

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 West CRC
Centre ID:	OSV-0004199
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0018051
Lead inspector:	Sharron Austin
Support inspector (s):	Una Coloe

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:
07 September 2016 10:00	07 September 2016 18:30
08 September 2016 09:00	08 September 2016 16:00

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

Summary of Inspection findings

The centre was based in a large detached domestic style premises in a rural location close to a major urban area.

The centre provided intensive support residential care within a therapeutic framework based on trauma theory for up to four children aged 13 to 17 and of a mixed gender group.

The aim of the centre as outlined in their statement of purpose was to provide intensive residential support within a therapeutic framework based on trauma theory. The programme of care provided for the provision of a specialist service for children with complex behaviours and an intensive residential support placement for children who present with a high level of need. Consultation, support and training in relation to the trauma model of care was provided by an external consultant social worker on a monthly basis. At the time of the inspection, there were 2 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 1 parent, 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.

Inspectors also spoke with two social workers and the Child and Family Agency Monitoring Officer after the inspection. At the time of inspection a referral for a third child was being assessed.

Children were aware of their rights, treated with respect and consulted about decisions. They were encouraged to pursue their hobbies and interests. Children's emotional and psychological needs were assessed and met and staff undertook good quality key working sessions with children in response to identified needs. Each child had an allocated social worker and care planning and review processes were within timescales.

The model of care operating in the centre supported the provision of a specialist service for children with specific complex behaviours. Safe care practices were implemented and children felt safe living in the centre. Children were admitted appropriately, however, two unplanned discharges in the previous twelve months had not been subject to a comprehensive review to inform future practice.

The centre had sufficient information regarding the health and educational needs of the children. Staff and social workers ensured that the necessary supports and resources were in place to meet the children's needs in these areas. Medicine management practices required improvement.

The centre was well managed and there was an effective governance structure in place. Staffing levels at the centre were adequate. A number of systems were in place to ensure there was good communication and accountability. Despite the lack of a risk management policy, risk assessments were comprehensive and discussed in detail to guide staff practice.

Improvements were also required in relation to premises and safety and planning for young people.

This report makes a number of findings which the provider is required to address in an action plan. The provider's action plan is published separately to 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's rights were promoted within the centre and appropriate information on rights and other issues was available. Children who spoke with the inspectors were aware and had a good understanding of their rights in care. A comprehensive and child friendly information booklet given to children on admission clearly outlined all aspects of living in the centre which included children's rights. Staff interviewed were knowledgeable about respecting and promoting rights and they were observed interacting and communicating in a friendly and respectful manner with children throughout the inspection. A review of care records demonstrated that staff engaged in quality discussions with children to ensure they were aware of their rights and supported and encouraged to make positive choices regarding their care and behaviour.

Both children knew how to access their information and case notes reviewed by inspectors found that both boys had read these. Each child had a folder in their bedroom with a copy of appropriate information pertaining to their rights which included access to information.

Each child had their own bedroom and staff were cognisant of the need to respect children's privacy and dignity within a group setting. Children confirmed that their privacy was sufficiently protected and a parent was satisfied that their child was treated with dignity and respect.

The children were facilitated to meet with their social worker and external advocates. Social workers confirmed they could meet and consult with children in private. The centre manager outlined that there had been change in personnel in a local advocacy service and that this person had yet to meet the children. This was confirmed by both boys who were aware of this service.

Children exercised choice in areas such as the food, meal planning and the activities they participated in. They had a choice to attend their review meetings and social workers confirmed that the children participated in discussions at these reviews or

made their views known to staff to speak on their behalf. Children's views and opinions were sought through house meetings and children told inspectors that they were consulted about aspects of day-to-day living. Children's meetings were held every two weeks and a record was kept of their attendance and views. Issues raised by the children were brought to the staff meeting where decisions were made. Observation of a staff meeting found that children's issues were a standing item on the agenda and were discussed. While verbal feedback was given to children after the meeting, a review of the minutes of either meetings did not always clearly record this.

Children knew how to make a complaint and were confident that they would be listened to and taken seriously. Information regarding the right to make a complaint was outlined in the children's information booklet. Data provided to HIQA by the centre manager reported that nine complaints had been made over the previous 12 months. Each of these complaints had been dealt with appropriately and to the satisfaction of the child. A review of a number of the complaints recorded in the central register confirmed this but did not record the timeline involved to address the complaint.

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.

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 were policies and procedures in place for admissions into the centre and children were admitted appropriately. Referrals were made to a local admissions committee. This committee considered all referrals and took account of individual needs, the capacity of the centre to provide safe care and assessed the impact of any new admission on the current resident children. The inspectors observed a staff meeting where a discussion took place on a risk assessment carried out in relation to the potential admission of a child and the impact this would have on the other children. Four children had been admitted to the centre since the last inspection in June 2014. Staff and managers interviewed were satisfied that the centre was appropriate to meet the needs of the current children living there and had received appropriate information about the children and their needs prior to admission.

Children who spoke with the inspectors said they understood the reason for their placement in the centre. The centre had an age appropriate information booklet which outlined what the centre was about and what to expect. One child did not get the opportunity to visit the centre prior to his placement and did not know anything about the centre. He told the inspector that, despite this, he felt safe and had people he could talk to.

In the 12 months prior to the inspection, three children had been discharged from the centre. Two of these were unplanned discharges. Managers and staff clearly outlined the circumstances leading up to these discharges. Inspectors reviewed relevant documentation in relation to the timeline of events which resulted in these discharges and spoke with managers and staff. While the recorded risks were clearly outlined, the sudden decision for one child to be discharged in March 2016 was abrupt and there was no plan agreed. A second child was discharged in an unplanned manner in June 2016. The timeline of the events leading up to this evidenced an escalation of serious incidents over a number of months which resulted in a sudden discharge. The centre attended various meetings to discuss the respective children and provided outreach support until it was decided that this was no longer required. Inspectors found that despite the numerous discussions and meetings in relation to each of these children, inter-disciplinary planning prior to the discharges was not sufficiently robust. A collective review of both discharges was not undertaken which could have resulted in learning for the service so as to inform the staff team as to why the placements ended in an unplanned way.

Each child had an allocated Child and Family Agency social worker. A review of care files found that they had fulfilled their statutory requirements. Social work visits were recorded on the child's care record and were in line with the regulations. Children who met with inspectors said they knew how to contact their social worker if they so wished and that their social worker had visited them in their placement.

An overall assessment of need was not completed but there was detailed information, including reports on the children's file, to present an overview of their needs. Care planning and review processes were within timescales. The care plans contained relevant information and evidenced that children and families were consulted and contributed to the care plan, but were not always signed by those who had participated in the process. Decisions and recommendations from child in care reviews and updated care plans were evident on file. A child in care review was scheduled to be held for the child recently admitted. Placement plans and placement support plans were on children's files and were regularly reviewed. While these demonstrated a good overview of each child's needs and the relevant supports identified, actions and timelines were not always specified. Children, professionals and a parent interviewed confirmed participation in care planning and review processes.

Contact and visits with family and friends was encouraged and facilitated by staff in line with the child's care and placement plans. This was done through phone calls in the centre, access visits with family members and having members of the family visit the centre. Children who spoke with the inspectors confirmed their contact and access with family. The centre had a dedicated family room as well as other adequate space to ensure children had private space to meet with their families, friends and social

workers. A parent who spoke with an inspector stated that they were kept informed about their child and were happy with the access arrangements in place.

Staff had a good awareness of the emotional and psychological needs of the children and the children received good quality care while in the centre. Key-working sessions reviewed by inspectors were comprehensive and of good quality. These were carried out in response to the children's identified needs and agreed plans. Children who spoke with inspectors said that they found conversations with staff in relation to issues for them while in care very helpful and supportive. Observation of interactions between staff and children were relaxed, respectful and appropriate. Social workers and a parent confirmed that the children were well cared for by the staff team. The centre engaged the services of an external consultant social worker to support staff to provide for assessments and the operation of the model of care. Staff interviewed found this support very helpful to their practice. Each child had a treatment, planning and progress inventory (TPPI) record that focused on the specific problematic behaviour which was reviewed on a monthly basis with the external consultant social worker and decisions made were incorporated into the placement plan and placement support plan. A review of care records confirmed this.

One child over 16 years, had been referred to an aftercare service in line with national policy and had been allocated an aftercare worker. At the time of inspection, the child told the inspectors that he had yet to meet the aftercare worker and did not have a leaving care plan. Managers and staff told inspectors that children were encouraged to participate in planning for their future and that their views were considered as part of the care review processes. Children were supported to develop basic skills for independent living and a skills assessment on admission was a key focus of the children's placement plan.

Care records viewed by inspectors were organised and contained all information required by the regulations. Children's records were securely held, stored and archived. Filing systems were of good physical and electronic quality and managed in line with policy and legislation.

There was evidence of some quality assurance by the centre manager in signing off on care records and files; however, the centre manager reported that a more comprehensive file audit was not undertaken to ensure record keeping supported the delivery of service.

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

The children enjoyed leisure activities and were encouraged in their hobbies and interests. The centre had ample grounds and recreational facilities which included a basketball/tennis court, a dedicated games room with a pool table and foos ball table, computer room as well as a variety of books, games and other recreational equipment. Children had a choice of activities, as evidenced by a review of daily logs and other records. Children who met with inspectors spoke about their interests and the opportunities available to them to participate in various activities. Examples of these included golf, soccer, bowling, fishing and music. Children's achievements were appropriately acknowledged and reported as demonstrated in a review of care records, minutes of children's meeting and speaking with children.

Food was nutritious and varied and children's preferences were taken into account. The centre had a full-time cook. Children told inspectors that they liked the food and that they could access adequate amounts of fruit and snacks. They had opportunities to prepare meals and snacks with staff. Inspectors saw that fridges and food cupboards held a variety of food and healthy options and the cook did a lot of home baking. The centre had organised a number of 'come dine with me' experiences where meals from different countries were prepared for themed evenings and enjoyed by staff and children. Inspectors observed positive interactions between staff and children who sat together for meals.

The children enjoyed the same opportunities as their peers and were not subject to any form of discrimination. They were facilitated in the practice of their religion if they so wished. The staff had sufficient skills to meet the needs of children with communication challenges or learning difficulties. This was demonstrated in discussion with staff regarding care approaches for each child.

The programme of care operating in the centre supported the provision of a specialist service for children with specific complex behaviours. This was guided by policies and procedures in relation to the management of behaviour. The model of service delivery was based on a trauma model of care, whereby the children were assisted to process their trauma and resulting behaviours through individual therapy and on going interventions from the staff team.

Staff received specific training on the children's complex needs from an external social work consultant and this was to be increased to facilitate the training of newer staff and up skilling of other staff in relation to the trauma model of care over the coming months. This training was operating alongside the Child and Family Agency approved approach to crisis management and all staff had up-to-date training in this approach. The children were facilitated to meet with the external consultant social worker when requested to talk about their programme of care. The centre manager outlined that the centre did not use physical restraint and the staff were not trained in the physical restraint element of this model. A review of care records and other data provided to HIQA, as well as interviews with staff demonstrated this to be the case.

Inspectors reviewed a sample of significant events and one in particular that took place in June 2016 involving two children. This was described by management as a proactive attack on staff that lasted for a number of hours. Due to the level of aggression and assault during this incident, staff used physical interventions to avoid further injury and risk. These were approved interventions as part of the training provided in the

management of challenging behaviour. A review of this incident undertaken by the centre manager found that due to the persistent and sustained assaults, staff had no option but to defend themselves and to escape from the incident. This decision resulted in the children being left in the centre on their own until the Gardai arrived. The comprehensive accounts written by the staff clearly outlined a very difficult situation whereby; efforts to deescalate and divert the children did not lessen the risks. The review by the managers demonstrated that consideration was given to whether the physical actions of the staff in leaving the centre were appropriate. This was found to be the case in a meeting held with professionals on the following day but did result in an unplanned discharge of one child. While staff interviewed said that debriefing was provided to them and managers were supportive throughout, they would have liked a more robust review of the incident so as to learn from its findings.

Individual crisis management plans (ICMPs) were completed and kept up-to-date and inspectors found that the planned interventions to manage behaviour were adequate. The inspector observed good discussion in relation to each child’s presenting behaviours in the staff meeting, and where required, the ICMPs were amended to reflect the decisions.

The national policy on children missing from care was fully implemented. Staff followed procedures and reported appropriately when children absconded or went missing from the centre. Data provided by the centre manager outlined that there had been 25 incidents of absence without authority in the 12 months prior to the inspection. Twenty three of these were classified as a child missing from care, of which 95% related to one previous resident. The time frames of these incidents ranged from approximately one hour to four days. The relevant records demonstrated that the centre manager reviewed each of these incidents and staff carried out individual pieces of work to address the issue with children.

Judgment: Meets standard

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

Children were cared for in a manner which safeguarded and protected them from abuse. Children spoken with, said they felt safe in the centre. Staff interviewed had a good understanding of child protection and were knowledgeable of the policies and procedures in place to safeguard children. Child protection concerns were reported in accordance with Children First (2011).

Policies and procedures for the protection and welfare of children including a child protection policy, bullying and whistleblowing were in place. Staff were vigilant in their efforts to protect children against bullying and this was addressed if and when it arose with individual children. They were encouraged and facilitated to question, and where appropriate, to express concern about colleague’s practices or attitudes. The children

who spoke with the inspectors said that they get on well with each other and this was observed during the inspection. Data provided by the centre manager and a review of the training log demonstrated that all staff had up-to-date training in child protection.

The centre manager was the designated child protection officer, but this was not known to all staff interviewed. Two child protection concerns were reported to the relevant social work department since the last inspection in June 2014 in relation to two previous residents. Both were still under investigation. Only one of these concerns had been acknowledged by the relevant social work department. Social worker's interviewed were satisfied that they were appropriately notified of concerns affecting the safety and/or welfare of the children living in the centre.

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

While the health and safety of children, staff and visitors was promoted and protected in suitable accommodation, and adequate precautions were in place for the prevention of fire, a number of areas within the centre required attention. Capital funding had just been approved to carry out some refurbishment and decoration which included a new kitchen and a structural change to open into the dining area as well as new flooring in parts of the centre. The centre manager and interim regional manager outlined that they hoped that the works would commence shortly.

Overall the accommodation space was sufficient for up to four children. A walkthrough of the premises during the inspection found that the premises had suitable heating, ventilation and lighting throughout. Each child had their own bedroom and access to a sufficient number of communal toilet and bathroom facilities. There were ample communal spaces which were homely, and had comfortable furnishings. Inspectors found that some areas were personalised with photographs of events and achievements. The centre was located on substantial grounds with sufficient parking and recreational facilities, including an enclosed basketball/tennis court. A family room, games room and a gym facility were accessible to the rear of the centre. The gym facility was under utilised as it was not sufficiently equipped and had become a storage space. The children told inspectors that they had access to some gym equipment but that the gym area would be used more if it was better equipped.

The centre had policies and procedures relating to health and safety and staff were proactive in identifying hazards that impacted on children. An up-to-date health and safety statement was in place and had been reviewed regularly by the centre manager. The centre was adequately insured and generally well maintained. A maintenance log reviewed by inspectors found that hazards were identified and recorded appropriately. Staff and management reported that responses to emergency requests were good but

was not so timely in response to routine maintenance requests. The maintenance log demonstrated some significant delays in addressing issues that were reported since the beginning of the summer months and it did not always evidence if requests had been followed up and completed.

The centre had access to two vehicles which were insured and well maintained. Appropriate safety equipment was not evident in one car and the second car was not on the premises at the time of inspection. This was noted with the centre manager on the day of inspection and was addressed accordingly to ensure appropriate safety equipment was made available in both vehicles.

There were adequate precautions in place for the prevention of fire and there were sufficient numbers of fire extinguishers which were regularly serviced. Emergency lighting checks were not in place. Procedures were in place to ensure a safe evacuation with displayed signage and exit signs and inspectors found all fire exits were unobstructed. One fire door in the kitchen was not working and this was due to be addressed as part of the upgrading of the kitchen/dining area. Not all staff had up-to-date training in fire safety as 26% of staff required this training. A review of training records found that the most recent fire safety training was completed in July 2016 with nine staff and three staff had completed fire marshall training. A fire safety register was in place which held records of fire drills, fire alarm tests and servicing of fire equipment. Fire drills were carried out regularly and inspectors viewed the records which demonstrated that nine drills had been completed in the 12 months prior to the inspection. The records did not clearly record who had partaken in the drill. Staff and children confirmed their participation in fire drills. There was a letter of confirmation from a certified engineer that the centre complied with fire safety and building control requirements.

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.

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 encouraged by the centre. Children were supported to attend school or participate in vocational training. One child was in a full time secondary school placement and the other was participating in a training placement and the children spoke to inspectors about this. Social workers confirmed to inspectors that the

respective children's educational needs were being appropriately met and that attendance had improved significantly for one child. Educational assessments had been completed for both children and the provision of an up-to-date assessment was in place for one child. This was evident on file and confirmed during interview with the centre manager and social worker.

Educational needs were outlined in care plans and placement plans. There was evidence from interviews with staff and the managers of a focus on helping the children to achieve their potential, in terms of educational and training outcomes. There was good communication between the centre, social workers and the respective educational placements as evidenced in the care files. School reports were maintained on file. Inspectors observed staff supporting one child with his homework during the inspection and the other child being facilitated to look for work experience as part of his training programme.

Judgment: Meets standard

Standard 9: Health

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

Inspection Findings

Children's health care needs were appropriately assessed and met and a healthy lifestyle was promoted. There was no medication management policy in place, and medication management required improvement.

Staff ensured that children had access to a General Practitioner (GP) and ancillary health services, such as dental and optometry. The children were able to maintain access to the GP they had been attending prior to admission and told inspectors that this was good. A review of children's files evidenced records of medical examination on or prior to admission for each child and visits to the GPs and other specialist health care services. Medical cards were kept securely. Comprehensive medical histories were not evident on file. The centre manager and social workers outlined that appropriate consent was requested when treatment was planned or needed.

Key working records demonstrated that staff provided information and discussed health related issues with children and encouraged healthier lifestyles and options.

Medication was safely managed by staff in line with local policy and guidance, and all medicines were stored securely in the staff office. A national medication management policy was being developed to guide staff in the safe administration of medication and the staff interviewed were aware of the development of this policy. Records of the administration of medication were maintained on children's files but were not always completed fully by staff. One of the social care leaders had attended training on the safe administration of medicines and consequently, reviewed medication administration records to reflect the learning from this training. All staff were due to attend this training by the end of the year. There was no evidence of audits to ensure appropriate medicine management practices and this was confirmed by the centre manager.

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.

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

An up-to-date, approved statement of purpose was in place and was accessible to children. It had been reviewed by the centre manager and interim regional manager in July 2016. The service was being delivered in line with the statement which outlined the trauma model of care in use alongside the Child and Family Agency approved approach to crisis intervention. Staff interviewed understood, and were aware of service objectives which were specific to the group of children being cared for.

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

There was an effective governance and management structure in place with clearly defined lines of authority and accountability. A competent and qualified manager was in place that provided clear leadership and governance. She was supported by two social care leaders as part of the management team. The centre manager was line managed by the interim regional manager. Staff interviewed by the inspector and responses received from external professionals reported that there was a stable and consistent management structure in place that was demonstrated by the leadership provided. This was reflected in the day-to-day practice during the inspection.

There were systems in place to ensure that the service provided was safe and appropriate to children's needs. Staff were aware of their roles and responsibilities and were supportive of each other. A number of new national policies had been implemented since the last inspection, such as placement planning processes, and the

procedure for the safe use of ligature cutters. The centre manager and interim regional manager told the inspector that other national policies and procedures were being developed such as a risk management policy and a medication management policy.

The interim regional manager had good oversight and an active involvement in the centre. She confirmed that she received regular updates and reports from the centre manager. She visited the centre regularly, where she met with children and staff and monitored records and any issues relating to the premises.

The manager maintained an electronic register of children placed in the centre in accordance with the relevant regulation. A review of the register demonstrated that the appropriate details for each child were recorded.

While serious and adverse events were appropriately managed, systems to ensure there was learning following incidents of challenging behaviour and significant events in the centre required improvement. Notifications of these events to appropriate persons were consistent, timely and in line with centre policy. The centre manager outlined that she reviewed these reports prior to them being issued to relevant persons. Any findings or deficits were communicated to the relevant staff to address before sign off by the manager.

The centre's administration files were organised and maintained to support the delivery of care and were relatively easy to access during the inspection. A review of these files found that the centre manager monitored the quality of records, where deficits were identified in the quality of the recording, this was addressed through a communications log and supervision with respective staff members. Inspectors confirmed this in the administrative records and supervision records reviewed.

Finances were overseen and audited appropriately. The centre used procurement cards to buy day-to-day necessities such as food and fuel for the car. The centre manager was the only person with the authority to withdraw petty cash. She reported that she would ensure sufficient petty cash was always available so as not to impact on the needs of children. Children told inspectors that they got appropriate allowances for clothes and phone credit and they enjoyed taking part in paid and unpaid activities.

There was no up-to-date risk management policy in place to consistently guide the practice of staff in managing risk. Staff had not received training in the management of risk. Despite this, a risk register was in place which identified and outlined the management of risks with measures in place to mitigate against the risks. The inspectors observed a staff meeting where a robust discussion took place on a risk assessment carried out in relation to the potential admission of a child and the impact this would have on the other children. The risk assessment was comprehensive and had identified all potential risks. The social care leader who facilitated the meeting ensured that all staff present were given an opportunity to discuss this in detail and agree actions required. This was good practice.

A risk assessment of potential ligature hazards in and around the centre had been recently undertaken by the centre manager and actions to be undertaken were being appropriately addressed. Managers and staff interviewed demonstrated a good knowledge of risks posed by the particular needs of each child and significant events

were appropriately managed. One child was managing his own medication as it was age appropriate. A number of staff outlined some risks in relation to this regarding a previous child as staff were unaware of what medication the child had been prescribed. The risk register did not identify any potential risk where a child took responsibility for their own medication.

The introduction of a centre governance reporting system had been implemented since January 2016. This was a comprehensive overview of all aspects of the service completed by the centre manager on a monthly basis which included, data on the children regarding care and placement planning, risk management planning, education, adverse events, staffing, training and supervision among other relevant areas. This had been developed to support centre managers in the performance of their duties and to ensure service and regional managers were aware of and responded to identified deficits/issues arising in the centres. However, there was no evidence of any response to the reports submitted in terms of risk management, maintenance, absence of care plans, trends and learnings. The inspector was provided with a completed centre governance report for the month of August 2016 by the centre manager. This monthly report was submitted to the interim regional manager and quarterly returns were submitted to the National office.

Staff were recruited and vetted according to the recruitment policy. A review of 10 staff files demonstrated that appropriate references and checks were in place and the majority of staff had the relevant social care qualification. The centre governance report provided to the inspector indicated that 22 staff had the recognised professional qualification and five (18%) staff had other relevant qualifications. Seven agency staff had commenced working in the centre since December 2015 due to staff shortages, two of which had only started working in the two weeks prior to the inspection. A policy on induction of new staff was in place, as well as clear guidelines. Inspectors met a number of these staff during inspection. They outlined that they had completed formal and informal induction and were assigned a mentor and supervisor. This was confirmed in a review of induction and supervision records.

The staff team comprised 18 whole time equivalent posts which included a centre manager, two social care leaders and 15 social care workers (seven of which were agency staff). The centre also had a cook and a housekeeper. Eight staff were on different types of leave and three staff had left the centre since the last inspection. While this was initially difficult, managers interviewed reported that staff were consistent and knowledgeable to ensure safe care of children. Staff were appropriately qualified, competent and skilled in their work practice. Seven agency staff were required to ensure the roster was covered. Inspectors met a number of these staff during the inspection and found that they had a good understanding of the purpose and function of the centre and were aware of their roles and responsibilities. Staffing levels as documented on the staff rosters were in line with the ratios needed to appropriately care for children.

The centre manager had been in post in this centre for the past 11 years and held a diploma in applied social care and a diploma in management. During interview, she presented as competent, experienced and qualified. Throughout the inspection she demonstrated the appropriate skills and experience for her role with the required knowledge and accountability for the service being provided.

Despite some deficits in the recording of accountable decision making, supervision of staff was provided in line with policy. The centre manager and social care leaders provided formal, written supervision to all staff including ancillary staff. The manager told the inspector that supervision was held every four to six weeks on average. A central supervision log was maintained to track supervision sessions and noted reasons for cancellation. This also provided information required as part of the centre governance report. Staff interviewed were satisfied with the level of supervision and support provided to them. A review of seven supervision records confirmed the frequency of sessions and found that individual children were discussed in terms of reflective practice.

The centre manager outlined that while formal supervision had not taken place for her since May 2016, she had regular, informal contact with the interim service manager. The reasons outlined by both the centre manager and line manager were due to leave and other demands of the service.

Staff received a number of mandatory training modules required to meet the needs of the children. The centre manager outlined that the services of the external social work consultant was to be increased to twice a month to facilitate the training of newer staff and up skilling of other staff in relation to the trauma model of care over the coming months. Data provided to HIQA by the centre manager reported all staff had up-to-date training in child protection and managing behaviour. Staff interviewed told the inspector that while training opportunities had been limited since the last inspection, mandatory and other essential training had been rolled out. These included fire safety, child protection, therapeutic crisis intervention (TCI), self-harm and restorative practice among others.

A review of training needs had been conducted by the management team with staff and specific training priorities were identified which were additional to the essential national training requirements. All training requirements were being addressed by the national office and implemented by the centre manager. The safe use of ligature cutters and the safe administration of medication, among other modules were to be provided by the end of 2016.

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

The centre was monitored by a Child and Family Agency monitoring officer. Changes within the national quality assurance directorate of the Child and Family Agency in April 2016 saw a new monitoring officer appointed to this centre. A monitoring visit had been carried out in May 2016 and a draft report had been provided to the centre. The report

demonstrated that six of the 10 standards had been assessed with five actions required in relation to the purpose and function of the centre, training, safeguarding and child protection and premises and safety. During interview, the monitoring officer reported that he was satisfied that the centre was appropriately managed, provided a good service to children and communication and reporting by the centre was robust.

Judgment: Meets standard

Acknowledgements

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