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**Report of a Children's residential centre,
The Child and Family Agency (Tusla), Dublin
Mid Leinster, OSV-0004159, 28 June 2022**

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**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	Dublin Mid Leinster
Type of inspection:	Announced
Date of inspection:	28 – 30 June 2022
Centre ID:	OSV 0004159
Fieldwork ID	Mon-0037038

About the centre

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

The aim of the centre, as outlined in the statement of purpose and function, is to provide a safe, caring environment for the children in the centre's care, to work to facilitate a transition home and where that is not possible, prepare the young person to live independently. Children aged 13 – 17 years, on admission, can reside in the centre. Younger children can be considered where appropriate approvals are in place. (At present there are four children in the centre, one of whom is under the age of 12 years).

The objective of the centre is ensure that the care practice is young person centred. The centre provides a needs led, multidisciplinary approach to looking after the young people in residence.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	4, (2 in residence and 2 in alternative accommodation staffed by the centre)
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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
28 June 2022	9:00 hrs to 17:00hrs	Una Coloe	Lead Inspector (on-site)
28 June 2022	9:00 hrs to 17:00hrs	Mary Lillis	Support Inspector (on-site)
29 June 2022	9:00 hrs to 17:00hrs	Una Coloe	Lead Inspector (Remote)
29 June 2022	9:00 hrs to 17:00hrs	Mary Lillis	Support Inspector (Remote)
30 June 2022	9:00 hrs to 13:00hrs	Una Coloe	Lead Inspector (on-site)

What children told us and what inspectors observed

Overall the inspectors found that young people received a child-centred service. The young people were supported by a dedicated and committed staff and management team.

The residential centre is based in a large two story detached house in a rural location, a short distance from a small village. The centre was clean, bright and well ventilated. It had sufficient personal and communal space for the young people who lived there. Each child had their own bedroom and access to two sitting rooms and a beauty room. The centre was in need of refurbishment. There was space for visitor parking on site and a large garden with play equipment to the rear.

All young people provided feedback to the inspectors. Two children spoke to inspectors in person. At the time of the inspection, two young people, were living in alternative accommodation staffed by the centre, they spoke to the inspectors by phone and completed surveys. All the young people reported that they felt safe in the centre and were able to identify their key workers. They were all aware of how to make a complaint, although none of them had made any recently. Three of the young people identified staff they would go to with any concerns or issues.

The young people were generally positive about living in the centre, reporting it was "grand", "good", "ok" and "really nice". One young person described how the staff were "always there to help". One young person complained about the food, stating that the staff "put veg in everything, I keep telling them no veg, no veg". When asked what they would change about the centre, three young people reported that they would redecorate it and described some works that needed to be done. One young person said:

"It looks like an old person's house, give me the funds I'll do it, knock down some walls, paint it".

Young people described some activities they engaged in such as going to the cinema, horse riding and swimming. The young people spoke about being supported to attend education and/or training programmes, such as youth reach. One young person reported that staff drove them to their work placement.

Contact with their family or significant others in their life was very important to all of the young people. Three of the children reported they were happy with the level of contact they had with family, while the fourth child did not answer the question. Two young people reported they took responsibility for organising this contact and were appropriately supported by the staff team in doing so. Another young person reported:

"I get to see my family whenever I want and whenever I'm available ... they [staff] drive me".

All children had an allocated social worker. The majority reported they were visited regularly by their social worker and could contact their social worker if they wished.

All the young people had a GP and were able to access appointments when they needed.

Inspectors also sought the views of parents, guardian ad litem (court appointed advocates for children in care) and social workers as part of this inspection.

One parent spoke with the inspectors and reported their dissatisfaction with the service their child received. They reported that they disagreed with some of the decisions made by the centre staff about their child's care and did not feel listened to when they expressed their opinion. They reported that they wanted their child back home.

Inspectors spoke with the social workers or social work team leaders for all of the children. They reported that communication between social work departments and staff was very good. The social workers described good therapeutic work carried out by the centre staff with one stating they were *"really happy with the care that [child] is receiving...they've brought her on"*. They expressed the opinion that staff knew the young people in their care very well and were doing their best to manage challenging situations. With one social worker reporting *"staff know her really well, she's very secure there"*. Staffing levels, recent staff turnover and reliance on agency staff and the impact of this change on the residences was identified as a concern by the social workers.

Two guardians ad litem were also consulted, as part of the inspection. One reported that they were *"impressed with how they're [staff] managing [child]'s needs"*. They described significant positive changes for the young person saying *"they are achieving things that didn't happen in other placements"*. Both guardians ad litem expressed concerns about the current mix of children in the centre which they felt contributed to recent escalation of behaviours that challenge in the centre.

Capacity and capability

The centre was last inspected in March 2021 against eight standards. It was found to be fully compliant for six of the eight standards and substantially compliant for the remaining two. This inspection found that the management and staff team were going

through a challenging period, with changes to the management team imminent and staff vacancies which impacted on the management of the young people.

The centre had an up-to-date statement of purpose and function. It clearly defined the ethos of the service and the model of care. Staff were aware of the model of care in use in the centre and file reviews demonstrated consistent implementation of the model in day-to-day practice. The statement of purpose was changed since the previous inspection in March 2021, to allow for the admission of children under the age of 13 years, with the appropriate approval. This included a change to the age range of admissions and a change to the frequency of child-in-care reviews. The centre provided care to children and young people ranging in age from 10 to 17 years on admission at the time of the inspection. The statement of purpose identified care plans and placement plans as the way the centre would meet the care needs of each child in their care. The information regarding the layout of the centre was inaccurate. It did not match the floor plans and reported that the centre contained rooms that were not present. Another statement of purpose was submitted after the inspection and this did not contain the inaccuracies. A child friendly statement of purpose was available and provided to children on their admission. This meant that young people had information about the centre made available to them.

The centre had clear management structures and a management team that were committed to providing a high quality, child centred service. However, the future management arrangements were unclear as both the centre manager and acting deputy manager were stepping down from their roles. A plan was in place to fill these positions. The current centre manager had agreed to remain in post until her position was filled to ensure smooth handover with minimal impact on the young people. The running of the centre was overseen by the deputy regional manager. The manager and deputy manager provided on-call support to staff out of hours and at weekends.

The centre had a committed staff team but staffing challenges were identified during the inspection due to staff vacancies and the operation of alternative accommodating of children outside of the centre. There were 2.4 whole time equivalent vacant social care leader posts at the time of the inspection, which meant that a social care leader was not available for each shift, but appropriate arrangements were put in place as the most experienced staff member was assigned shift lead. At the time of the inspection, these vacancies were being addressed through recruitment and a new social care leader was due to start the week following the inspection. There was a plan in place to fill the remaining posts in the coming months. The centre had experienced significant change in staffing in the previous six months and was now a mix of long term and newer staff members. Agency staffing was regularly used in the three months prior to the inspection, to meet staffing needs. In addition, the roster was impacted on by unexpected leave. The agency staff employed were consistent, this helped to minimise any negative impact on the young people of having unfamiliar staff in the unit. The

centre manager and deputy rostered themselves into the work schedule to fill gaps where necessary. Staff told inspectors that staff vacancies did not have an impact on the children in their care but reviews of significant event notifications by the centre in March and June 2022 identified staffing, as a contributing factor to periods of increased challenges in the centre. Specifically the lack of required one-to-one supervision for some children, was identified as playing a part in the behaviours that challenged. During the inspection, the planned roster for the week of the inspection had not been amended to reflect the staff on shift, which was not in line with best practice. Amended rosters were available for previous weeks.

At the time of the inspection, two children were staying in alternative accommodation outside the centre for the previous ten days. This arrangement was put in place by the centre manager along with the agreement of the children's social workers as a response to escalating behaviours that challenged. This bespoke arrangement necessitated the staffing of a separate unit to accommodate two children. This situation was under review and inspectors received assurances after the inspection that appropriate safeguarding measures were in place for all children and the use of the accommodation outside of the centre would end by mid July 2022.

Standard 5.3

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

The centre had a written up-to-date statement of purpose and function. It had been changed, since the previous inspection to allow for the admission of younger children, aged under 13 years. A child friendly statement of purpose was available and provided to children on their admission.

Judgment: Compliant

Standard 6.1

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Regulation 6: Staffing

The centre had a clear management structure and dedicated management team. The centre was not appropriately staffed and a review of incidents in March and June 2022 identified that staffing negatively impacted on the management of behaviour in the centre. A bespoke arrangement was in operation to ensure safeguarding of residents through separation. This arrangement required the staffing of a separate unit which necessitated a change in rosters. The arrangement was facilitated through the use of agency staff and both the deputy centre manager and centre manager were rostered

for duty when necessary. There was consistency in agency staff being used to minimise the impact on the young people. The working rosters were not fully updated and did not reflect the people on shift during the inspection.

Judgment: Not Compliant

Quality and safety

Young people in the centre received individualised, person-centered care. They were supported to pursue activities and to maintain contact with families. One-to-one sessions occurred regularly with the young people focusing on their identified needs. The centre had experienced a significant challenging period which impacted on the safety and welfare of young people living in the centre. Temporary alternative measures such as alternative accommodation had been put in place to address the associated risks. The model of care was implemented in the centre and staff worked with young people to address the underlying causes of their presenting behaviours.

The centre was clean and provided adequate space for the young people living there but significant refurbishment work was required to ensure the centre was homely. The upgrading of the centre had been delayed due to a number of reasons including COVID 19 and the management team was working to address this need on an ongoing basis. The young people had advised staff of their dissatisfaction with the condition of the centre and inspectors observed paintwork throughout the house was marked and fixtures and fittings, while functional, were noticeable worn. The centre had ensured that maintenance work was carried out and the team had worked to make the centre as homely as possible until the required works were completed, including painting and decorating. The young people had opportunities to personalise their bedrooms, and choose soft furnishings purchases for the centre, if they wished.

The model of care was implemented in the centre and staff had consultation with an external practitioner to support them in their implementation of the model. The service aimed to provide a safe caring environment with a focus on developing relationships with the young people to support them according to their needs. Inspectors spoke with three members of staff, in addition to two managers, and all showed a consistent understanding of the model of care.

Young people were facilitated to maintain appropriate contact with their family and community. The staff team facilitated the young people to engage in community groups and activities. Inspectors reviewed records outlining that young people engaged in swimming, horse-riding and attended a local resource centre, for example. Young people also had opportunities to engage in art, baking and gardening activities with the

staff. Families and friends were welcome to visit the centre and staff reported that they facilitated visits outside of the centre depending on the young person's wishes. Some of the young people had their own mobiles and could freely contact family and friends while staff supported other young people to maintain contact in line with their care plan and in consultation with the allocated social worker.

All of the young people had an allocated social worker and were visited in line with the requirements of regulations. Centre records showed regular phone contact between staff and social workers.

Most of the young people had an up-to-date care plan. Child-in-care reviews took place as required for three of the four young people. A child-in-care review was delayed by two months for one young person, with a scheduled review recently cancelled due to unforeseen circumstances. Despite this, the centre had regular contact with the allocated social worker and regular strategy meetings took place to address current needs. Young people contributed to their care plans through either attending the child-in-care review or providing feedback to their social worker.

Placement plans reviewed by inspectors were of good quality and regularly reviewed. Young people were allocated two keyworkers who had responsibility to ensure the required actions were carried out. One-to-one sessions occurred regularly with the young people focusing on the needs identified on their placement plan, including health, safeguarding and emotional needs. This work varied between planned and opportunity led interventions and included the use of creative interventions such as social stories to help the young people understand the theme being covered. Placement plans were reviewed every 12 weeks and priorities were identified for the following 12 week period.

Young people were supported to develop independent living skills but aftercare planning was not in line with National Policy. Inspectors found that staff worked with all young people to support them to develop independence and self-care skills in line with their age and development. Staff had supported a young person in relation to their aftercare needs and their engagement with the aftercare team. Although accommodation options had been explored with the young person, the aftercare plan and the transition plan was not finalised at the time of the inspection, despite this being required imminently. The centre manager had informed the deputy regional manager of this deficit, who in turn had made contact with the social work department regarding the plan for the young person. These actions were taken in the weeks before the inspection and a decision had not been made at the time of inspection with regard to the transition plan. This meant that the young person did not know where they would live once they reached 18, soon after this inspection. The young person told inspectors they were worried about this. Inspectors issued a provider assurance report following the inspection and a satisfactory response was received.

The centre had a positive approach to the management of behaviours that challenged but further work was required to ensure the consistent implementation of placement support plans during times of increased challenges in the centre. Placement support plans were comprehensive and regularly reviewed. Incidents of behaviour that challenged were generally well managed and young people were supported to understand and learn from the behaviours following an incident. Despite this, there had been two significant periods in the last 12 months where the centre had to move young people to alternative accommodation as a direct result of escalated behaviours. Inspectors found that the placement support plans were not consistently implemented during some of these incidents and An Garda Síochána were called on occasions to support the team. The centre's management team had identified these deficits through their review process and there was a plan to ensure learning was derived from these incidents. In addition, this review highlighted staffing challenges and staff handovers as a contributing factor to escalating behaviours. There was a small number of staff on the team who had not been trained in the Tusla-approved approach to managing behaviours that challenged. This training had been cancelled due to staffing demands.

Incidents when children were missing from care were well managed. They were reported to the relevant personnel and strategy meetings took place with An Garda Síochána as required. Safety plans were implemented to help safeguard young people and there was joint working between professionals to keep children safe. Staff carried out one-to-one sessions with children that explored the reason for missing episodes, how to stay safe and risks relating to drug and alcohol use. It was evident that alternative options had been explored to keep young people safe when the safety plan was not effective.

Risk management systems were developed but not all risk assessments had been updated to reflect the current risks. The risk register and risk assessments were regularly reviewed. Despite this, inspectors found that assessed risks and controls measures had not been updated to reflect changes since the risk were initially assessed, for example, in relation to staffing and training. Inspectors found that current risks relating to fire safety had been assessed and escalated to senior management.

Restrictive practices were consistently implemented, when required, to keep young people safe. They were routinely recorded and reviewed but further work was required to ensure some restrictive practices were the least restrictive for the shortest duration. Inspectors found that some practices were implemented to ensure the safety of young people and although reviewed in consultation with social workers and professionals, they were very restrictive on young people's liberty. Staff reported that these measures were not always effective. Through discussions with staff and management, inspectors found that staff were flexible with this restriction and ensured the young people were facilitated to engage in activities within the community and with peers, for example, in

a safe way. The placement support plans needed to be updated to ensure it reflected the practice in the centre and to ensure consistency in the teams approach. The plan did not provide the guidance to staff to ensure the least restrictive approach. Room searches had been completed appropriately in line with policy, but had not been recorded on the restrictive practice log.

There was one incident of physical restraint. This was carried out by staff who were adequately trained. There was an initial review of the incident and a plan to review the incident with senior management in line with their policy.

There was a system in place to notify reportable events in line with Tusla national policy and procedures. Significant events were reviewed at team meetings to identify good practice or changes required. The deputy regional manager also reviewed these incidents and sought clarity on incidents, when required. The management team had also completed reviews of particular incidents which had led to alternative accommodation being sourced for young people on two separate occasions in the last 12 months and had plans to share learning arising from the reviews. Regional review groups operated to review specific incidents and provide feedback on their management of incidents and advice in relation to the management of behaviour. The centre had not collated information on significant events which could support their oversight of trends in issues arising.

The safety and welfare of young people was a key priority but escalated incidents of behaviour that challenged had impacted on the ongoing safeguarding of the young people. The centre manager was the designated liaison people (DLP) and staff were knowledgeable of their responsibilities in relation to reporting child protection concerns. Child protection concerns were referred to Tusla through the portal, and in line with Children First National Guidance for the Protection and Welfare of Children (2017). Centre managers held a log of child protection referrals and if there were delays receiving updates from the social work department, the centre manager consistently requested updates. Strategy meetings took place with relevant social workers, when required. It was evident that staff and the management team were aware of individual safeguarding concerns for young people and they were proactively working to address the risk. Recent incidents of behavior that challenged had impacted on the safety and welfare of young people and staff. This resulted in two young people moving to alternative accommodation on a temporary basis. The management team had escalated risks through the 'need to know' process and the necessary safeguards were put in place. This arrangement continued during the inspection and inspectors sought assurances from the centre manager with regard to safeguarding all children living in the centre. A satisfactory response was received which outlined an appropriate plan to ensure each young person living in the centre at the time of the inspection was safe and protected. There was one allegation reported which did not meet the threshold for

social work assessment. The centre manager addressed the concern and this matter was closed.

There was an up-to-date safety statement in place. There were fire safety precautions and routine fire checks. Due to significant property damage, there were risks in relation to fire safety, including fire doors which were not effective and fire extinguishers removed and stored in locked rooms. The management team had addressed some of immediate risks within their control and sought the advice of a health and safety advisor and maintenance to complete essential work. Inspectors issued an urgent compliance plan with regard to non-compliances relating to fire. A satisfactory plan was returned to address fire safety concerns until further work could be completed to ensure the centre was fully compliant with fire safety regulations. Although all children had completed a fire drill, it was not evident that all staff had complete a fire drill in the six months prior to inspection. Refresher training in fire safety was outstanding for some staff.

Young people's health needs were identified and addressed in a timely way. They had access to GP, dental and other services including physiotherapy and mental health services, as required. Staff were knowledgeable about the young people health needs and had completed individual work with the young people that focused on their overall health and wellbeing. Tailored pieces of work was completed regarding self-care and routines and it was evident that this had led to significant positive changes for some young people. External professionals commended the centre on the impact this had on the lives of some young people. Staff supported children to attend health services when required.

Medication in the centre was securely stored and there were some good systems in place to manage medication and audit practices in the centre. Prescriptions and administration records were well maintained but some improvements were required to ensure there was a consistent approach to recording if a young person had refused their medication. The deputy manager outlined that errors were identified through the auditing process. An error was identified during the inspection but as this was very recent it had not been audited at the time of the inspection. Further work was required to ensure medication was administered at consistent times in line with the young people's routine. Staff had discussed the approach to medication management with young people and these records outlined that young people wanted staff to manage their medication. It was decided at a recent child-in-care review to complete education pieces with one young person with a view to begin self-administrating medication as part of independent living skills.

Standard 1.5

Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.

Regulation 8: Access arrangements

Young people were supported to maintain contact with their families, significant others and engage in community activities, in line with their best interests.

Judgment: Compliant

Standard 2.2

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

Regulation 23: Care Plan**Regulation 24: Supervision and visiting of children****Regulation 25: Review of cases****Regulation 26: Special review**

While care plans were reviewed and up-to-date for three young people, a child-in-care review was delayed for one young person and therefore their care plan had not been updated within regulatory timeframes. Good quality placement plans guided the work with the young people and they contained clear actions specific to the needs of each young person and were regularly reviewed. Individual work with young people was of good quality. All young people had an allocated social worker and they were visited as required. Regular and effective communication between the centre and relevant professionals was evident.

Judgment: Substantially Compliant

Standard 2.3

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

Regulation 7: Accommodation**Regulation 12: Fire precautions****Regulation 13: Safety precautions****Regulation 14: Insurance**

The centre was clean and provided adequate space for the young people living there but significant refurbishment work was required to ensure the centre was homely. An urgent compliance was issued during the inspection due to fire safety risks and a satisfactory response was returned. Risk management systems were developed but further work was required to ensure risk assessed were updated to reflect the current risks in the centre.

Judgment: Not Compliant

Standard 2.6

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

Young people were supported to develop independent living skills and aftercare planning was discussed with young people, where required. However, the aftercare and transition plan for one young person had not been finalised, despite this being required imminently. Inspectors sought assurances through a provider assurance report following the inspection and a satisfactory response was received which outlined measures to progress the aftercare and transition plan.

Judgment: Not Compliant

Standard 3.1

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

While the centre promoted the safety and welfare of young people and adhered to Children First, there were incidents that impacted the safety of young people in the 12 months prior to inspection. This led to children being moved to alternative living arrangements on a temporary basis. The management team had escalated the risks and the necessary safeguards were put in place. This arrangement was ongoing at the time of the inspection and therefore inspectors sought assurances through provider assurance report to ensure all young people were safeguarded and protected.

Judgment: Substantially Compliant

Standard 3.2

Each child experiences care and support that promotes positive behaviour.

Placement support plans provided guidance for staff in supporting young people with regard to their routines and behaviours but they were not consistently implemented in times of increased challenges in the centre. Learning identified from the management team's review of these incidents was due to take place following the inspection. Not all staff had completed training in the Tusla-approved approach to managing behaviours that challenged.

Restrictive practices were routinely recorded and reviewed but inspectors found that some practices were very restrictive on young people's liberty and not always effective to keep the young people safe. Although there was some flexibility regarding this restriction, the placement support plan did not reflect this. Room searches had been carried out in line with policy, but had not been recorded on the restrictive practice log.

Judgment: Substantially Compliant

Standard 4.2

Each child is supported to meet any identified health and development needs.

Regulation 9: Health care

Regulation 20: Medical examination

The health needs of the young people were met. Tailored pieces of work were completed to address the health and personal care needs of young people which had impacted positively on young people. Medication management practices were well established but there was variances in practice with regard to recording when medication was refused.

Judgment: Substantially Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Compliant
<p>Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	Not compliant
Quality and safety	
<p>Standard 1.5 Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.</p>	Compliant
<p>Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p>	Substantially compliant
<p>Standard 2.3 The children’s residential centre is homely, and promotes the safety and wellbeing of each child.</p>	Not compliant
<p>Standard 2.6 Each child is supported in the transition from childhood to adulthood.</p>	Not compliant
<p>Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p>	Substantially compliant
<p>Standard 3.2 Each child experiences care and support that promotes positive behaviour.</p>	Substantially compliant
<p>Standard 4.2 Each child is supported to meet any identified health and development needs.</p>	Substantially compliant

Compliance Plan

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

Compliance Plan ID:	MON-0037038
Provider's response to Inspection Report No:	MON-0037038
Centre Type:	Children's Residential Centre
Service Area:	Dublin Mid Leinster
Date of inspection:	28 – 30 June 2022
Date of response:	10 August 2022

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

It outlines which standards the provider must take action on to comply. The provider must consider the overall standard when responding and not just the individual non-compliances as outlined in the report.

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Capacity and Capability

Standard : 6.1	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 6.1: The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> - A plan to address vacancies in the centre is in action, posts have been advertised where relevant and appropriate on boarding of staff where relevant is being expediated. The PIC will ensure to continue to monitor and liaise with CRS HR department in respect of any staffing vacancies. - Rosters will be reviewed daily by the PIC to ensure that all changes and tweaks are accounted for in a timely manner and reflect accurately staff on site. 	
Proposed timescale: October 2022	Person responsible: Person In Charge

Quality and Safety

Standard : 2.2	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 2.2: Each child receives care and support based on their individual needs in order to maximise their wellbeing and personal development.</p> <ul style="list-style-type: none"> - The person in charge will ensure to escalate appropriately within a three week time period the need for child in care reviews to take place on time where it is the case they are delayed and not rescheduled. - The PPIM team will ensure that appropriate escalation of need for such reviews takes place should issues present to ensure they are addressed in a timely manner. 	
Proposed timescale: August 2022	Person responsible: Person in charge

Standard : 2.3	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 2.3: The children’s residential centre is homely, and promotes the safety and wellbeing of each child.</p> <ul style="list-style-type: none"> - The plan for Centre works to commence has progressed. Works will be commencing on the centre before month end August 2022. The PIC will liaise with the Estates manager to ensure that all required works are completed in a timely manner. - Appropriate planning for the works and decanting of young people and staff is underway for this time period to support necessary improvements in the centre. - Risk assessments have been reviewed and updated to reflect the presenting risks accordingly. Where it is the case that an additional assessment is required, the PIC will ensure this is completed urgently. 	
Proposed timescale: January 2023	Person responsible: Person in Charge

Standard : 2.6	Judgment: Not Compliant
<p>Outline how you are going to come into compliance with Standard 2.6: Each child is supported in the transition from childhood to adulthood.</p> <ul style="list-style-type: none"> - The Person in Charge will ensure that the National Policy for aftercare is adhered to, and the children are supported to meaningfully engage in their aftercare planning as per policy. - Where escalation or additional support is required for a young person the person in charge will ensure that this is identified and appropriately responded to. 	
Proposed timescale: August 2022	Person responsible: Person in Charge

Standard : 3.1	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 3.1: Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.</p> <ul style="list-style-type: none"> - The person in charge will maintain a responsive approach to any concerns in relation to young people’s safety. 	

<ul style="list-style-type: none"> - The person in charge will respond promptly and with an appropriately timed risk escalation response should issues of concern present for young people's safety. - The person in charge will ensure placement support plans continue to be reviewed regularly within team meetings to ensure that individual management plans and strategies for interventions are reviewed regularly with staff. 	
Proposed timescale: August 2022	Person responsible: Person in Charge

Standard : 3.2	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 3.2: Each child experiences care and support that promotes positive behavior.</p> <ul style="list-style-type: none"> - A schedule of training has been developed for 2022 to support staff completed the required mandatory training. All current staff will complete this mandatory training in therapeutic crisis intervention before month end October 2022. - The restrictive practise log has been reviewed, updated and accounts for all restrictive practices in the centre. The person in charge will review all restrictive practices with the centre team during each team meeting ensuring to cross referencing with each child's placement support plan in order to make sure relevant information is reflected within for staff and young people to follow. They will also be reviewed as part of the team meeting to ensure there is effective planning and learning. 	
Proposed timescale: 31 October 2022	Person responsible: Person in Charge

Standard : 4.2	Judgment: Substantially Compliant
<p>Outline how you are going to come into compliance with Standard 4.2: Each child is supported to meet any identified health and development needs.</p> <ul style="list-style-type: none"> - The Person in Charge will review the medication management policy with all staff during the next team meeting to ensure practices with regard to the recording of medication refusal is standardised and consistent. - The Person in charge will ensure the required audits continue to be maintained to support this consistent and to ensure that any issue presenting is addressed immediately. 	

**Proposed timescale:
17 August 2022**

**Person responsible:
Person in Charge**