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Children's Residential Centre, CFA South CRC, 28-29 June 2017

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Authors	Flanagan, Tom;Delany, Ann
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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 South CRC
Centre ID:	OSV-0004186
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0019813
Lead inspector:	Tom Flanagan
Support inspector (s):	Ann Delany; Rachel McCarthy

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:
28 June 2017 09:30	28 June 2017 18:00
29 June 2017 08:00	29 June 2017 16:00

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 - Major
Standard 7: Safeguarding and Child Protection	Non Compliant - Major
Standard 10: Premises and Safety	Non Compliant - Major
Theme 3: Health & Development	
Standard 8: Education	Substantially 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 - Major
Standard 3: Monitoring	Compliant

Summary of Inspection findings

The centre, according to its statement of purpose and function, provided medium to long-term residential care for up to four children aged between 13 and 17 years on admission. Placements were provided to both males and females. In certain circumstances, placements would be offered to children under 12 years of age.

The centre was located on the outskirts of a city and within a health service campus. A school was attached to the service which provided a specialist education for any boys living in the centre.

The centre was part of the Tusla statutory provision of national children's residential services in the South. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 3 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.

They also spoke to other professionals, including two social workers, a social work team leader, a Guardian ad Litem, an independent advocate and the line manager for the monitoring officer.

The centre was last inspected on 29 and 30 November 2016. At that time, managers and staff were having difficulty in managing behaviour that challenges and inspectors sought assurances that all the children were suitably placed and that the issues of concern were being adequately addressed. The building remained unsuitable for the creation of a homely atmosphere for children. Improvements were also required in the areas of management and staffing, children's rights, statutory requirements, education and medicines management.

On this inspection, inspectors found that the difficulties in managing behaviour that challenges had worsened for a period of approximately five months until they were mainly resolved in late April 2017. Despite the fact that there were several professionals meetings to address this, involving both the residential service and the social work department, the issues were not resolved in a timely manner with the result that children were subjected to bullying, intimidation, physical assault, property damage, and an atmosphere of fear during that time.

Following this inspection, the issues of concern were escalated to the national director of residential care and the relevant area manager.

There was a period of approximately three months from December 2016 in which there was no centre manager as the permanent centre manager was on long-term leave. This period coincided with the time when the centre was in a state of crisis due to difficulties with behaviour that challenges. An interim centre manager was appointed in February 2017. The new manager was qualified and competent and introduced several changes that led to improvements in the centre. Inspectors found improvements in the areas of support and supervision of staff, the care of children and the general administration of the centre.

There were a number of areas where improvements were required. The protocols and procedures in place between the residential service and the social work department were not sufficiently robust to ensure that urgent concerns were dealt with in a timely manner and escalated to the appropriate decision-makers when urgent action was required. Systems to ensure that the service provided was safe for children were not adequate. The building remained unsuitable for the provision of a residential service for children.

Improvements were also required in the areas of children's rights, planning for children,

behaviour that challenges and notifications of serious incidents, safeguarding of children, health and safety and fire safety, health, and management and staffing.

These and other improvements that are required are set out in an action plan at the end of this report.

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 were given information about their rights and they demonstrated an awareness of those rights. However, children were not always able to exercise these rights.

Following their admission to the centre, children were given information in writing and this was then explained to them by their keyworkers. This included information on what to expect while in the centre and on their rights and their responsibilities. Much of this information was contained in an information booklet which had not been updated since the purpose and function of the centre was changed in 2016. There was also an information pack with various leaflets and a copy of the national standards for children's residential services.

There were many instances of children being facilitated to exercise their rights and there continued to be good practice in relation to advocacy. The independent advocate who visited the centre told inspectors that staff and the manager continued to be proactive in ensuring that children were given information about the advocacy service. He told inspectors that he had visited the centre and met each of the children earlier in 2017 and that he had advocated for them on a number of occasions. A new forum for children in residential centres in the region was established in March 2017 and three of the children in the centre were facilitated to attend and express their views. One child had a court-appointed Guardian ad Litem. The Guardian told inspectors that he visited the child regularly and was facilitated to meet the child in private.

At the time of the previous inspection a number of children told inspectors that they felt their right to privacy was not respected and there was a high level of supervision of children which they found to be excessive. There continued to be a high level of supervision during the months following the inspection due to behavioural issues in the centre. The level of supervision was risk assessed and a high level of supervision was warranted due to behaviour that was challenging.

During the previous inspection, one child told inspectors that they did not have privacy in their bedroom and that they did not have sufficient access to fresh air in their bedroom. These issues were addressed following that inspection. The bolt had been removed from the child's window and locks had been fitted to the bedroom doors of two children, allowing them to lock the doors if they wished. The centre manager told inspectors that locks would also be fitted to the remaining bedroom doors.

There were opportunities for children to express their views about their placements and about living in the centre. Children were encouraged to attend and participate in their child in care reviews. They also had the opportunity of discussing their placement plans with their keyworkers. Children were encouraged to access their records and data showed that one child had chosen to do this since the previous inspection. Inspectors observed that children felt at ease dropping in to the centre manager's office when they felt like it and the centre manager told inspectors that this happened on a regular basis and that she often chatted informally to the children about how they were getting on.

There were monthly meetings for the children in which they could make suggestions about the operation of the centre. Inspectors reviewed the minutes of meetings held since the previous inspection. The meetings were attended by the children and a small number of staff. The centre manager attended on occasion. While the minutes showed that children asked questions and made suggestions there was little written evidence that children received feedback from staff on issues raised in the meetings or that definite actions were agreed during the meetings.

However, there were some instances in which children were not able to exercise their rights. There were occasions, for example, when doors to the kitchen, sitting room and laundry room were locked due to the behaviours of some children and this impacted on the rights of other children to freely access these rooms.

There was a centre-specific complaints policy but the Tusla national policy on complaints "Tell Us" had not yet been implemented in the centre. The centre manager was the complaints officer who maintained an overall log of complaints. Information on complaints was available in the young person's booklet and was also provided verbally to the children on their admission. Children were facilitated to make complaints when they needed to and their complaints were taken seriously by the manager and staff and notified to the relevant professionals involved in their care.

There were 17 complaints made by children since the previous inspection, with 10 being made by one child. There was evidence that managers met with the children following their complaints and that the complaints were investigated. The monitoring officer met one child following several complaints in a short period of time. There was evidence that managers and staff took action following complaints and tried to resolve the issues raised but this was not always possible. This issue is addressed later in the report. There was an overall complaints log but this did not contain all the complaints made by the children.

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

There was a policy and procedures on admissions to the centre which was implemented in July 2016. Two referral pathways for admission were set out in the policy, one through the local admissions committee following referrals from the social work departments of the local Tusla area and the second by way of a decision of the regional manager and relevant centre managers that a child should be transferred from another centre in order for specific needs to be addressed. While the issue of two referral pathways had been raised with managers following the previous inspection, it had not been an issue on this inspection as there had been no admissions in the interim. Following the inspection, the regional manager clarified that the second referral pathway did not preclude the transfer request going before the local admissions committee unless the timeframe was such that, for identified safety reasons, this could not be accommodated.

There was a local admissions committee who met in response to planned vacancies to discuss new referrals. Comprehensive referral forms and supporting documentation were required from referring social workers. The procedures provided for children due for admission to be given information and the opportunity of visiting the centre before their admission. There were no admissions since the time of the previous inspection. Following the discharge of a child in April 2017, managers took the decision not to admit any new children for the time being to allow time for the staff team and the remaining children to establish a settled routine in the centre prior to any further admission.

There was one discharge since the previous inspection. While the discharge was planned by social workers and centre staff, the child was not made aware of their imminent discharge and was, as a result, not involved in any planning meetings for their new placement. Nor did the child know that they were being discharged until the day it happened. This was not the norm for discharges from the centre and the decision to manage the discharge in this way was taken by social workers and staff for reasons of safety. Staff told inspectors that, while they had a de-briefing with the acting centre

manager, they had not been involved in any review of the child's placement and that no learning in relation to the placement had been disseminated to the staff team.

The regional manager informed inspectors that the admissions process was reviewed by the service manager and the admissions committee in February 2017. However, the report of this review could not be located in the centre and was not made available to inspectors.

Two of the children had allocated social workers but a third child did not although they had an allocated social worker for several years prior to this. One child had three allocated social workers since the time of their admissions and this was not satisfactory as the child needed a social worker with whom they could build a trusting relationship during what was a turbulent time in the centre. Each child had been visited a number of times by their social workers and there was evidence that regular child in care reviews had taken place since the time of the previous inspection.

All three children had care plans that had been developed since their admission. However, the care plan of one child was not up to date. The care plan of another child was of poor quality. The child's needs, as reflected in the referral form, were not referenced in the care plan and the actions outlined in the care plan did not have a named person responsible for these nor did it contain timeframes for the actions. The care plans identified the purpose of the placement for each child but these were often quite vague and did not set out any definite plans for the future. Statutory child in care reviews were held regularly for the children and professionals who were involved in the children's care and family members, when appropriate, were invited to attend. The children were invited to express their views on their placements before the reviews and were also encouraged to attend if they wished.

Children's files did not include all the required up-to-date documentation for each child. For example, one child's file did not contain the child's birth certificate, care order or history of immunisations. There was evidence that staff had requested these from the social worker but they had not been submitted. There were voluntary care forms on two children's files. However, neither had been updated to reflect the probable duration of the children's current placements.

Staff completed placement plans for each child which were based on the care plans but they were not all up to date and did not reflect identified needs and concerns regarding the children. One staff member told inspectors that they could not update the placement plan as they did not have an up-to-date care plan for the child. While there was some evidence that keyworkers and other staff had conversations with children about issues of importance, children's records did not reflect that formal or planned key work sessions took place.

Children's contact with their families was agreed with their social workers. These contact arrangements were clearly set out in their placement plans and staff facilitated contact by transporting the children to the homes of their parents, siblings or extended family members. Children were also able to contact their families or significant others by phone when this was deemed appropriate by their social workers. There was a kitchen cum dining room on the ground floor of the building which some staff referred to as the family room and it was possible for a child to meet family there when they

visited the centre. However, due to the institutional nature of the building, the centre was not an inviting place to entertain family or friends and none of the children had peers that visited or stayed over.

Inspectors observed warm and respectful interactions between the centre manager, staff and children during the inspection and a Guardian ad Litem told inspectors that one child had formed a very trusting relationship with their keyworker and was making progress as a result. Each child was allocated three key workers. A psychotherapist provided a service to the centre for eight hours per week and met some of the children for individual therapy. However, one child had requested a female therapist and staff were unable to source this service through the Health Service Executive (HSE) community services. There was evidence that the child was offered a specialist service but this was located a considerable distance from the centre and the possibility of sourcing a female therapist from the private services had not been considered.

None of the three children in the centre were aged 16 or over but a system was in place for children to be referred to an aftercare service when they reached the age of 16 years. There was evidence that staff encouraged the children to develop independent living skills. The amount of pocket money children received was linked to the completion of self-care tasks and household chores as an incentive for the children. Children were also encouraged to develop cooking skills. One child who, for cultural reasons, felt that they should be more independent, expressed dissatisfaction with the preparation for adulthood in the centre.

Children's files were stored safely and securely and arrangements were in place for files of former residents to be archived.

There was evidence that the centre manager reviewed the files and the filing system and had engaged in a process of re-structuring files during the previous four months to ensure that they contained all the information required and that they were well laid out and user-friendly. However, the children's records were not always complete. Some forms such as an absence management plans or complaints forms were not completed in full and some children's records had other children's names and/or their initials on them. Improvement was also required in the completion of children's daily logs. The entries were not always strictly factual as emotive words and language was sometimes used and records of food eaten by children were not always complete.

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 given the opportunity to take part in a wide range of interesting activities and each child had a weekly programme of activities during the summer. One child's records showed that the child had taken part in canoeing, cycling and horse-riding and that they had visited places such as the national stud and local caves. One child was going to the beach on the day of inspection. There was a games room available as well. However, there was no wifi available and one of the children expressed their dissatisfaction with this.

Staff told inspectors that children's birthdays and special events were celebrated. Staff were aware of significant events and dates in children's lives and there was evidence in one child's file that staff went to great lengths to ensure that a child could mark a very significant event in the life of their family.

Children were appropriately dressed at the time of inspection. There was evidence that children's clothing and footwear needs were addressed. The centre manager understood the children's need to look well and that she ensured they were provided with adequate funding to purchase their own clothes and shoes.

A housekeeper, who worked five days per week and cooked meals for children, told inspectors that she had undertaken a number of training courses and tried to ensure that the children were provided with a varied and nutritious diet. Children were invited to make suggestions regarding food and were encouraged to participate in meal preparation at times. Inspectors observed that mealtime was not a social event at the time of inspection. Though staff joined the children for meals there was very little conversation.

The Guardian ad Litem for one child told inspectors that the services of a dietician had been provided for the child. The child's keyworker was very aware of the child's dietary needs and plans to ensure that the child maintained a healthy diet were set out in the placement plan.

Two of the children were from diverse ethnic and cultural backgrounds. This was recorded in the children's files and the centre manager and staff demonstrated their awareness of the children's needs. Children were supported to maintain contact with their families and cultural backgrounds when this was possible and appropriate.

The statement of purpose and function described the model of service delivery as one informed by trauma and attachment theories. Staff had the required experience and skills to identify and assess the needs of the children. In addition, and in response to challenges in managing the children's behaviour, two training sessions were provided to

staff in early 2017, one on managing behaviour that challenges and the other on attachment theory. The centre had access to a psychotherapist for eight hours per week but not all children engaged with the psychotherapist and some attended intermittently. There was no evidence that therapeutic supports were put in place for the children who remained in the centre following a period of crisis in the centre and the discharge of another child.

There were policies in place on the management of behaviour, the use of physical restraint, the use of sanctions and on bullying and racism. Data provided by the centre showed that 95% of staff were up to date in their training to respond to behaviours that challenge using a Tusla-approved approach. However, staff experienced huge difficulty in managing the behaviour of the children since the previous inspection. At that time, there had been some instances of racist remarks and bullying but staff demonstrated an awareness of the issues involved and were clear that this type of behaviour was not acceptable. While staff made efforts to encourage children to change their behaviour by positive reinforcement of good behaviour and the application of sanctions when required, this behaviour continued and worsened over the following months.

Centre records showed that there were 255 significant events during the seven months since the previous inspection. Some of these were quite serious, in which children engaged in a variety of risk-taking behaviours, assaults on other children and on staff, property damage, fire setting, intimidation of other children and racist remarks, name-calling, and inappropriate sexual behaviour. Managers and staff tried to manage this behaviour in a number of ways. Professionals meetings were convened to review the events and these involved managers, staff, the children's social workers and other professionals. Other professionals such as social care leaders and staff from an external agency were engaged to provide extra support to children and ensure they had extra activities outside the centre. Individual crisis management plans were already in place but safety plans were introduced and reviewed regularly for individual children, and group risk assessments were also introduced in order to inform strategies to manage the group dynamics among the children. However, these initiatives made little impact on the negative behaviours and records showed that, in early February 2017, the interim service manager told other professionals that the centre could no longer offer a service to one of the children due to their unmanageable behaviour.

It took until the end of April 2017 for the child in question to be discharged and the reasons for this were not fully clear to inspectors because the responsibility to find alternative placements for children lies with the social work department. It was clear that the issue was escalated within the residential service by the service managers and the monitoring officer and there was evidence that the interim centre manager continually sought information on the progress regarding an alternative placement for the child. At the time of this inspection, the behaviour of the remaining children in the centre was generally well managed by staff. However, the delay in resolving issues in the centre meant that managers and staff failed to deal effectively with behaviour that challenges for a period of several months. Centre records also showed that An Garda Síochána were called to the centre on 11 occasions to support the management of behaviour. There were two occasions when staff locked themselves in the staff office and called An Garda Síochána to deal with the children's behaviour.

Data provided by the centre showed that there were four incidents of physical intervention in the care of the children since the previous inspection. The interim centre manager told inspectors that, since the previous inspection, managers ensured that there were always a number of staff on duty that could carry out physical interventions with children and inspectors observed that this was checked by staff each day as part of their morning planning meetings.

Inspectors reviewed the significant event notifications and found that events involving children such as accidents, incidents, and family issues which impacted on the children were recorded. The monitoring officer and other professionals told inspectors they were satisfied that they were notified following significant events. Inspectors found that parents were not always notified when a serious incident occurred that involved their child but evidence was provided to show that this had been discussed and agreed with the child's social worker. Significant events were also reviewed monthly by a regional group, which comprised regional and service managers, an area principal social worker and a psychologist from the residential services. Particular events were selected and discussed and there was evidence that further information was sought or actions were required by the centre manager or service manager arising from this discussion.

Data provided by the centre showed that there were 58 incidents of unauthorised absences since the previous inspection. When children went missing from care, the centre followed the national policy for children missing from care. Children had absence management plans on their files but these were not always completed in full. Managers liaised closely with An Garda Síochána in relation to children going missing. Following a series of absences in January 2017 when three children were deemed to be "missing at risk" on a number of occasions, managers met with a senior member of An Garda Síochána, who subsequently wrote to the interim service manager expressing concern that the centre may no longer be a safe environment for these children and suggesting that more suitable accommodation be found for them. Following the discharge of one child in April 2017, the number of instances of absence without authority reduced significantly and none of the children had gone absent without authority in the weeks prior to the inspection.

Judgment: Non Compliant - Major

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

The centre had a child protection policy that was in place since 2016 and was in line with Children First 2011: National Guidance for the Protection and Welfare of Children. The interim centre manager was the designated liaison person and arrangements were in place for any child protection concerns to be reported to the social work department.

The interim centre manager had ensured that, in her absence, one staff member on each shift was nominated to receive and report any child protection concerns that may arise. The interim centre manager told inspectors that she had provided information on this to staff at a team meeting and had done so individually with staff who were not able to attend. Staff who were interviewed were knowledgeable about child protection practice. However, data provided by the centre showed that there were 25% of staff who had not received up-to-date training in child protection. There was a policy on protected disclosure and explanatory leaflets were available for staff. However, not all staff who were interviewed were familiar with the policy.

According to data provided by the centre, there were 10 child protection concerns reported to the social work department since the previous inspection. Four of these had been investigated and were deemed to be unfounded. Six were still under investigation at the time of inspection. Inspectors reviewed these concerns and found that they were reported appropriately using standard report forms. Records showed that the interim centre manager followed up when a response had not been received from the social work department on the status of the investigations. As well as reporting concerns to the social work department, staff sent a notification of the concern to the child's allocated social worker, the monitoring officer, Guardian ad Litem and the child's parents, if such contact was appropriate.

There was a range of measures in place to ensure that children were safeguarded. An Garda Síochána (police) vetting was in place for all staff. Staff were aware of safeguarding measures that had been put in place by the social work department and they adhered to these on issues such as boundaries around children's contact with certain family members.

However, inspectors observed that there were contractors on-site, some in the centre and some on the grounds, during the inspection. Those in the building, though supervised, had not signed the visitor's log. In addition, when inspectors enquired about other unsupervised people working on the grounds of the centre, the manager told inspectors they were Health Service Executive (HSE) staff but they were not aware if these staff were Garda vetted or not. Inspectors enquired about their Garda vetting status, managers were not aware of whether they were Garda vetted or not.

There were policies on the issue of bullying and the safe use of mobile phones and the internet, although these were not always effective. When issues of bullying and

intimidation persisted for a number of months earlier in 2017, managers, staff and social workers put specific safety measures in place for some of the children and carried out group risk assessments in an effort to reduce this behaviour. These were not entirely effective and it was not until the discharge of one child that these behaviours eased. At the time of inspection there were no instances of bullying or intimidation. There was adequate staffing in place both day and night.

Children were aware of their right to complain, either by themselves or with the assistance of an advocate, social worker or, in the case of one child, their Guardian ad Litem. One child complained on several occasions about being unsafe in the centre and about being the subject of intimidation. Another child was the victim of abuse and physical assault. While these issues were taken seriously by the managers and staff and the issues underlying them were reviewed at a number of professionals' meetings, the process for resolving issues such as this was not effective or efficient with the result that children were left feeling unsafe and exposed to intimidatory behaviour for an excessively long time.

Judgment: Non Compliant - Major

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 located in two-storey stand-alone building on a health service campus on the outskirts of a city. The building was institutional in character and not suitable for the creation of a homely atmosphere for children. There were no shops or amenities in close proximity and the centre was at a considerable distance from the city centre. Children told inspectors that they did not like the building and did not want to be there. Previous HIQA inspections recommended that the institutional features of the building be addressed or planning be commenced to move the service to an alternative location but the building remained largely unchanged.

The centre was mainly located on the first floor of the building. Each child had their own room, which had en-suite toilet, wash-hand basin and shower, and there was sufficient space and storage for their personal belongings. Communal facilities included a sitting room, a games room, a mini gym, a kitchen and a dining room. The staff office was also located on this floor. The offices of the acting centre manager and two social care leaders were located on the ground floor as was a staff meeting room, a games room, other offices and the school classroom. There was also a kitchen cum dining room which, according to the interim centre manager, was used by children and their families during visits.

There was adequate heating and ventilation but there was little natural light on the corridor running through the centre. The centre was generally clean. However, one bedroom, which was unoccupied at the time of inspection, was dirty and the mattress on the bed needed to be replaced.

There were a number of maintenance issues that needed to be addressed. These included two broken windows and the replacement of a curtain which had been pulled down in a games room. There was also evidence that some of the kitchen appliances were out of service on a regular basis. Several of the appliances and much of the furniture required replacing. The centre manager had compiled a list of these and had submitted this to senior manager for consideration. While staff told inspectors that repairs were dealt with promptly, there was no evidence of this as the maintenance log had not been kept updated since the previous inspection. The interim centre manager told inspectors that a maintenance register was due to be developed in July 2017.

A health and safety folder contained a health and safety policy that had been reviewed and updated in August 2016. In association with the safety statement, general risk assessments had been carried out on identified hazards in the centre. These had been signed and dated retrospectively since the previous inspection. The acting centre manager told inspectors that no health and safety audits had been carried out since August 2016.

There were various fire prevention measures in place in the centre. The fire safety policy was dated September 2016. There were sufficient numbers of fire extinguishers located throughout the centre and there was evidence that they were serviced in March 2017. Fire exits were unobstructed and there were records of monthly fire drills which included both staff and children. However, records showed that not all staff had taken part in fire drills. The fire extinguisher checklist had been updated in September 2016. There was adequate fire safety signage that had been put in place since the previous inspection. The fire alarm and emergency lighting was serviced every quarter. The centre had submitted a letter of compliance with fire safety and building regulations four years prior to the inspection. Eight staff had received fire safety training in December 2016 but data provided by the centre showed that only 40% of staff had up-to-date training in fire safety. Following a risk assessment since the previous inspection, the fire extinguishers had been removed from the communal areas due to tampering by some of the children. Water had also been turned off to the two fire hoses. Handles for turning the water on were located in the manager's office and the staff room.

There was a system in place for daily and weekly checks on fire safety equipment and means of escape but the recording of these was not up to date. Inspectors found that the self-closing mechanism on the fire door to the sitting room was disengaged and the door was left open. This was brought to the attention of the centre manager who arranged for maintenance to attend to this immediately. She also put a risk assessment in place in the interim.

Inspectors viewed two of the centre's cars which were taxed and insured and appeared roadworthy. They were equipped with first aid and safety equipment. The centre was insured by the State Claims Agency.

Judgment: Non Compliant - Major

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 was previously a high support residential unit for boys and the Department of Education established a school in the same building as the centre to facilitate the children's education. Following the previous inspection, the managers of the centre made it clear that children being admitted would be free to attend a school of their choice. The school principal from the high support school continued to be a member of the admissions committee and each child's history of education and their educational needs were considered as part of the application process when these applications were made to the admissions committee.

Each of the children had educational placements. One child was facilitated to continue to attend the school they previously attended. Another child attended a secondary school in the city while the third child attended the high support school. There was evidence of school reports on the children's files. One of the children undertook state examinations in June 2017.

While there was evidence that the centre manager and staff placed a high value on children's education and encouraged them to attend school, there were difficulties since the previous inspection in ensuring that children attended school consistently and there were occasions when none of the children attended school. There was evidence that one child's key worker maintained good contact with a key staff member in the child's school, phoning each week and attending meetings with school staff. A professional involved in the child's care told inspectors that this contact helped enormously to maintain the child's educational placement.

Judgment: Substantially 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 had access to a general practitioner (GP) when required and records showed that children attended specialist services such as dental and ophthalmic services. Unlike at the time of the previous inspection, each of the children's files contained copies of their medical assessments on admission and their medical cards. However, not all children's files contained medical histories and records of their immunisations.

Children's likes and dislikes regarding food were noted on their files and there was some good practice regarding the cultural preferences of one child. A staff member had prepared and frozen a large batch of a food that was specific to a child's culture and the child could access this food on a regular basis. When there were issues regarding the dietary needs of children, there was evidence that the expertise of a dietician was sought and that the children were encouraged to choose healthy eating options and assisted to prepare healthy meals. This was reflected in placement plans and the efforts of staff to encourage children to adhere to agreed plans were evident. There was also evidence that a dietician had been invited to the centre to meet the children and talk to them informally about healthy food options.

Medication was stored securely in the staff room. Children's individual medications had their names on them and were stored on separate shelves. The centre had a centre specific policy and procedures for administration of medicines which was adequate. The interim centre manager had received training in the safe administration of medicines but the remainder of the staff team had not. This lack of training was reflected in some poor practice. For example, an antibiotic prescribed for one child was not given as prescribed. Instead, it was administered at irregular intervals and missed on some days. Similarly, a medicine prescribed for pain relief was not given as prescribed. There were gaps in the medication records and the records did not always show if a child refused medication. There were no regular audits of medicines management and feedback to staff to ensure that errors were identified and that practice was improved.

Records showed that six of the 24 staff had training in first aid and there was a sufficient stock of first aid equipment in the centre.

While children were supported and encouraged to adopt healthy lifestyles, all three children smoked and two of the children had taken up smoking since their admission to the centre. There was evidence that staff provided information and advice to children in regard to smoking cessation. Some outdoor equipment such as basketball hoops and a tarmac area was provided and children were encouraged to engage in outdoor activity. Records of activities undertaken during the summer showed that children took part in cycling, canoeing and walking.

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 statement of Purpose and Function had been reviewed and updated since the previous inspection. The new statement, dated 20 February 2017, set out the statutory functions of the service, the service objectives, the policies within which the centre operates and stated that the model of service delivery is informed by Trauma & Attachment theories.

The centre offered residential placements for up to four children, boys and girls, aged between 13 and 17 years on admission. The statement set out two referral pathways, one through an application to and decision by the admissions committee and a second pathway which was a transfer of a child from another care centre where the centre was deemed to be able to provide an identified element of service not provided for in the originating placement. The second referral pathway was managed by the service manager or regional manager in conjunction with the relevant centre managers and social work departments. Subsequent to the inspection, the regional manager told inspectors that the statement of purpose and function and admissions policy would be amended to reflect the fact that requests for admission through the second referral pathway could be considered by the local admissions committee unless this could not be accommodated within the associated timeframe for identified safety reasons. The statement made clear that no emergency bed was provided. A service was provided for eight hours per week by a psychotherapist.

In many respects, the purpose and function set out in the statement reflected the day-to-day operation of the centre. However, the statement set out the aim of the service to provide safety, security and stability for the children and inspectors found that this was not implemented for the majority of the time since the previous inspection.

Managers and staff were clear about the purpose and function of the centre. However, there was no child-friendly version of the statement available for the children.

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

Management and governance systems were not sufficiently robust to ensure the safety of children.

Inspectors found that protocols or procedures in place between the residential service and the social work department were not sufficiently robust to ensure that urgent concerns regarding the behaviours of children in the centre were addressed jointly, and in a timely manner, and that they were escalated to the appropriate decision-makers when urgent action was deemed necessary. A series of professionals meetings were initiated in December 2016 to address concerns in the centre and these continued on a regular basis for approximately four months. During this time and until the issues were resolved in late April 2017, children in the centre were continually exposed to bullying and intimidation, and a number of children felt unsafe during this time. There was no evidence that these protocols and procedures had been reviewed and made more robust since that time to ensure that situations such as that described above do not recur. Following the inspection, inspectors escalated the issues relating to how the behaviours of the children were managed to the national director of residential services and the relevant area manager.

Governance systems to ensure that the service provided was safe for children were not adequate. For example, in a report dated 26 April 2017, the monitoring officer recommended that the residential service review the placements and incidents in the centre since November 2016. The response from the service was that this review had been carried out by the interim service manager in February 2017. However, the interim centre manager and the new service manager were not aware of the review having been completed and could not locate a copy when it was requested. Moreover, staff told inspectors that they had not been consulted in relation to any review of these placements and incidents. While staff acknowledged that they had a de-briefing with the interim centre manager, they felt that such a review was needed.

Inspectors found that, for a period of approximately three months, during which staff were unable to manage the behaviours of children, there was no centre manager in place, and that this exacerbated a situation in which staff felt unsupported and unsupervised. At the time of the previous inspection, the centre manager was on leave and the arrangements for contacting a manager outside of usual working hours were unclear. Following the inspection, the interim service manager spent more time in the centre and told inspectors that a new interim centre manager was being recruited. The new interim centre manager did not come into post until mid-February 2017 by which time the centre was in a prolonged period of crisis. A rostered, out-of-hours support service was also in place for staff. This meant that, between the hours of 5.30pm and midnight from Monday to Friday and on weekends or bank holidays, between 10am and 1pm, a manager was available to be called by staff on duty in emergency situations. The previous service manager had also provided staff with the contact numbers of the

service manager and regional manager. While this was a welcome development, staff may need to call a manager at any time and a full out-of-hours on-call service was needed.

The interim centre manager did not have a formal qualification in management but she had previous managerial experience and there was evidence that she began to stabilise the centre and put in place management systems that were more robust than had been there previously. Inspectors found that she knew the children well and was keenly aware of their needs. She also had a good relationship with the children, who felt at ease in talking to her informally. Staff also told inspectors that the interim centre manager was very supportive of them, that they felt more empowered as a result and that she encouraged them to take certain decisions themselves rather than look for the manager to make all decisions regarding the children's care.

The interim centre manager reported to a service manager, who had taken over responsibility for the centre two months prior to the inspection. The service manager provided monthly supervision to the interim centre manager and was in frequent contact with her by phone and email. The service manager had also visited the centre and reviewed documentation, including the children's care files, since coming into post.

The interim centre manager told inspectors that she did not have a plan of actions or service improvement plan to be implemented in the centre but, instead, she had reacted to issues that had presented as requiring attention. For example, she continued to escalate the issue of the children's safety and followed up with the social work department until the issue of one child's discharge from the centre was resolved. She also implemented a new system of staff team meetings which included a full staff team meeting off-site on one day per month which incorporated training and de-briefings for staff. She made changes to the supervision structures for staff and introduced a new system for children's care files. She had also reviewed the centre's policies and identified policies that were in need of updating.

The centre register of children had been updated since the previous inspection and included all required information. Systems were in place for the management of the centre's finances and these were reviewed by external managers. The interim centre manager told inspectors that she had undertaken an audit of spending on food, especially the amounts spent on takeaways for children as this impacted on their health.

Risk management systems were not effective. For example, even though there were individual risk assessments in place for children and group safety plans were also put in place, behaviour such as bullying, intimidation and absconsions from the centre continued in the centre. Garda Síochána assistance was requested on a number of occasions to manage the children's behaviour and inspectors viewed a letter from a senior member of An Garda Síochána, who expressed the view that children may be inappropriately placed in the centre. However, and despite this intervention, the behaviours that were of concern were allowed to continue for a further three months before appropriate action was taken to address these.

The interim centre manager had introduced a new system of individual risk assessments for children since the previous inspection and had provided instruction to

staff on their completion. These risk assessments marked an improvement on previous risk assessments. They included risk identification, risk analysis and details of the controls in place. They also included ratings for the risk before and after new controls were put in place.

A new national risk management policy was implemented by Tusla in 2016. However, this policy had not been adopted in the centre nor had the centre manager or staff received any training on the new policy. The centre risk register contained individual risk assessments for children and risk assessments on the premises and on aspects of the service. However, not all risks to the service were contained in the risk register and some risks outlined were not risk rated.

The regional significant event review group (SENRG) provided some oversight of the incidents and practices reported in the significant event notification forms. Inspectors found that, while a number of incidents reported from the centre had been reviewed by the group, who had sought clarification on how particular incidents were managed and made recommendations on practice issues, this oversight of incidents did not result in the timely resolution of the underlying issues.

At the time of inspection there continued to be 18.5 whole time equivalent (WTE) posts. These included the interim centre manager, nine social care leaders, 11 social care workers and a housekeeper. There were 1.5 vacancies and 1.5 agency staff were employed. There were four staff on extended leave and there was a high absenteeism rate of 20%.

There were sufficient staff on duty on the day of inspection. The staff team comprised mainly of experienced staff, the majority of whom had social care qualifications while some had nursing qualifications. The staff rota had been reviewed in line with the recommendations from the previous inspection. It was now clearly presented with the full names of staff, their grade and the names of agency staff included.

The interim centre manager completed an audit of staff files as they were not available in the centre at the time of inspection. She confirmed that all relevant documentation, including An Garda Síochána (police) vetting, was in place for all staff.

At the time of the previous inspection, formal supervision of staff did not take place as frequently as required by the policy on supervision and the quality of supervision records were poor. An audit of the supervision files was due to have been completed by the interim service manager by 31 March 2017 and an action developed subsequent to this. The interim centre manager and the service manager completed this audit in June 2017. Two of the social care leaders received training in supervision since the previous inspection and another social care leader was due to begin their training shortly after the inspection. The interim centre manager set up a new structure for supervision and devised a new schedule of supervision sessions to ensure that all staff received supervision regularly. Staff and managers told inspectors that they were satisfied with the new arrangements and that supervision was more effective. However, not all staff had received supervision in line with policy as the new schedule had only recently been put in place. A sample of the new supervision records showed that they were of good quality although some were not signed off by both supervisors and supervisees.

The interim centre manager told inspectors that a programme of mandatory staff training was in place and that further dates for training were scheduled in the coming months. However, data provided by the centre showed that not all staff had received mandatory training. The percentages of staff with up-to-date training was as follows: 75% in child protection, 40% in fire safety, 66% in manual handling, and 95% in managing behaviour.

Judgment: Non Compliant - Major

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 Tusla monitoring officer was not available to speak to inspectors at the time of inspection. The monitoring officer manager told inspectors that the monitoring officer visited the centre on two occasions since the previous inspection. He also reviewed monthly centre governance reports and significant event notifications, and had regular phone contact with the acting centre manager and with the interim service manager.

There was evidence that the monitoring officer was made aware of all concerns regarding the children and that he followed up appropriately on these.

The monitoring officer carried out monitoring visits on 2 and 3 February in response to his concerns about disruptive behaviour in the centre and a series of complaints made by one child. He met the child concerned about their complaints. He raised issues of concern with the relevant managers and then escalated concerns to the regional service manager when the issues remained unresolved. He visited again on 22 June 2017 but the report of this visit had not yet been finalised at the time of inspection. The monitoring officer manager told inspectors that the monitoring officer had identified several areas of the service in which improvements were required, that these would form the basis of recommendations to the service and that the monitoring officer would be following up with the acting centre manager to ensure that the recommendations were implemented in a timely manner.

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-0019813-AP
Provider's response to Inspection Report No:	MON-0019813
Centre Type:	Children's Residential Centre
Service Area:	CFA South CRC
Date of inspection:	28 June 2017
Date of response:	21 September 2017

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 information booklet for children was out of date.

There was little evidence that children received feedback on issues raised in the children's meetings.

There were occasions when children's rights were restricted.

The complaints log did not contain all the complaints made by children.

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 Young Person's Information Booklet is being updated by the Centre Manager and an identified Social Care Leader. This booklet will form part of an introductory information pack which will be made available to all residents and future admissions. Completion date 30/09/2017

The format for young people's meetings minutes has been altered to include a section on feedback from previous requests made by young people. Meeting minutes now note the staff member responsible for giving the feedback to young people and the associated timeframe. Completion date 30/08/2017.

Any action taken that result in children's rights being restricted will be subject to risk assessment in consultation with Social Work that identifies the basis for the restriction and a date for review. Risk assessments will be maintained on the young person's main file.

The Complaints Log format has been updated by the Centre Manager. All complaint forms are now numbered with an established system of checks to ensure the log is maintained, up to date and complete. Action completed 03/07/2017.

Proposed timescale:
30/09/2017

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:

There was no evidence that the placement of a child who had been discharged was reviewed.

One child did not have an allocated social worker.

Systems to ensure that care plans were up to date and of good quality were not effective.

Not all children's files included all the required documentation.

Two voluntary care forms had not been updated to reflect the probable duration of the children's current placements.

Children's records did not reflect that formal or planned key work sessions took place.

One child's request for a female therapist had not been explored fully.

Some of the children's records were not complete and some contained the names or initials of other children

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:

An end of placement review for the discharged young person is scheduled to take place on 25/09/2017 with the relevant Social Work Department. The findings of this review will be the subject of a staff team meeting on 17/10/2017 and any identified learning will inform future practice. All placements will be subject to an end of placement review as standard practice.

All young people in the service have an appointed Social Worker as of 18/09/2017.

The two voluntary care forms that had not been updated will be updated by the relevant Social Workers by 19/09/2019 and copies forwarded to the centre.

Agreement has been reached between CRS South Regional Manager and the relevant Area Manager that a forum will be established to review residential provision in the area, meeting on a quarterly basis. A meeting is scheduled to take place on 22/09/2017 attended by the relevant PSW and CRS Regional Manager to agree written terms of reference and attendees for this forum. It is planned that the terms of reference will allow for meetings in addition to the quarterly to be convened in response to urgent concerns associated with either an individual placement or centre stability to ensure responses are reviewed at the appropriate level. The first meeting of the group will be scheduled to take place before 30/11/2017 once information about the group's existence and terms of reference have been reviewed with Centres and Social Work teams. The issue of Care Plans will be addressed as part of this groups identified focus.

An audit of young people's files has been completed to establish a list of any outstanding documentation. Outstanding documentation from Social Work has been addressed at a meeting on 19/09/2017 attended by the Regional Manager CRS South and relevant PSW. Action has been agreed to address existing gaps with an associated timeframe for completion and identified person responsible. Action to be completed by 21/09/2017. The establishment of protocols between the residential service and social work will feature on the agenda of the quarterly meetings between residential services and social work to improve communication and transfer of information.

A system has been introduced to ensure that all key work undertaken between staff and the young people is recorded and stored on the young person's file. Content and quality of key work sessions will be reviewed in supervision and supervision

records will evidence this review. Action Completed 27/07/2017

A meeting took place on 31/08/2017 between Centre and Social Work Department which has identified the proposed piece of work required for this young person. A request has been made to CRS Regional Office regarding the availability of an identified female CRS Psychologist to complete on receipt of the detail of the proposed work. The first professional meeting with the identified Psychologist, Social Work and Centre will take place on September 25, 2017.

As part of a written Service Development Plan which is being formulated by the Centre and Service Manager identified deficits will be noted and prioritised for action with an associated timeframe and person responsible. In the area of documentation this will ensure that all children's records are complete and only contain information pertinent to the individual young person. The Service Development Plan will be established by 20/10/2017.

Proposed timescale:
20/10/2017

Person responsible:
Interim Service Manager

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

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

Children could not access the internet as there was no wifi available in the centre.

Managers and staff failed to deal effectively with behaviour that challenged for a period of several months.

There was no evidence that therapeutic supports were put in place for the children who remained in the centre following a period of crisis in the centre and the discharge of another child.

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:

Children have access to the internet via their personal mobile phones. The centre provides a data package to each young person that allows for internet access. Internet access is risk assessed and reviewed by the Centre and the Social Work Department. Risk assessments are stored on each young person's main file.

A period of challenging behaviour in this service was responded to by management

and staff by way of weekly professional meetings, risk assessments, individual safety plans, use of external support services, enhanced staffing levels based on risk assessment and additional training provision to inform staff approach. An increase in access arrangements to provide respite for the young people from the dynamic was not possible for a number of identified reasons. This period commenced in late November 2016 and concluded on April 26, 2017 with the discharge of one young person. Meetings scheduled in November and December focused on devising plans, interventions and supports in consultation with relevant Social Workers in an attempt to maintain the placements of all residents safely. As interventions failed to address the presenting behaviours discussion focused on whether alternative care arrangements should be considered for any of the young people resident. A period of relative stability was experienced over the Christmas holidays but escalated again in January. By February it was agreed which of the young people would be better served by an alternative placement and an application was made for same resulting in the young person's planned discharge on April 26, 2017. The decision has been made that no further admission will be made to this service until all relevant stakeholders are satisfied that remaining placements are sufficiently stable and safe. This decision will be reviewed at the first scheduled meeting of the quarterly service provision review forum scheduled to take place before 30/11/2017 between the Service and Social Work.

Therapeutic input with the young people in the service following the period of placement disruption and discharge of one young person has commenced as of 06/09/2017 with an identified CRS Senior Psychologist.

Proposed timescale:
30/11/2017

Person responsible:
Interim Service Manager

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

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

Not all staff were familiar with the policy on protected disclosure.

Not all visitors signed the visitors' book and managers were unclear of the Garda vetting status of non-Tusla staff who worked in the centre.

Children were left feeling unsafe and exposed to intimidatory behaviour for an excessively long time.

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 Policy on Protected Disclosures will be required reading for the staff team prior to being reviewed at a team meeting scheduled for 21/09/2017. The policy will feature on team meeting agendas bi annually as a refresher. Action to be completed 21/09/2017.

The visitor's book has been relocated to an area that will be more visible and accessible for those entering to sign. The Centre Manager will ensure that staff members are aware of their responsibility to alert visitors to the existence of a visitor's book. It will be the responsibility of an identified Social Care Leader to cross reference the visitor's book with young people's logs on a weekly basis and follow up on any omissions. Action to be completed 13/09/2017

The manager is clear that there is no requirement that casual non Tusla staff are subject to gardai clearance. There is a requirement that when casual workers are on site that young people are not left unsupervised with these workers. The staff team have been informed of this requirement; staff team meeting minutes of 21/09/2017 reflect same.

The forum established by CRS South and the relevant PSW to review residential provision in the area will have written terms of reference that allow for the convening of extraordinary meetings of the group in response to identified placement or centre issues. This will ensure agreed timely responses from Tusla to placement or centre issues.

Proposed timescale:
21/09/2017

Person responsible:
Interim Service Manager

**Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Non Compliant - Major**

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

The building was not suitable for the creation of a homely atmosphere for children.

The maintenance log had not been updated since the previous inspection.

Many of the centre's appliances and much of the furniture required replacing.

No health and safety audits had been carried out since August 2016.

Not all staff had taken part in fire drills.

The recording of daily and weekly checks on fire equipment and means of escape was not up to date.

A self-closing mechanism on a fire door to the sitting room was disengaged and the sitting room door was left open.

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 location of this service is currently subject to review in terms of location, building type and service provision in the context of national and regional residential provision. The plan for residential service provision in the region will take place over a 2 to 3 year timeframe involving a capital and service development plan.

The maintenance log format has been reviewed and updated as of 17/07/2017. An identified social care leader has been given responsibility to ensure this log is maintained and updated as required.

A site visit has taken place by Estates and approval has been given with regard to upgrading the furniture and replacing appliances in order to improve the living area to make it more homely for the young people. The required new appliances were installed on the 24/08/2017 and quotes for the remainder of the furniture will be sourced by 30/09/2017 and forwarded for approval with a view to being in place by October 15, 2017.

A system has been established to carry out monthly health and safety audits which are the responsibility of the Centre health and safety representative and Centre Manager. Action Completed 17/07/2017

The most recent Fire training took place on 22/08/2017 which included a fire drill. All staff members in the centre have participated in a fire drill as of 31/08/2017. Fire drills now take place monthly at different times to ensure all members of staff attend, all participants are recorded, an identified staff member is tasked with organising the drills and recording participants and maintaining the centre fire register.

A procedure to ensure recording of fire extinguisher checks has been established by the Centre fire safety representative and Centre Manager. This procedure entails daily recorded visual checks by an identified staff member with monthly checks by the centre fire safety representative and random spot check by the centre manager. All checks are recorded. Action complete 22/08/2017

The defective fire safety mechanism on the sitting room door has been replaced and the door is now fully operational. Action Complete 07/07/2017

Proposed timescale:
15/10/2017

Person responsible:
Interim Service Manager

Theme 3: Health & Development
Standard 8: Education
Judgment: Substantially Compliant

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

There were occasions when none of the children attended school.

Action Required:

Under Standard 8: Education you are required to ensure that:

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.

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

The issue of non school attendance when it arises is the focus of consultation and dialogue between the centre staff, Social Work Department and relevant educational establishments. Individualised programmes are in place to incentivise regular school attendance by each of the young people. Where issues are identified as leading to non school attendance they are actively responded to by the staff with the relevant educational facility up to and including seeking alternative educational placements if deemed in the young person's best interests. A review of periods of non school attendance will be completed by the Centre Manager and staff team by 30/09/ 2017 to inform future practice.

Proposed timescale:
30/09/2017

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:

Not all children's files contained medical histories and records of their immunisations.

Apart from the interim centre manager, the staff team had not received training in the safe administration of medicines.

Some medicines were not administered as prescribed.

There were gaps in the medication records and the records did not always indicate when a child refused medication.

There were no regular audits of medicines management and subsequent feedback to staff.

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 Regional Manager CRS South met with the relevant PSW on 19/09/2017 regarding outstanding medical information. Action was agreed at this meeting as to how the gaps were to be addressed with a timeframe given to the relevant Social Work personnel of 21/09/2017.

Training in Medication Management will be made available to the staff team via CRS Regional Office which is in the process of scheduling regional training days on this subject. Training due to commence by 30/11/2017 based on National CRS Medication Management Policy 2017.

A system of recording medication administration is in place that will ensure that all medication is administered as prescribed with dual sign off for controlled medication pending training and implementation of National CRS Medication Management Policy 2017.

The medication records have been subject to review and now record any instance of a young person's refusal to take medication. National CRS Medication Management Policy 2017 provides guidance on the refusal of medication by young people.

A system has been established that entails monthly audits of medication administration. These audits will be completed by an identified staff member; audits will be stored in the centre's register. Any identified deficits or gaps will be brought to the attention of the Centre Manager for review with either the individual or team as appropriate. Action Complete 22/08/2017

Proposed timescale:
30/11/2017

Person responsible:
Interim Service 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 aim of the service to provide safety, security and stability for the children was not fully implemented.

There was no child-friendly version of the statement available.

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:

Service interventions and responses were individualised, child centred, agreed with relevant Social Workers and subject to regular review. Time was allowed to ensure that in the event any young person was identified as requiring alternative care arrangements that the right young person was identified. This was crucial given the complex presentation of the group and in some cases multiple placement history. Once a decision was reached arrangements were put in place and the identified young person was moved at the earliest opportunity to ensure the safety of all. The decision has been made to keep the occupancy of this centre lower than its stated capacity to build on the emerging placement stability of the remaining residents.

A child friendly version of the purpose and function will be developed and incorporated into the young person's handbook. Action due to be completed 30/09/2017

Proposed timescale:
30/09/2017

Person responsible:
Interim Service Manager

Theme 4: Leadership, Governance & Management
Standard 2: Management and Staffing
Judgment: Non Compliant - Major

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

Protocols or procedures between the residential service and the social work department were not sufficiently robust to deal adequately with urgent concerns.

Governance systems to ensure that the service provided was safe were not adequate.

The out of hours support for staff on duty was not sufficient.

There was no service improvement plan in place.

Risk management systems were not effective.

Not all staff had received supervision in line with the supervision policy.

Not all staff had received up-to-date mandatory training.

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:

Agreement has been reached by CRS South Regional Manager and the relevant Area Manager that a forum will be established to review residential provision in the area on a quarterly basis. A meeting is scheduled to take place on 22/09/2017 attended

by the relevant PSW and CRS Regional Manager to agree written terms of reference and attendees for this forum. It is planned that the terms of reference will allow for meetings to be convened in response to urgent concerns associated with either an individual placement or centre stability to ensure responses are reviewed at the appropriate level. The first meeting of the group will be scheduled to take place before 30/11/2017 once information about the group's existence and terms of reference have been reviewed with Centres and Social Work teams.

A permanent Centre Manager will be identified on completion of the national recruitment process which is scheduled to conclude by September 30, 2017. A national recruitment process has commenced that will see the appointment of a Deputy Manager to this service. This process will give stability of management structure. The addition of a deputy to the structure will support and strengthen governance systems currently being introduced to the service.

There is a time specific out of hours support system in place in this service provided by the Centre Manager and identified Social Care Leaders. The service has also been provided with the mobile contact numbers of the Service Manager and Regional Manager to provide access to a senior manager outside of those times. On call is an agenda item for CRS National Management meeting scheduled to take place on 25/09/2017 with a view to agreeing the necessity for a national on call system. This will allow for the associated work to commence establishing the extent of the on call service and grade responsible for delivery.

The Centre Manager and Service Manager will develop a written service improvement plan. The plan will detail identified deficits and areas for improvement with associated actions, timeframes and persons responsible. Action due for completion 16/10/2017.

The centre introduced a risk register on 05/05/2017 which contains centre risks, individual young person risks and health and safety risks. The centre implemented CRS South Risk Management Policy on 01/07/2017 and the Centre's Health and Safety Policy was reviewed on 27/07/2017. A system of management oversight has been established involving weekly, monthly and random spot checks to ensure that all risk management issues are promptly addressed. Action Complete 27/07/2017

Changes have been made to the delivery of supervision within the centre which has led to an improvement in the frequency of supervision for staff. The Centre Manager reviews the provision of supervision on a monthly basis which ensures gaps are identified quickly and arrangements for re scheduling supervision are prioritised. The Supervision audit tool contained within the national policy will be used by the Centre and Service Manager to ensure both frequency and quality are maintained. Action Complete 31/07/2017

A training audit will be completed by the Centre Manager to identify deficits in mandatory training and a training schedule established to address same. Action due to be completed 30/09/2017

Proposed timescale:
16/10/2017

Person responsible:
Provider