# Health Information and Quality Authority

**Regulation Directorate**

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

<table>
<thead>
<tr>
<th>Type of centre:</th>
<th>Children’s Residential Centre</th>
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<tr>
<td>Service Area:</td>
<td>CFA DML CRC</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004167</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced Full Inspection</td>
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<tr>
<td>Inspection ID</td>
<td>MON-0017093</td>
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<tr>
<td>Lead inspector:</td>
<td>Erin Byrne</td>
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<tr>
<td>Support inspector(s):</td>
<td>Eva Boyle</td>
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Children's Residential Centre

About monitoring of 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: 31 March 2016 09:00
To: 31 March 2016 17:00
01 April 2016 09:00
01 April 2016 17:10

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.

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<td>Standard 3: Monitoring</td>
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Summary of Inspection findings

The centre is a statutory mainstream residential children’s centre in the Dublin Mid Leinster region catering for up to five young people of mixed gender, between the age of 13 and 17 on admission, requiring medium to long term residential care. At the time of the inspection, there were 2 children and 2 young adults living in the centre.

During this inspection, inspectors met with or spoke with 1 child and 2 young adults, 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.

During this inspection, inspectors also met with or spoke to four social workers and one guardian ad litem. Inspectors found that the centre provided a good level of individualised care and support to young people. The service was provided by a stable and experienced staff team who were well supported by the centre manager. Young people told inspectors that they were happy living in the centre and this was evident through warm and positive interactions observed between staff and young people. However, the centre was operating outside of their statement of purpose and function as two young adults were residing in the centre alongside children for a significant period of time.

While overall the quality of care provided was good, significant risks were identified in relation to preparation for leaving care and aftercare planning for young people. Significant gaps in aftercare service provision were highlighted during a previous HIQA inspection in January of 2014. However, no progress had been made.

Other areas that required improvement included, planning for young people, evidencing actions taken by the service, recording responses to requests by young people, action taken in response to child protection concerns, and the development of effective governance and quality monitoring systems.
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.

The rights of young people were respected and promoted. They were reflected in policies and practices. Young people were appropriately informed in relation to accessing information about their rights and they could exercise their rights. Complaints were well managed.

**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**
Young people's rights were respected and promoted, their views and opinions were sought and valued. Inspectors observed interactions and conversations between young people and staff which were positive, thoughtful and considerate of individual needs. However, young people's right to aftercare and effective planning for their future was inadequate. This issue is addressed further in standards 2, 5 and 7.

There were policies and practices in place in the centre to ensure that young people were provided with opportunities to express their views in relation to their care. Young people were encouraged to actively participate in the decision making in the centre, both individually and as a group. Young people told inspectors that they were included in decisions made about their day-to-day care and that they actively participated in decisions about the centre for example; choosing meals, shopping items and décor. Young people's meetings occurred regularly within the centre. Young people were encouraged to engage in group decision making and to use this forum to talk about house issues and to make requests for consideration by the staff team. Inspectors reviewed samples of young person’s meetings and saw a wide variety of topics discussed, a number of requests made and minor issues being addressed. However, it was not clear from records if these requests were responded to or issues resolved as follow up action or decisions were not routinely recorded. The centre manager told inspectors that responses to requests or decisions made by the team were relayed verbally to young people through key workers or staff members on shift.

Young people had their own room and their right to privacy was respected. Information relating to rights was available to young people in the centre and inspectors viewed information received by young people on admission to the centre which included relevant information on their rights. Inspectors saw information relating to advocacy services in the centre and this information was made available in accordance with each
young person’s age and level of understanding. Young people were aware of external support and advocacy services available to them and also identified key relationships within the centre that they used for support and advice.

Complaints were effectively managed and young people were able to express concerns or complaints about their care. The staff team routinely recorded complaints and how they were resolved in a central log, this information was then gathered by the centre manager and examined for opportunities to learn from issues raised by complaints and make improvements in the service. Inspectors reviewed the centres complaints log for 2015 and found that of seven complaints recorded these were all resolved and appropriate details were maintained including; the outcome of each complaint, satisfaction of the complainant and details of any follow up action taken. Young people were provided with information relating to complaints on admission to the centre and the centre manager told inspectors that they were in the process of developing a new handbook for young people relating to complaints. Young people told inspectors that they did not have any complaints and were confident that if an issue or concern arose for them, the staff team would support them to resolve their issue satisfactorily. Young people were aware of alternative avenues for addressing concerns including; speaking with their social workers, aftercare worker or external advocacy services.

Social workers told inspectors that the centre staff were in regular contact with them to provide updates or to inform them of significant events or information in relation to young people and that young people had access to information and were supported by staff to prepare for reviews about their care as required. The centre manager told inspectors that young people were aware of their right to access records and exercised this right at times with the support of staff but they did not often seek to do so.

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.

Inspectors identified significant risks associated with planning for young people, in particular relating to preparation for leaving care. Deficits relating to assessment of needs and placement planning required improvement and statutory care plans were not reviewed or updated as required in all cases.

Young people’s welfare was promoted and education, interests and emotional and psychological needs were appropriately assessed and supported. Safeguarding and child protection practice were of good quality with respect to reporting, recording, assessing and intervening in child protection concern. However, risks associated with the mix of young people and young adults had not been appropriately addressed.

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**
Planning for young people was inadequate. Two of the four young people living at the centre were not suitably placed and their needs were not being met. There were young adults living in the centre for whom leaving care or aftercare planning had not commenced in a timely manner. There was a lack of certainty around the onward placement for these two young people which had been on-going for a significant period of time. The young people concerned told inspectors that the lack of certainty about their onward placements was a cause of anxiety for them.

Admissions to the centre were well managed. Inspectors found that admissions to the centre within the preceding 12 months had been planned and that adequate information about the young people had been provided to the centre in advance of the placement. All referrals to the centre were made through the Child and Family Agency (the Agency) central referral committee. Risks and benefits of the placement, including potential risks from peers were all given consideration as part of the pre admission assessment process, which was completed in consultation with young people's social workers and the centre management. The inspector found that a transition plan had been put in place for each young person which included visits to the centre prior to moving in.

Three young people had been discharged in the twelve months prior to inspection. Inspectors found that two of these young people were long term residents in the centre and discharged in a planned manner within six months after their eighteenth birthday. One child was discharged suddenly within four months of admission, due to significant risks to his/her safety resulting from associations in the local area. The centre manager told inspectors that this decision was reached in consultation with all relevant people and was planned and supported as much as possible.

Statutory care planning for young people was poor and care plan reviews did not take place as required. Of four young people resident, two young people who were over the age of 18 had not been appropriately prepared for leaving care and statutory reviews or planning had not taken place as required. One young person had a relevant up-to-date care plan which was of good quality but did not clearly outline the legal status of this young person. It was unclear if parents and significant others were consulted in the process of drawing up the statutory care plan or had been in attendance at the statutory child in care review. One young person who was admitted six weeks prior to inspection, had not had a formal review of their care plan since admission therefore did not have an up-to-date care plan on file. Placement planning for this young person was also lacking as no clear aims and objectives for their placement had been identified. The staff team or manager had not yet established clear routines, plans or interventions to meet the needs of this young person.
Young people were visited regularly by their social workers. However, it was unclear if records of young people's care were reviewed and details of action taken as a result of visits was not evident.

Placement planning within the centre required improvement. As cited above one young person recently admitted to the centre did not have a placement plan. While the centre played an important role in providing support to this young person and their family, through regular phone and face-to-face contact with them and there was consistent efforts made by the staff team to engage with the young person, planning to meet identified and complex needs was inadequate and not timely. Three young people resident had comprehensive placement plans which were up-to-date and generally of good quality. They identified goals and interventions relating to all aspects of young people's care. However, better attention to detail was required as some plans referenced other young people's names and not all aspects of young people's plans were relevant to them.

Contact with families was promoted and respected. The staff and manager of the centre were proactive at facilitating young people's access with their families, as appropriate. Young people had regular contact with their families in line with their wishes and as agreed with their social workers. Young people were facilitated to maintain contact with other significant people in their lives also. Extended family members and friends were welcome to visit young people in the centre and this occurred regularly. Parents told inspectors that staff were very supportive in relation to encouraging and facilitating family visits and stated that they were kept informed of their child's care and received regular updates on progress. Parents told inspectors that they had attended meetings to discuss the care provided to their child and were involved in decisions about education, health and overall care.

Inspectors found that young people had good relationships with staff. Key working sessions were used to support them around any areas of difficulty in their lives. Where needed, young people were referred to appropriate therapeutic and mental health services. Some young people were being supported by staff to develop independent living skills and were engaging in key working sessions in areas such as money management, staying safe, cooking, shopping and mental health and wellbeing. It was also clear that staff were supporting some young people in relation to their wishes around further education and follow-on placements.

Inspectors saw that young people's records were well organised but some were missing necessary documentation and oversight of records was poor. Files were stored in a secure cabinet and the centre manager told inspectors that there was a system in place for securely archiving files external to the centre. Inspectors found evidence that documentation had been reviewed by the centre manager and deputy manager to ensure that it was signed by the appropriate staff. However, inspectors did not find that records were reviewed for the purpose of safety and quality of care practices and young people's views were not routinely recorded in relation to personal planning.

**Judgment:** Significant risk identified

| Standard 6: Care of Young People |
Inspection Findings
Young people were well cared for and their individual preferences and wishes were routinely sought and accommodated. Young people were encouraged to make age appropriate choices about their care. Young people told inspectors that they were well cared for, they were supported and respected and they could talk to staff members or seek support if they needed it. Inspectors saw that they were encouraged and supported to develop skills and competencies and their interests, talents and hobbies were actively encouraged.

There were no records around meal planning but inspectors saw that work was being done through young people’s meetings around healthy eating, nutrition and hygiene. Healthy food was available to children during the days of inspection. Some young people cooked for themselves, were facilitated with their own space within the communal kitchen to store their own food and supported by staff to shop, plan, prepare and cook healthy meals. Young people told inspectors that although this was difficult for them at times, they could get help from staff members if they needed it.

Young people's needs in relation to identity and culture were supported and respected. The centre recognised the importance of family as a source of heritage and identity and young people were supported to maintain relationships through regular phone calls and visits to family, including those who lived outside of the country.

Young people's complex needs were appropriately assessed and acknowledged. A positive and proactive approach to addressing issues arising as a result of complex needs was adopted by the staff team in collaboration with relevant external supports. These included, local community mental health services, specialist therapeutic support services, advocacy services and specialist learning/educational supports. Specialists reports were on file as appropriate and recommendations made were incorporated as part of relevant young people's individual placement plans, risk assessments, crisis management plans and behaviour support plans. However, as stated previously one young person did not have appropriate plans in place to address identified needs.

Inspectors saw that interventions from staff were effectively supporting young people who presented with behaviour that challenged. All incidents of behaviours that challenged were recorded by staff members through a significant event report form. These significant events reports were then forwarded to the young people's allocated social workers and reviewed by the centre manager. When there was a reoccurring pattern of events or particularly serious events occurred, this was then referred for review by the significant event review group (SERG). This group consisted of the interim regional manager, interim services manager, director of services and local area clinical psychologist. Inspectors reviewed a number of SERG minutes and saw evidence of follow up actions and suggested interventions, as well as praise and
acknowledgement of staffs creative efforts to engage young people as appropriate. Staff were routinely encouraged to consider the underlying causes to behaviours that challenged and to record impact of interventions on young people.

There were good plans in place to manage incidences where young people were absent from the centre without permission and interventions aimed at reducing incidents of absences were regularly reviewed to reflect changes in need and circumstances. Inspectors found that key workers focused on developing and maintaining good relationships with young people and their families and this was important for supporting and keeping them safe. There was a policy in relation to young people missing in care which was in line with national policy, and each young person in the centre had an individual absence management plan on their care file in line with centre policy.

Sanctions and incentives were used effectively. Incentives were in place to encourage young people to engage in plans to support their development. Positive decision making or engagement in general placement plans was routinely rewarded. Sanctions were used appropriately and were imposed with the intention of developing skills and learning for young people. They were relevant and were individualised as required with respect to the age and ability of young people. Consequences both positive and negative, were routinely recorded in a centre consequence log which was reviewed regularly by the centre manager as well as the interim service manager.

Judgment: Meets standard

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**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 in the centre were generally good. However, young people over the age of 18 were residing in the children's centre for a significant period after their eighteenth birthday without clear plans for their future care. While there were effective measures in place in the centre to safeguard and protect young people from abuse, the potential risks associated with prolonging the care of young adults in a children's residential centre had not been effectively responded to.

A bully free environment was promoted within the centre. Inspectors saw from a review of records and documentation where incidents of verbal or racial abuse occurred between residents, that staff and the centre manager responded appropriately. Inspectors reviewed individual work documented in key working sessions also, relating to safeguarding and protection. Inspectors observed an environment of respect for privacy and personal space being promoted through staff practices and interactions with young people.

There were seven child protection concerns reported in the twelve months prior to inspection. Five of which were related to young people no longer resident and two
related to one incident involving two residents in the centre. However, while interventions to address the concern relating to two residents were agreed, there was no clear safety plan in place and these concerns were not included or addressed as part of children's individual placement plans. Inspectors reviewed the centre's 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) National Guidance for the Protection and Welfare of Children and knew how to manage child protection concerns. The centre manager was the designated liaison person and all concerns in the centre had been reported as required in line with Children First. The centre manager told inspectors that the child protection policy was reviewed regularly during team meetings. Staff were also aware of who they could contact if they had any concerns relating to colleagues or the centre manager.

Social workers told inspectors that they were in regular contact with the centre and all relevant information was relayed to them. They received reports in relation to significant events including child protection concerns and were satisfied that young people were well cared for. Social workers had been consulted in drawing up safety plans including crisis management plans, and absence management plans for young people.

Judgment: Requires improvement

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<thead>
<tr>
<th>Standard 10: Premises and Safety</th>
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<td>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.</td>
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**Inspection Findings**

The premises was generally well maintained, but improvements were required in relation to fire safety checks. This issue had been identified during the previous HIQA inspection as well as the most recent monitoring officers report but measures to address it were ineffective.

Inspectors observed that the house was in good repair and decorated to a standard which created a pleasant and relaxed feel. The furnishings and facilities were adequate and sufficient for the number of children living in the centre. The centre had space for young people to have visits from friends, family members or social workers that was private, and each young person had their own bedroom.

The centre was adequately insured and vehicles used to transport young people were road worthy. Medication was safely stored in a locked medicine cabinet. Health and safety hazards and general repairs were identified and recorded by staff members, they were dealt with promptly and a record of repairs was maintained in the centre. Risk assessments were completed and risks were categorised appropriately.
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. There were gaps in the fire register where checks were not completed and an issue identified with a fire door in the centre was on-going for some time. However, there was no record of action taken to address these deficits, to ensure learning or to prevent reoccurrence despite the register having been periodically checked and signed by the deputy centre manager.

The centre undertook fire drills in line with their centre policy and recorded details as required. All young people had participated in a fire drill and detailed risk assessments relating to unfamiliar staff working in the unit were in place, including appropriate measures to protect against these risks. All staff had up-to-date training in fire safety and first aid and further training was scheduled as required. The centre had written confirmation from a certified engineer that all statutory requirements relating to fire safety and building control had been complied with and there was an up-to-date health and safety statement available in the centre.

**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.

Young people's education and training needs were given high priority. Young people were supported to maintain their placements and alternatives to mainstream education were explored as required. Young people's health needs were well managed.

### 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

Inspectors found that education and training was valued in the centre and staff encouraged and supported young people to attend. Two young people were in regular education or training. Home tuition had been arranged for one young person awaiting an appropriate education placement and one young person was being supported by staff in their attempts to secure employment. Young people where appropriate, were supported and facilitated to maintain their own school placements following admission to the centre. They were encouraged to engage in extra curricular and leisure activities also and they were supported to maintain friendships.

Inspectors found there was good communication between the centre, social workers and schools. Inspectors saw copies of relevant educational assessments on file as well
as correspondence from young people's schools and records of telephone communication providing regular updates on progress. There was evidence of liaison and collaboration between the centre, social workers and schools to address issues which arose for young people such as, attendance and/or behavioural difficulties. One young person's social worker told inspectors that the centre staff and manager were very responsive when issues arose which impacted on school attendance and accommodated changes to transport arrangements as required.

Judgment: Meets standard

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<th>Standard 9: Health</th>
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<td>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.</td>
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Inspection Findings
Inspectors found that young people's health was well taken care of. They had timely access to their own general practitioner (GP) and other services that were identified for them, such as mental health services. A healthy lifestyle was promoted by the centre, including incentives for smoking cessation. Medical records gave a clear indication of the health problems that were arising for individual young people and there was evidence on files of medical issues being followed up promptly.

Young people's health issues were clearly documented and well managed. Health sections of young people's files contained clear direction for staff on management of medical conditions including action to be taken in the event of a concern arising. Young people's medical histories and conditions were clearly outlined in their care plans and inspectors found that young people's health needs were discussed and reviewed during team meetings with clear follow up on actions evident. While all young people did not have immunisation records on their file, efforts had been made to obtain them.

Young people who had the capacity, were responsible for managing their own health appointments, prescriptions and collection of medication. Young people told inspectors that due to the fact that they were residing in a children's centre, they were not permitted to hold or administer their own medication. However, there was evidence of young people being supported by staff in addressing all aspects of their health needs and young people had been supported to learn all the skills required to manage medication in the future.

Inspectors saw staff reconciling and checking medication stocks and administration records as part of the handover process and the records of medication administration were well maintained.

Judgment: Meets standard

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<th>Theme 4: Leadership, Governance &amp; Management</th>
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<td>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</td>
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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 governance and management of the centre required improvement to ensure effective and timely aftercare planning. The centre has continued to operate outside of its stated purpose and function despite this having been highlighted during the previous inspection.

The manager of the centre provided strong leadership and good direction to staff members. There was a consistent staff team who were appropriately qualified and experienced and significant events in the centre were well managed. However, regular oversights of records and plans by the centre manager was poor.

A number of areas identified as requiring action to improve practices, through previous inspections by HIQA as well as the centre's monitoring officer, had not been appropriately 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 was operating outside of their statement of purpose and function as the day-to-day operations of the centre did not reflect the core principle of a children's centre. At the time of inspection two young adults were continuing to be cared for alongside children, without appropriate plans for their transition to aftercare or adult services in place.

The statement of purpose and function was reviewed regularly, clearly defined the population of children it catered for as well as the service intended to be provided. It was available to residents in an accessible format and listed the key policies in place as well as their availability to relevant people.

**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**
Management systems and quality assurance practices required improvement. The centre was managed by a full time manager who was appropriately qualified and experienced. However, the centre was operating outside of its statement of purpose and function by continuing to cater for young adults without clear plans for their
transition to aftercare services. There were limited management or oversight systems in place. While there was evidence of the centre manager monitoring some paperwork such as daily logs, there were no recommendations or evidence of guidance provided to staff in relation to quality of care or practices and issues such as gaps on fire checks were re-occurring without appropriate measures to address them.

There were recommendations from the previous HIQA inspection in January 2014 that remained outstanding or had not been effectively addressed. These included, ensuring all young people had up-to-date placement plans, recording feedback from social work department, recording outcomes of child protection concerns and weekly monitoring of fire register by the centre manager.

The centre manager was supported by a deputy manager, particularly in relation to administrative duties, and supervisory responsibilities. Staff within the centre reported to the centre manager who in turn reported to the interim service manager. The interim service manager reported to the regional manager, who reported to the national director of children’s residential services. As part of this inspection, inspectors interviewed the interim service manager and centre manager.

Governance systems within the centre had improved since the previous inspection. However, re-occurring issues were not effectively managed. The interim service manager provided oversight of the service through regular visits, attendance at team meetings, and directly supervising the centre manager. She received monthly reports from the manager detailing progress in relation to actions arising from inspections by the monitoring officer and HIQA and completed regular audits (system checks) following which reports were produced. However, these management systems did not ensure timely progress on the identified issues that required improvement. Inspectors reviewed samples of these system checks and found that they outlined areas requiring attention, actions to be completed and recommendations relating to observed care practices. However, system checks did not incorporate a review of quality and safety of care, the overall management of the centre or highlight where national standards were not being met for young people such as lack of aftercare plans.

The interim service manager told inspectors that she had weekly meetings with the regional manager, during which significant information such as risks, significant events and staffing issues were relayed and discussed. The interim service manager told inspectors that the risks associated with two young adults living in the children's residential centre had been escalated to the regional manager two day’s prior to inspection. Safety plans as well as plans for addressing the issue of follow on or aftercare placements had been discussed with the local principle social worker for the Child and Family Agency. However, concrete plans remained outstanding and clear decisions on future care plans were not available.

Inspectors found that the centre manager provided strong leadership. Staff were aware of their responsibilities and were influenced by the manager in their approach to working with young people. The manager reported meeting regularly with the deputy manager and inspectors reviewed records of supervision between the centre manager and deputy manager which included discussion of management duties, supervisory responsibilities and general support, training and development needs. However, decisions and follow up action to address issues or concerns were not evident through
supervision records.

The staff team was stable and experienced. Inspectors reviewed a sample of staff files and found that staff were appropriately vetted by An Garda Síochána and relevant references were on file as required. There was evidence that the staff team engaged in on-going training and team meetings were of good quality and occurred regularly. Supervision was not occurring in line with policy. The quality of supervision relating to the needs of young people was good. Goals and key working plans as well as progress against placement plans were sometimes discussed. However, supervision was not occurring consistently as required. Records did not reflect clear decisions and actions arising from supervision and review or follow through on decisions from previous supervision was not evident.

There were good quality reviews of the management of incidents in the centre. Significant event notifications were sent promptly to all relevant people and reviewed by the centre manager and interim service manager. If deemed beneficial or appropriate certain significant events were referred to SERG for further input and review.

Risk management required improvement to ensure that all risks were appropriately identified, assessed and managed. There were good risk assessments in place covering a wide range of themes, a risk register in place that included a risk rating for all identified risks as well as appropriate controls to manage or reduce risks. However, the risks associated with caring for young adults in a children's centre had not been identified or appropriately assessed.

The centre held a register of children that contained all necessary information. The centre had a training needs analysis which was completed in December of 2015. This identified training needs based on the presenting needs and issues of young people resident in the centre. However, inspectors found that relevant training was not provided in a timely way to manage consistently presenting issues of young people placed in the centre. Examples of training needs outstanding included management of self injurious behaviour, suicidal ideation and medication administrating. These had been identified as priority training needs for staff in the centre. The centre manager told inspectors that a ligature cutting tool had been provided for staff to use if required. However, no training had been provided on prevention or intervention to address these needs.

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**
A monitoring officer was assigned to monitor the centre against National Standards for Children’s Residential Centres and Child Care (Placement of Children in Residential
Care) Regulations 1995. The most recent monitoring visits were in September and October 2015 and the most recent monitoring report issued in December 2015. This report was accessible to inspectors in advance of the inspection.

Inspectors found that this report covered all aspects of regulations as required and detailed deficits requiring actions within the centre to ensure compliance with regulations as well as national standards.

Inspectors found that the service had made insufficient progress in relation to the recommendations of this monitoring report.

Judgment: Meets standard