

## Health Information and Quality Authority Regulation Directorate

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



|                               |                                |
|-------------------------------|--------------------------------|
| <b>Type of centre:</b>        | Children's Residential Centre  |
| <b>Service Area:</b>          | CFA DNE CRC                    |
| <b>Centre ID:</b>             | OSV-0004172                    |
| <b>Type of inspection:</b>    | Unannounced<br>Full Inspection |
| <b>Inspection ID</b>          | MON-0017642                    |
| <b>Lead inspector:</b>        | Erin Byrne                     |
| <b>Support inspector (s):</b> | Caroline Browne                |

## **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 2016 09:30 | 28 June 2016 18:00 |
| 29 June 2016 09:15 | 29 June 2016 17:00 |

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

- **Exceeds standard** – services are proactive and ambitious for children and there are examples of excellent practice supported by strong and reliable systems.
- **Meets standard** – services are safe and of good quality.
- **Requires improvement** – there are deficits in the quality of services and systems. Some risks to children may be identified.
- **Significant risk identified** – children have been harmed or there is a high possibility that they will experience harm due to poor practice or weak systems.

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

| Standard  | Judgment             |
|---|----------------------|
| <b>Theme 1: Child - centred Services</b>                  |                      |
| <b>Standard 4: Children's Rights</b>                      | Meets standard       |
| <b>Theme 2: Safe &amp; Effective Care</b>                 |                      |
| <b>Standard 5: Planning for Children and Young People</b> | Requires improvement |
| <b>Standard 6: Care of Young People</b>                   | Requires improvement |
| <b>Standard 7: Safeguarding and Child Protection</b>      | Meets standard       |
| <b>Standard 10: Premises and Safety</b>                   | Requires improvement |
| <b>Theme 3: Health &amp; Development</b>                  |                      |
| <b>Standard 8: Education</b>                              | Requires improvement |
| <b>Standard 9: Health</b>                                 | Requires improvement |
| <b>Theme 4: Leadership, Governance &amp; Management</b>   |                      |
| <b>Standard 1: Purpose and Function</b>                   | Requires improvement |
| <b>Standard 2: Management and Staffing</b>                | Requires improvement |
| <b>Standard 3: Monitoring</b>                             | Requires improvement |

## Summary of Inspection findings

This centre is a statutory mainstream residential children's centre in the Dublin North East region. At the time of inspection there were both boys and girls, between the age of 12 and 18 years resident, who required medium to long term residential care. The centre was operating from a large detached building with ample garden and parking space and was within walking distance of all necessary amenities. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 2 parents, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

In addition inspectors spoke with three social workers and an aftercare worker.

Overall, the staff team provided good quality care to the young people. Children and young people were safe and their rights were respected. They were encouraged to pursue their hobbies and interests and were provided with emotional support. Children told inspectors that they were happy living in the centre, staff were available for support and guidance and that their families and friends were welcome.

Inspectors found that staff emphasized developing relationships with children and had a good understanding of the needs of the children resident in the centre. Children were regularly consulted about their care. The centre operated within a model of care referred to as a therapeutic community, which focused on developing quality relationships and engaging children and young people in collaborative problem solving and community meetings.

All of the children had a social worker and measures were in place to safeguard and protect them but improvements were required in meeting all of the statutory requirements. Deficits existed with respect to provision of information to the centre, review of the children's case files and daily logs and not all children had up-to-date care plans or minutes from statutory child in care reviews.

The staff team promoted children's attendance and attainment in their educational placements. They encouraged children and young people to attend third level education and or training as appropriate. However, plans to support one child who was not in education required improvement. Young people were well prepared for leaving care and safeguarding issues were managed appropriately.

The centre manager was an experienced manager who was well supported by her team

and the alternative care manager. Some management systems required improvement to ensure appropriate follow up and implementation of agreed decisions. Some improvements were required with respect to fire safety, provision of supervision and the centre's filing / records system. Specific training needs were identified for the staff team for 2016, but none of this training had been delivered at the time of the inspection and there were considerable gaps in the provision of mandatory training. Medicine management practices required improvement.

The décor of the centre required some attention.

## 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.

Children's rights were respected and they were consulted and supported to participate in decision making about their lives. Complaints were generally well managed but some improvements in recording of complaints were required.

### **Standard 4: Children's Rights**

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

### **Inspection Findings**

Children's rights were respected and promoted in the centre. A therapeutic community model of care was in operation which encouraged consultation and collaborative decision making. Children were consulted on all aspects of their care and were actively encouraged to participate in decisions about their lives and their care on a day-to-day basis. Children's opinions were sought and valued and these were incorporated into the daily running of the centre.

Complaints were well managed. Children and parents knew how to make complaints and staff were aware of the complaints procedure. The staff team used creative and collaborative interventions in an effort to address complaints by children as they arose which included one to one conversations and community meetings. Details of these conversations were then recorded and reviewed for learning by the centre manager. Inspectors saw examples of staff resolving complaints recorded in the community meeting minutes. When it was not possible to resolve issues or dissatisfactions immediately or locally, staff were clear on the process for recording, reporting and responding to children's complaints and there had been two such complaints made by children or their families in the 12 months prior to inspection. Complaints were followed up and responded to promptly by the centre manager and where appropriately notified to social workers, parents or other relevant people. Inspectors saw records of thorough investigation and consultation with relevant people in addressing complaints to a satisfactory outcome for the complainant.

While written information provided to children in relation to complaints did not include details of how to appeal a decision if they were unhappy, children and parents were aware of alternative avenues available to make a complaint in the event of such an issue arising.

Children knew how to access information recorded about them and were given

information about themselves and the services available, in accordance to their age and level of experience. Children were given written information about their rights on admission and they were guided and supported by staff members to access their daily records.

**Judgment:** Meets standard

### **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.

Children were well cared for and the importance of family involvement was respected and promoted in the centre. Reviews of children's care occurred regularly as required and children preparing for leaving care were well supported.

A number of deficits existed with respect to the statutory requirements of social workers. Care plans were not updated as required in all cases. Children's records were not regularly reviewed and the centre manager, parents or children did not routinely receive copies of decisions or care plans, as appropriate.

Children's welfare was promoted and their interests and emotional and psychological needs were appropriately assessed and supported. Safeguarding and child protection practice were good with respect to reporting, recording, assessing and intervening in child protection concern.

The premises was suitable, well kept and decorated with adequate facilities but, required some updating of décor. Responses to issues identified through maintenance checks, safety checks and systems, required improvement.

### **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**

Children were appropriately placed and their needs were suitably met. Admissions were well managed. There were two children admitted to the centre since the previous inspection and both were admitted appropriately. Children and their families visited the centre prior to their admission and transition plans were devised with sensitivity to the individual needs of each child. Children were provided with age appropriate information describing aspects of the centre and were allocated a key worker upon admission. Children's key workers informed them of particular information relating to visitors,

phone calls, personal belongings, pets, pocket money, bedtimes, access to community and local facilities and in general ensured that they were aware of what was expected of them as well as, what to expect from staff and the other residents. Inspectors reviewed a number of key working sessions which detailed communication with children on the above and they were of good quality.

Prior to admission children's needs were assessed to ensure that they could be effectively met within the service. Inspectors reviewed a pre admission needs assessment which included a risk assessment identifying the need to protect children from abuse by their peers and included interventions to address such risks. Supervising social workers played an active role in the admission of children to the centre. All social workers who spoke with inspectors were clear on their responsibilities to provide adequate information to the centre for each child but inspectors found that this information was not routinely provided despite requests by the children's key worker and centre manager.

Not all children had up-to-date written care plans and it was unclear how significant decisions with respect to their care needs and plans had been reached, as minutes of statutory care planning meetings were not routinely provided to the centre manager and team. Inspectors reviewed all care plans on file and they were of good quality with respect to the assessment of each child's educational, social, emotional, behavioural and health needs. They distinguished between overall long-term plans and plans relevant to the children's placement in the centre. However, some were out of date by a significant period and despite requests for this information by key workers and the centre manager they had not been forwarded. The centre manager was provided with up-to-date care plans on the second day of inspection following notification of a HIQA inspection of the centre.

Statutory child in care reviews occurred regularly as required. Children's placement progress and overall care was reviewed appropriately and the protocol in place for the placement of children aged 12 years and under in residential care was implemented as required. Children were encouraged to attend their reviews and were supported to prepare for them. Children told inspectors that they attended and participated in their child in care reviews and were supported by their key workers and the centre manager as required. Parents were in attendance as appropriate and changes in circumstances or developments for children and their families were taken into account. The child's wishes as well as that of his/her family were respected and supported. However, parents told inspectors that they did not receive copies of care plans and copies of decisions made at review meeting were not routinely forwarded by social workers to those in attendance.

All children had key working plans which operated as the centre placement plan. These were updated regularly as required and were of good quality. They were detailed and specifically addressed relevant needs for each child. However, children's placement plans did not always reflect the identified long-term needs as outlined in children's care plans and the centre manager told inspectors that this was due to the care plan on file being out of date. The centre manager explained to inspectors that she, along with key workers or the deputy centre manager attended all statutory child in care reviews, following which minutes outlining decisions and details of required updates to plans were produced internally for the information of the team. The centre manager stated



that this ensured that placement and key working plans within the centre were relevant, up-to-date and reflected the presenting needs and goals of each child despite not reflecting the care plan on the child's file.

The staff team were proactive at facilitating children's contact with their families, as appropriate. Children had regular contact with their families in line with their wishes and as agreed with social workers. Children who did not have contact with their parents were facilitated to maintain contact with other significant people in their lives and the reasons for restrictions on contact were clearly documented in children's care plans. Children and parents confirmed with inspectors that the staff were very supportive in relation to encouraging and facilitating family visits. Inspectors spoke with two parents who stated that they were in regular contact with the staff and manager of the centre, and they spoke regularly about their child's care and progress.

All of the children had an allocated social worker as appropriate, with whom they had regular contact. However, there was no written evidence that social workers read records relating to children when they visited, as required by national standards for children's residential centres.

Children were discharged from the centre in a planned manner. There had been one young person discharged in the 12 months prior to the inspection and it was planned and appropriate.

The children received the emotional and physical care they needed and their emotional needs were met on a day-to-day basis through the care provided by staff. Inspectors observed that children were comfortable and interacted warmly with staff. Staff were aware of the individual needs of the children and were sensitive and caring in their approach to them. They were good role models for the children and encouraged respect and consideration of others around them. Staff members provided good emotional support to children and when required, appropriate referrals to specialist services were made. Whilst the children and young people did not always engage with the service they were encouraged and supported to do so and told inspectors that they were aware of their availability to them.

Aftercare planning and practices to prepare young people for leaving care were creative, collaborative and well thought out. All the young people had allocated aftercare workers as appropriate in keeping with Tusla's policy on aftercare. Young people were involved in the plans for aftercare, and follow on placements had been identified as required. The staff team were very aware of the increase in vulnerability and anxiety associated with a move to independence and had clearly identified strategies to support young people in this regard. Young people were supported to gain independence. They were encouraged to develop independent living skills such as using public transport, budgeting and cooking. Inspectors spoke with an allocated aftercare worker who told inspectors that the staff team demonstrated commitment, patience and sensitivity to the needs and circumstances of each young person preparing for leaving care and were very supportive of young people throughout the preparation and aftercare process.

Inspectors observed young people engaged in household tasks and young people told inspectors that they were supported to prepare for moving into independence.

Not all children's records contained all relevant documentation including a copy of their birth certificate and care order. Despite a number of requests to social workers, by key workers and the centre manager, over a significant period of time, this information had not been provided for all children. Children's records maintained in the centre were reflective of their views but, some improvements were required with regard to filing and updating of records.

Records were stored securely. Young people's records were held in a safe and secure manner both in hard copy and on computer. Files were kept in locked filing cabinets in the office and staff had access to computer records.

**Judgment:** Requires improvement

**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 in the centre were well cared for. Their wishes, preferences and individuality was respected and children told inspectors that the staff members and managers were available for support should they require it. Children were encouraged to make age appropriate choices about their lives and were supported to address emotional and personal issues with due consideration and sensitivity to their age and circumstances. Special occasions and achievements were celebrated with family as appropriate and young people preparing for independence were well supported to develop skills, competencies and knowledge necessary for adulthood.

There were adequate amounts of fruit and healthy foods available and the meals provided on the days of inspection were healthy and nutritious. The staff team also worked with specific children on issues such as healthy eating and nutrition when this was required and staff promoted healthy eating options with the children. Meal times were looked upon as social events and children were encouraged to return from free time with friends to eat meals together with staff. Where children were not present for meal times food was prepared for them upon their return. Staff encouraged and facilitated children to engage in exercise and to become involved in community activities that promoted a healthy lifestyle. For example, children who had an interest were involved with local community sport teams. The children were able to go shopping for their own clothes and the centre manager told inspectors that a regular budget was available for clothing.

Incidents of behaviours that challenged were well managed but, records related to behaviour management including plans and SEN's required improvement. Individual crisis management plans (ICMP's) were not updated regularly as required and did not appear to be used routinely to guide interventions during significant events or incidents. All children had ICMPs which were reviewed by inspectors. They were succinct in

describing the young person's background or experience, the potential triggers for crisis and the kind of response that was likely to be effective in a situation of crisis. However, the intervention approaches outlined were not reflective of the practices and interventions being utilised by the team at the time. They were not up-to-date, had not been updated to include learning from previous incidents or changes to intervention approaches agreed at recent team meetings, nor did they reflect changes agreed following discussions with children and young people at community meetings. ICMP's were not an effective tool to ensure a consistent approach to behaviour management by the staff team.

Staff in the centre were in the process of piloting a particular model of care known as 'Therapeutic community model', and this informed their practice for managing behaviours that challenged. This model was being piloted under the guidance and supervision of a consultant psychotherapist who provided regular and on-going advice, support and suggested interventions to the staff team. It involved a process of offering planned therapeutic help and support to resolve issues, repair relationships or address concerns and questions as a group or 'community' through what were referred to as 'community meetings'.

Community meetings, which could be called by children or staff, also took place to discuss general issues in the centre which may impact on the community. However, there was no written guidance relating to the use of community meetings or information available outlining the main objectives or potential risks of these. The risks associated with the 'therapeutic community model' had not been assessed and the understanding of requirements or expectations for children to attend community meetings varied between staff members. The centre manager told inspectors that as the model was being piloted, this guidance would be produced upon review and evaluation of the practices in September 2016.

Children told inspectors that they liked staff, they were good to them and helped them to get things they wanted or prepare for challenges such as independence or school exams. Inspectors viewed the record of community meetings and found that consequences were rarely applied and when they were, they were reasonable and proportionate. Staff also used positive reinforcement techniques and they praised and celebrated good behaviour, which was often rewarded.

The staff team were experienced at managing behaviours that challenged and did so effectively. Staff were trained in a method of managing behaviour that challenged within which they received training in the identification of triggers to emotional outbursts, verbal de-escalation techniques, strategies for exploring the underlying cause of behaviours that challenged, strategies for re-engaging children into their programmes following incidents of crisis as well as, techniques of physical restraint which could be used as a last resort if a child's behaviour placed them or others at risk. However, although these skills were utilised by staff regularly, the model of care within the centre was focused on reparation and community meetings. Relevant sections of reports prompting description of behaviour management techniques used were blank or incomplete which meant that full descriptions of actions taken were not always clear and external professionals often required clarification on details. Guidance with respect to the use of physical intervention was inadequate. Children's ICMP's did not reference the use of restraint as a suitable or unsuitable intervention option as required by the

policy on management of challenging behaviour and use of physical intervention. It was unclear if the appropriateness of the use of restraint had been assessed for each child or if parents had been informed that physical intervention was an intervention option.

All children had absence management plans which had been devised in consultation with their social workers. They were relevant, age appropriate and individualised to include specific risks presenting for each child. On occasions that young people went missing from care, staff followed the national policy for children missing from care. There were 17 incidences of missing children from care during the 12 months prior to the inspection. Inspectors reviewed a number of these incidents and found that they had been managed in accordance with policy. These incidents were notified to the appropriate people, including the young people's social workers, senior managers and the monitoring officer. The risks associated had been identified and effectively addressed with each child by staff members and there had been a reduction in incidents in the months prior to the inspection.

**Judgment:** Requires improvement

#### **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**

Safeguarding and child protection practices were good and staff members were aware of the necessity to report and record concerns as well as to implement safety plans to mitigate against safety concerns as required. Inspectors observed an environment of respect for privacy and personal space being promoted through staff practices and interactions with children and young people. A bully free environment was promoted within the centre. Inspectors saw from a review of records and documentation where incidents of peer abuse occurred, that staff and the centre manager responded appropriately in collaboration with the allocated social workers. The staff team implemented safe care practices, as well as unique and individual interventions for children who required additional supports relating to safeguarding, giving consideration to the age and level of understanding of each child concerned. Inspectors reviewed individual work documented in key working sessions also, relating to safeguarding and protection.

Children had access to a private space should they wish to contact family members or advocates and they were encouraged to discuss issues or concerns with their social workers. Inspectors observed a culture of openness within the centre where staff members challenged practices and decisions appropriately. Staff were also aware of who they could contact if they had any concerns relating to colleagues or the centre manager.

There were two child protection concerns reported since the previous inspection both of which were related to peer abuse. Concerns of a child protection nature were reported to the relevant social work department as required by Children First: National Guidance

for the Protection and Welfare of Children (Children First (2011)). These had been appropriately addressed and closed. Inspectors reviewed the child protection log which appropriately recorded brief details of the concern, responses and follow up action taken in relation to all concerns.

Staff were trained in Children First (2011) and knew how to manage child protection concerns. The staff team and centre manager were aware of child protection practice, they had suitable knowledge and gave appropriate answers when interviewed by inspectors. Social workers told inspectors that they were in regular contact with the staff and manager and all relevant information was relayed to them. They received reports in relation to significant events including child protection concerns and were satisfied that the children were well cared for. Social workers had been consulted in drawing up safety plans and absence management plans for the children.

**Judgment:** Meets standard

#### **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 premises were suitable for their stated purpose. The house was welcoming and despite being in need of some updating of décor was well kept, decorated and furnished and there was a pleasant ambience in the centre. There were adequate facilities, lighting, heating and ventilation as well as cooking and laundry facilities. There was adequate space for children to meet with family, friends or social workers in private and each child had a room to themselves which could be locked if they wished and provided them with a space to keep their belongings safely and securely. Children told inspectors that they had the opportunity to decorate their rooms to their own taste and were involved in decisions about decorating of the premises. There was adequate, age appropriate play and recreational facilities available to children both indoors and in the garden of the centre. The centre was adequately insured.

The maintenance of the centre required improvement. Inspectors observed that the house was in good general repair but was in need of some re-decoration. A maintenance log was maintained but, the log did not record consistently when maintenance tasks were completed. It was difficult to gauge how long it took to complete maintenance requests and inspectors found that a number of maintenance issues remained outstanding for a significant period.

The alternative care manager (ACM) who was the external line manager for the centre, routinely monitored the premises and was aware of the identified actions required to address both maintenance and safety issues in the centre. The centre manager had identified a number of actions required to maintain the structural repair and décor of the centre which had been escalated to the ACM through an internal process and prioritised appropriately to be considered for a programme of maintenance and capital

works. However, a number of the actions required had been identified more than 12 months earlier without appropriate response and remained outstanding without a definitive plan for addressing them. An example of this was the repainting of the kitchen. The ACM told inspectors that finance for completion of capitol works are prioritised and allocated at the end of each year and that the priority list for the centre would be considered for funding allocation in late November 2016.

Health and safety systems were not robust. The centre had a safety statement in place which was completed in August 2015. Risk assessments were completed and inspectors observed a number of safety measures which had been put in place including extra sensor lighting on the outside of the house. However, some identified control measures such as installing gates on the entrance of the house, were not in place despite having been identified as a control measure to mitigate against identified risks in September 2015.

Improvements were required with respect to precautions taken against the risk of fire. The centre had effective means of escape, arrangements for detecting, containing and extinguishing fires, and maintenance of fire fighting equipment was good. However, some improvements were required to ensure that fire checks were up-to-date and that issues were effectively addressed as they arose. For example, there were gaps in the fire register where checks were not completed as required and an issue identified with fire extinguishers not being in their set positions, was on-going for some time. There was no record of action taken to address these deficits or to ensure learning or to prevent reoccurrence despite the register having been periodically monitored by the centre manager and health and safety audits having occurred.

While all staff had been trained in fire safety, fire drills were not regular or in line with the centre's guidance on fire safety. Inspectors reviewed records of fire drills, of which there were two, since the previous inspection (June 2015) which appropriately recorded the duration of time it took to evacuate the building and noted issues that arose during the drill. Both records stated the purpose of the drill was to accommodate a new admission to the centre. However, the fire drills took place a number of months following the admission of children to the centre. The records did not indicate the staff members and children who had participated therefore, could not be monitored for the purpose of ensuring all staff members and children had participated in a fire drill. Managers and staff were aware of an on-going safety concern relating to children smoking in their bedroom and this had been effectively responded to with the children concerned through community meetings as well as involvement with the local fire officer.

The centre vehicle was not in the centre on the days of inspection but, the ACM and centre manager told inspectors that although the vehicle was appropriately maintained and insured it was old and they were awaiting delivery of a new centre vehicle.

Practices and procedures in place for the storage of medication required improvement. Medication was stored in a locked cabinet. However, inspectors found that the cabinet contained out of date medication and medication for children no longer living in the unit. Audits or health and safety checks completed did not include medication management.

There was closed circuit television (CCTV) which monitored and recorded the perimeter of the house. Images from the CCTV could be viewed through a monitor that was located in the staff office. Children knew that the centre had CCTV but, there was no policy in place and potential implications associated with the use of CCTV under data protection legislation had not been given due consideration. Signage advising people of the use of CCTV was not displayed as required.

**Judgment:** Requires improvement

**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.

Education was valued and encouraged but, plans to support children who were not attending school required improvement.

The health needs of children were well managed. However, support and incentives for children who smoked to cease required improvement and not all children had complete medical records.

**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**

Education was valued and children were encouraged to pursue their interests and aspirations and this was reflected in their key working plans. However, not all children were attending school and plans to address this issues were minimal and had not been effective in the months prior to inspection. Supports from the local education and welfare officer had not been sought or pursued for one child who was not attending their school placement.

Children were supported to remain in their own school placements when they came to live in the centre and when required were supported and facilitated to change schools. The staff in the centre were in regular communication with the children's schools and there was evidence of collaborative working with schools to address issues as they arose.

Children's educational needs were appropriately assessed. A number of children had completed or were in the process of preparing to undertake state exams at the time of inspection and this was encouraged and supported by all staff. Children approaching school leaving age were encouraged to prepare and strive towards third level education as appropriate to their abilities, interests and aspirations and their care plan reflect these goals.

**Judgment:** Requires improvement

**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**

The health needs of children were well managed. Children had medical examinations very soon after their admission to the centre. Each child was facilitated to visit their general practitioner (GP) and parents/carers were updated regularly in relation to children's health and consulted with respect to consent as appropriate. Children were encouraged and facilitated to attend specialists hospital appointments and to avail of therapies as recommended. These included attendance at the dentist, ophthalmologist and mental health services. Children who had the capacity, were supported to manage their own health appointments.

Key issues regarding the health of the young people were identified and addressed. Inspectors reviewed key working sessions and documentation on children's files of individual work completed related to relationships and sexual health, appropriate to the age and developmental stage of the children. However, for children who smoked the information available on health risks and interventions by staff to cease smoking were very limited. Inspectors reviewed a number of key working records related to smoking which focused on the risks and legalities associated with smoking on the premises and the associated consequences. However, incentives for children to desist from smoking were not evident.

Not all children had a clear and complete record of all medical and health information from birth. Despite requests for this information by the key worker and centre manager to the allocated social workers, this remained outstanding for a significant period.

There was no medication being administered at the time of inspection. However, the procedure and practices in place required improvement. There was no medication administration record available for staff use in the event of children requiring medication. The centre manager told inspectors that administration of medication was recorded as part of a child's daily record. However, Inspectors found that this practice would not ensure safe administration and monitoring of medication administration practices.

**Judgment:** Requires improvement

**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.



The centre's statement of purpose and function required clarification with respect to the number of children that could be accommodated.

The centre was well managed and significant events were appropriately notified and monitored to ensure learning. However, follow through on actions required to ensure learning was applied throughout the team, or that identified issues were adequately resolved to their conclusion required improvement.

Supervision had improved in the months prior to inspection but, further improvements were required.

There were a number of gaps in provision of training to staff members which were outstanding for a significant period without a clear plan for addressing same.

Monitoring of the centre required improvement.

### **Standard 1: Purpose and Function**

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

### **Inspection Findings**

The centre had a statement of purpose and function but it required review as it did not clearly specify the population it catered for. The statement of purpose and function stated that the centre has capacity to cater for four children but, also states that a capacity of five children could be considered. However, the circumstances under which the admission of a fifth resident could be considered was not specified and the manager was unclear on the criteria.

The statement was kept up to date and listed key policies and procedures which guided the care practices and reflected the day-to-day operations of the centre. Staff members were familiar with its content and the therapeutic community model of care utilised in the centre was outlined within the document. However, the statement of purpose and function was not available in an accessible format for parents and children accessing the service.

**Judgment:** Requires improvement

### **Standard 2: Management and Staffing**

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

### **Inspection Findings**

There was a good management structure in place and lines of accountability were clear. The centre was managed by an appropriately qualified and experienced manager who provided strong leadership. She demonstrated her understanding of children's needs

and her commitment to ensuring they received quality care. The centre manager was supported in the day-to-day running of the centre by an experienced team of social care workers and a deputy manager who had responsibilities in relation to administrative duties, oversight and supervision. Staff within the centre reported to the deputy centre manager and centre manager who in turn reported to the alternative care manager.

Staff who met with inspectors were aware of their responsibilities and were influenced appropriately by the manager in their approach to working with young people. The manager reported meeting regularly with the deputy manager to review issues arising in the centre, get updates in relation to audits and paperwork but, written records were not kept in relation to these meetings.

There were some policies in place to guide practice but the majority of the policies guiding practices in the centre had not been reviewed since 2009. Inspectors found that the child protection policy was not up-to-date and there were no centre specific policy in relation to fire safety, behaviour management, risk management, the use of CCTV or medication. The complaints policy and procedure did not clearly outline how the complainant could appeal a decision if they were unhappy with the outcome of a complaint. It was not clear when policies were due to be reviewed or how staff and management were guided in respect of their practice in these areas. The centre manager told inspectors that they were awaiting the development of up-to-date national policies.

Communication between staff and the centre manager was good. Systems of communication included handover meetings, staff meetings, the use of a communication book, and a house diary. Inspectors found that these methods of communication were appropriately used by staff to communicate about the day-to-day care of the young people. Team meetings were held fortnightly and were well attended. They were used well to communicate regarding the needs of children. A comprehensive agenda was in place for these meetings and inspectors found that the needs of children were the subject of much discussion and there was evidence of consideration around how staff could support their rights and progression within their placements.

The filing system in use in the centre was cumbersome and confusing. There were several versions of vital documents which contained different information and thus had the potential to impede consistent delivery and implementation of agreed plans for children. For example, children's ICMP's were not regularly reviewed or routinely updated following changes in agreed behaviour management strategies or interventions. Audits of files completed by the centre manager did not always result in improvements and follow through on actions to address issues was slow or ineffective. Many of the deficits in children's files identified by the centre manager months prior to inspection remained outstanding at the time of inspection.

The centre had a clear financial management system which included reconciling of receipts and oversight of expenditure. This was the responsibility of the deputy manager and was overseen by the alternative care manager. The system for petty cash and monthly budgets for the centre was not without it's difficulties as a result of time delays in the provision of procurement cards for key staff members. However, these issues were well managed and the issue was evidently being pursued. They did not

impact negatively on the care of the children.

The centre manager had a number of mechanisms in place for assessing the quality and effectiveness of the services provided which included a process for regularly auditing files, reviewing all significant event reports, reviewing and amending as required monthly reports, statutory care review reports, key working plans and daily records. Inspectors reviewed a number of examples of good oversight and feedback from the centre manager in relation to key working reports and interventions used during incidents of challenging behaviour. This feedback was constructive and effective at improving outcomes for children. It was evident that the manager effectively and appropriately guided the team in the process of evaluating intervention approaches with the view to learning from significant events. However, agreed actions were not implemented in all cases and monitoring to ensure follow through was deficient.

There was an external oversight mechanism in place but this required improvement. The centre manager, through a governance reporting tool, reported information on a monthly basis to the alternative care manager. This information included details of children's care records and documentation, statutory requirements such as up-to-date care plans and child in care reviews, staff training records, provision of supervision and identified risks. This governance report was also forwarded to the national director of children's residential services and detailed a number of deficits requiring action within the centre. The centre manager was proactive in following up on persistent issues with the alternative care manager. However, there was often no appropriate managerial response or action to the issues being identified in these reports and where responses were evident these were not timely.

Monitoring and oversight of significant events by the centre manager was good. Opportunities to learn from incidents of challenging behaviour to improve outcomes for children or develop skills of staff members for responding to such incidents were used well. Follow through on decisions as a result of such learning was seen to be implemented. However, agreed actions such as, updating children's ICMP's were not always completed.

Inspectors reviewed a sample of the significant event notifications (SEN) for the 12 months prior to inspection which included events such as substance misuse, self-harm, children reported missing from care and peer abuse. The centre manager told inspectors that she reviewed all SEN's to ensure they were recorded appropriately prior to them being forwarded to children's social worker and the monitoring officer for the centre. Social workers and the monitoring officer told inspectors that they received records of all SEN's from the centre and social workers reported that they regularly spoke with team members, key workers or managers following receipt of an SEN and always found that they were available to provide clarity where required or include actions as appropriate.

The centre operated a three tier review process for SEN's including local, regional and area reviews. This process was referred to as a significant event review group (SERG). The local SERG involved a monthly review of all SEN's by the team for the purpose of examining trends, effectiveness of responses and possible learning. The option was then available to recommend that incidents were reviewed by regional or area SERG for further analysis. Following SERG meetings, where changes were required or decisions

agreed such as devising a safety plan, updating ICMP etc. these were recorded on a record of review which detailed allocation of tasks to specific people and timeframes for completion. This was then attached to the copy of the SEN and retained on file for information. However, this record was not completed in all cases and as cited above, where decisions such as updates to behaviour management plans were recorded this had not been done.

Risk management required improvement to ensure that all risks were appropriately identified and responded to. There were good risk assessments in place covering a wide range of themes, but not all risks had been identified, such as children smoking in their bedrooms, therefore were not included on the risk register. The centre had a risk register that had a risk rating for all identified risks as well as appropriate controls to manage or reduce risks. Inspectors viewed the risk register and found additional control measures that could not be implemented locally by the centre manager were escalated to the alternative care manager. However, the management response to risks that were escalated was inadequate and there were no time frames identified for the implementation of additional controls.

The centre held a register which contained all relevant information as required.

The centre had adequate levels of staff to fulfill its purpose and function. The majority of the staff team were appropriately qualified and where staff members did not have professional qualifications this was being addressed by the centre manager and deputy manager through on-going training and supervision.

Supervision was not occurring regularly as required for all staff within the centre. Inspectors reviewed a selection of supervision files and found that the frequency and quality of supervision had improved in the months prior to inspection. However, the deputy centre manager had not received formal supervision and not all staff had received supervision in line with the supervision policy. These issues including plans to address them had been identified by the ACM during a recent audit of supervision records.

The provision of training for staff required significant improvement. Not all staff had up-to-date training in manual handling or first aid and training in children first had not been updated in the three years prior to inspection. The training needs of the team had been analysed and training requirements for 2016 had been prioritised by the centre manager in October 2015. However, training in the areas identified had not been provided and outstanding mandatory training had not been identified as a priority.

**Judgment:** Requires improvement

### **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**

Monitoring of the centre was inadequate. A monitoring inspection had not taken place since November 2014. Children resident in the centre had never met a monitoring officer and there were no up-to-date monitoring reports available. Inspectors spoke with the centre's monitoring officer who confirmed that he was routinely notified of all significant incidents in the centre. He told inspectors that based on his on-going review of the significant event notifications as well as consultation with the area manager no significant risks had been identified and the centre had not been prioritised for a monitoring visit to date.

**Judgment:** Requires improvement

### **Acknowledgements**

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