required to ensure that: Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the

impact on young people of separation and loss and, where applicable, of neglect and abuse.

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

The Centre Manager has developed a list of clubs and activities in the local area. This was brought to Young person's meeting on 13th November 2018. The list will inform planned key-working sessions. The Centre Manager will review the placement plans and planned one to one work will be carried out in line with the plan. The Placement Plan Review will take place and be completed by 30th November 2018.

The Centre Manager will ensure that Young people's holidays will be discussed and planned for in a timely manner. The Centre Manager will review the procedure and assessment required for organising Young Peoples holidays with the Centre staff team on the 5th December 2018. The Centre Manager and Deputy Regional Manager will review the process in place for arranging young people's holidays to ensure that going forward young people receive a timely comprehensive response to their requests for group holidays.

The Centre Manager reviewed the Absence Management policy with all staff and the team meeting on 21st November 2018 to ensure all staff are aware of the absent management procedure for each young people. The Centre Manager will address any inconsistencies with the Centre Staff during planned supervision sessions as required.

Restrictive Practises were discussed at the Regional Centre Managers meeting. A full review of the procedure in relation to assessment of restrictive practice will take place in the next scheduled Regional Managers meeting on the 4th of the December. A clear procedure will be developed and implemented in the Centre. Restrictive Practice will be a standing Agenda item in the Centre and all decisions recorded at team meetings from 7th November 2018. Risk Assessments on Restrictive Practices will be updated at each team meeting.

Proposed timescale:
21/11/2018

Person responsible:
Regional Manager

Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Non-Compliant - Moderate

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

Parallel planning was absent in the management of challenging behaviour due to the unavailability of alternative placements should the need arise.

The child protection log was not up to date.

Action Required:

Under Standard 7: Safeguarding and Child Protection you are required to ensure that:

Attention is paid to keeping young people in the centre safe, through conscious steps

designed to ensure a regime and ethos that promotes a culture of openness and accountability.

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

The Deputy Regional Manager will ensure that parallel planning will be activated and at the forefront of any discussions with the relevant Principal Social Worker should issues present which may require an alternative placement. The Deputy Regional Manager will escalate any concern with regards to the need for an alternative placement to the Regional Manager who will address with the relevant Area Manager.

The Child Protection Log has been updated by the Centre Manager to ensure that all relevant information is contained within. The printed copy of the Children Protection Log will be brought to the weekly team meeting to be reviewed by the Centre Manager. The Centre Manager will ensure that the log is updated accordingly on that date.

Proposed timescale:
09/11/2018

Person responsible:
Regional Manager

Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Substantially Compliant

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

The maintenance log was incomplete as the completion of work was not always documented.

There were gaps in the fire register whereby two daily checks were unaccounted for and two daily checks were not signed off by staff.

There was one member of staff who had not participated in a fire drill.

Action Required:

Under Standard 10: Premises and Safety you are required to ensure that: The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

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

The Maintenance Log was reviewed and amended to include a column to record date of work carried out and completed. This was completed on 9th November 2018. The Deputy Centre Manager will review this log on a weekly basis to ensure it contains all relevant required information.

The Fire log will be reviewed by the Deputy Manager on a weekly basis. Failure to carry out fire checks will be addressed with an identified staff member assigned to

carry this out through the shift planner. This will commence immediately.

The Centre Manager will ensure that the outstanding staff member will have completed a fire drill on or before the 26th November 2018. The Centre Manager will routinely check on a monthly basis that fire checks are routinely carried out and the all relevant parties have participated.

Proposed timescale:
26/11/2018

Person responsible:
Centre Manager

Theme 3: Health & Development
Standard 9: Health
Judgment: Non-Compliant - Moderate

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

Medication management practices were not effective and did not ensure the safe and timely administration of medication.

Action Required:

Under Standard 9: Health you are required to ensure that:
The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

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

The Centre Manager reviewed the Medication Management Policy at the team meeting on 21st November 2018. The Medication Policy will be reviewed quarterly at team meetings thereafter to ensure that effective practices in relation to administration of medication is maintained on an ongoing basis.

Proposed timescale:
21/11/2018

Person responsible:
Centre Manager

Theme 4: Leadership, Governance & Management
Standard 1: Purpose and Function
Judgment: Non-Compliant - Moderate

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

The statement of purpose and function did not describe the model of care utilised in the centre.

The criteria for admission was generic and did not ensure the centre only admitted children whose needs the centre had the capacity and resources to meet.

The range of services and facilities provided to meet the needs of children were not adequately described.

Action Required:

Under Standard 1: Purpose and Function you are required to ensure that:
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

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

The Statement of Purpose and Function will be reviewed in its entirety and updated by the Deputy Regional Manager and Regional Manager to include the model of care being utilised in the Centre, the list of policies in use and the criteria for admission to the Centre. The updated Purpose and Function will outline the criteria for admission and refer to the services and facilities provided. This review will take place on the 23rd November and will be implemented in the Centre immediately thereafter.

Proposed timescale:
23/11/2018

Person responsible:
Regional Manager

Theme 4: Leadership, Governance & Management

Standard 2: Management and Staffing

Judgment: Non-Compliant - Moderate

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

The manager's post had been an acting post for a considerable length of time.

Team meetings minutes did not reflect the outcome, learning or actions of audits or system checks which were being carried out in the centre.

The risk register was not up to date and did not reflect the live risks which were presenting in the centre.

The risk assessments underpinning the use of restrictive measures were absent or not up to date.

Systems of monitoring the quality and effectiveness of the service were ineffective.

Not all staff had received mandatory training.

The centre's policies and procedures were not all up to date.

There was no formal on call arrangements for the centre.

Action Required:

Under Standard 2: Management and Staffing you are required to ensure that:
The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

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

The national structures for residential care have been approved. Permanent posts

are currently being established and it is anticipated that all permanent posts will be in place by June 2019. In the interim the Regional Manager will ensure stability is maintained in the centre.

The Deputy Regional Manager and Centre Manager will agree at supervision issues that arise from the system check to be raised at the following team meeting. To commence on 21st November 2018. Team meetings will be utilized more effectively to ensure that learning and actions from these checks are implemented effectively and reflected clearly in the Centre team meeting minutes.

The Centre Manager has reviewed the Centres Risk Register and updated it accordingly. The Risk Register was reviewed by the Centre Manager and staff team on 7th November 2018. This will be forwarded to the Deputy Regional Manager for review on 15th November 2018.

The Centre Manager and Deputy Regional Manager will review the current audit systems in place at the next scheduled supervision on 21st November. This review will focus on the necessary steps required to develop a robust system for the Centre Manager to ensure that effective oversight and accountability is evidenced.

All staff completed Manual Handling training on 24th October 2018 (with the exception of three staff members who are currently on long term sick leave). The Centre Manager will forward a Training Needs Analysis for mandatory training to the Deputy Regional Manager by 30th November and outstanding training will be sourced and completed by the 30th March 2019.

The policies and procedures are currently being developed at national level for Children's Residential Services and will be in place by December 2018. In the interim the Centre will continue to review current interim policies with centre staff and implement new policies as they present.

The On Call arrangements are being developed at national level and will be rolled out in April 2019. In the interim, the Regional Manager and Deputy Regional Manager remain available to the centre outside of office hours.

Proposed timescale:
30/04/2019

Person responsible:
Regional Manager