

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 DNE CRC
Centre ID:	OSV-0004178
Type of inspection:	Unannounced Follow Up Inspection
Inspection ID	MON-0017768
Lead inspector:	Erin Byrne
Support inspector (s):	None

Children's Residential Centre

About monitoring of children's residential services

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: 20 July 2016 09:00 To: 20 July 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
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Requires improvement
Standard 7: Safeguarding and Child Protection	Meets standard
Standard 10: Premises and Safety	Requires improvement
Theme 3: Health & Development	
Standard 8: Education	Requires improvement
Standard 9: Health	Requires improvement
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Meets standard
Standard 2: Management and Staffing	Requires improvement

Summary of Inspection findings

The centre was a large detached seven bed roomed house located in a rural setting near a town in North Dublin. It had a large well maintained garden to the front and rear of the house. There were a range of local amenities in the nearby town. The centre had

capacity to provide medium to long term care for five children, male and female between the age of 13 and 18 years. At the time of the inspection, there were 3 children living in the centre.

During this inspection, the inspector met or spoke with staff, the deputy social care manager and alternative care manager. The inspector observed practices and reviewed documentation such as statutory care plans, children files and relevant registers.

The purpose of this inspection was to review the actions undertaken to address areas identified as requiring improvement during a full inspection (ID 744) of the service carried out on 20 to 21 October 2015. This inspection found that children were safe, they continued to receive good quality care and that their rights were well respected and promoted.

At the time of the last inspection, not all children had allocated social workers, safeguarding risks were identified in relation to one child who had disengaged from their placement and the statement of purpose and function did not adequately describe the model of service delivery. The inspector found that these issues had been appropriately addressed.

Other deficits which were identified during the previous inspection included the provision of education placements, maintenance of children's medical records and care files, arrangements to guard against the risk of fire and the centre's register. These issues had not been effectively addressed and this inspection identified further deficits in a number of these areas. In addition, management systems in the centre had not been sufficiently developed to address deficits in oversight and monitoring of the content of records or care practices. While there were actions taken to rectify deficits in relation to the children previously resident, systems did not prevent re-occurrence, and learning from previous issues was not evident in all instances.

Inspection findings and judgments

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.

All children had allocated social workers. However, action taken to ensure children's records contained all relevant documentation was inadequate as relevant documents were outstanding for all children.

Safeguarding and child protection practices were good.

Fire safety checks and systems were not robust and fire drill records were not appropriately maintained.

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

At the time of the previous inspection not all children had allocated social workers. This had changed as the inspector found that all three children had an allocated social worker. Two of the children were new admissions since the previous inspection.

Care plans were of a good quality. The inspector reviewed care files for the children and found that all children had an up-to-date statutory care plan on file which were relevant and accurately reflected children's current circumstances. All care plans had been signed by relevant professionals, children and their parent/s, where appropriate.

The inspector also reviewed the details of children's admissions and found that there was a clear process for admissions which included a collective risk assessment and gave appropriate consideration to the impact of each new admissions on children already resident. This risk assessment was completed in consultation with the placing social worker and was considerate of the need to protect children from abuse by their peers. There was evidence that this process was appropriately implemented for all new admissions.

During the previous inspection, relevant documentation was not always maintained on children's care records and the inspector found that this deficit had not being appropriately addressed. The inspector found that two of three children had no care

order on their files and there were no parental consent forms on children's files as required. Efforts to address these deficits were not evident.

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

At the time of the previous inspection significant safeguarding risks were identified in relation to one child who had disengaged from their placement. The inspector found that appropriate action had been taken to manage these risks. There was one child protection concern notified to the social work department since the previous inspection. This report was appropriate and timely. Follow up information was effectively pursued by the social care manager to ensure an adequate response and appropriate actions were taken to address concerns.

The inspector found through a review of a sample of significant events and general care records that children were effectively safeguarded and protected from abuse. There was evidence of good safe care practices in place particularly with respect to the staff team and management response to presenting challenges and increased risks. The procedures for addressing child protection concerns were implemented effectively in collaboration and consultation with the children's allocated social workers and safeguarding measures such as, updating safety plans or absence management plans, were implemented as agreed.

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

At the time of the previous inspection it was identified that there was no record maintained of who participated in fire drills. This inspection found that actions taken to address this were insufficient. A fire drill register had been introduced since the last inspection in an effort to address the deficits. However, the register did not appropriately record all fire drills or those who participated and there was no record of one child resident having taken part in a fire drill. The oversight and monitoring of the fire drill register did not identify these mistakes and was ineffective at preventing reoccurrence of previously identified issues.

The arrangements for reviewing fire precautions were not adequate. Regular checks on

fire safety equipment were not undertaken as outlined in the centres fire procedures. The fire register was not accurately filled in and many required sections of the register were blank, including; fire training details, emergency lighting checks and safety information such as location of fire fighting equipment throughout the centre.

The centre was kept in good structural repair and decorated to an appropriate standard. Where issues arose which required maintenance or repair, the staff and manager addressed these appropriately.

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.

The issue of securing education or training placements had been addressed. However, records relating to education placements or achievements were not fully up-to-date.

While children's health was well cared for, gaps in children's medical records had not been effectively addressed.

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

At the time of the previous inspection two children were not engaged in education or training programs. During this inspection, the inspector found that good progress had been made in this regard and there was evidence of significant work undertaken by the staff team and the education co-ordinator to support children to maintain placements and/or source appropriate education and training courses. Two of three children had identified education or training placements and one child was awaiting confirmation of a placement on a training course. Children were encouraged and supported to complete state exams and pursue third level education or vocational training programmes as appropriate to their abilities, interests and aspirations.

However, during the review of education files the inspector found that records of action taken to secure placements or of academic achievements by children were not fully up-to-date. It was not clear from records whether or not children had completed state exams or secured placements for the coming academic year.

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 previous inspection identified that not all children had comprehensive medical records and this inspection found that insufficient progress had been made to address this.

The inspector found that children's care records did not contain a clear and complete record of all medical and health information from birth. Not all children had immunisation records or details of dental and opticians checks and not all children had medical cards on file. In addition, it was not evident from each of the children's medical file if they were taking medication as this was recorded separately and was not cross referenced or detailed in their medical and health information.

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 had been reviewed and updated.

Management systems did not effectively ensure that agreed actions for addressing deficits, highlighted during the last inspection by HIQA, were effectively implemented. There were a number of issues identified during the previous inspection relating to management, in particular the need to improve management oversight, internal monitoring and oversight, which had not been effectively addressed.

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's statement of purpose had been reviewed and updated by the social care manager and alternative care manager in December 2015. Inspectors found that the statement accurately reflected the day-to-day operations of the centre, clearly defined the purpose and function and specified the population it catered for and service it aimed to provide.

Judgment: Meets standard

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

It was identified during the previous inspection that there was limited monitoring and oversight of the content of files or of care practices to ensure that practice was consistently safe, effective, of good quality and improved outcomes for young people. The inspector found during this inspection that the progress to address this and to ensure on-going learning from deficits identified on the previous inspection, was insufficient. While inspectors were notified of actions taken to rectify deficits in relation to the care files of children previously resident, this did not improve practices in the centre. There were no management systems put in place to prevent re-occurrence and learning from previous issues was not evident in a number of areas. Inspectors saw that managers signed children's daily log books to indicate that they had read the information contained therein but, there were no actions recorded or evidence of follow up on issues identified through this process.

Risk management practices required improvement particularly with respect to oversight and monitoring of risks. The procedures and practices of reviewing risks and evaluating the effectiveness or relevance of control measures implemented to mitigate against risk, were not robust. The inspector found that there was a risk assessment, relating to the dangers associated with the main road to and from the house, which had been identified as a risk to all children resident in April 2015, (prior to the admission of any of the children resident at the time of this inspection) and particular control measures identified were being implemented as part of general practice in the centre. However, this risk was not recorded as part of the centre's risk register. The risk assessment and agreed control measures had not been reviewed since their introduction, and the relevance or appropriateness to the children resident had not been given due consideration.

The centre manager was proactive at reviewing significant events notifications (SEN) and there was evidence of follow up discussion and review of events for the purpose of learning, through team meeting minutes, significant event review (SERG) process and supervision. The alternative care manager (ACM) told inspectors that she also reviewed SEN's and often provided feedback to the centre manager and staff, suggested required follow up actions or sought clarification in relation to SEN's or issues identified through review of children's daily logs. The inspector found that the recording of the centre manager and ACM's oversight and actions taken in response was minimal. Decisions agreed following reviews were not always implemented in a timely manner and there was no system in place for checking that agreed tasks such as, updating children's crisis management plans, were completed.

At the time of the last inspection the register of children was not accurate and this had not been effectively addressed. The inspector found that the centres register contained mistakes, for example the discharge date of one child, which had not been identified and there was information removed from registers through the use of correction fluid without a documented explanation.

There was a sufficient balance of experienced and inexperienced staff in the centre. At the time of the last inspection a small number of staff were unqualified. While this remained an issue the inspector saw evidence of this being addressed through supervision and relevant staff members being supported and encouraged to pursue necessary third level qualifications. The ACM told the inspector that this would continue to be managed locally by keeping staff informed about the impending registration of social care staff and the associated requirements and staff would be supported as required, to achieve their qualifications.

Judgment: Requires improvement

Acknowledgements

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