# Health Information and Quality Authority Regulation Directorate

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

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<th><strong>Type of centre:</strong></th>
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<td>CFA South CRC</td>
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<td><strong>Centre ID:</strong></td>
<td>OSV-0004187</td>
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<td><strong>Type of inspection:</strong></td>
<td>Unannounced Full Inspection</td>
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<td><strong>Inspection ID</strong></td>
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<td><strong>Lead inspector:</strong></td>
<td>Tom Flanagan</td>
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<td>Ruadhan Hogan</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 well-being, 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: 04 April 2016 09:15
       05 April 2016 08:30
To:    04 April 2016 17:25
       05 April 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.

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Summary of Inspection findings

The centre was located in a two-storey house on its own grounds in a rural area but close to a large urban area.

According to its statement of purpose and function, the centre provided a residential service for up to four young people aged between 12 and 18 years from the surrounding Child and Family Agency area. The aim of the centre was to provide a structured, caring and supportive environment for young people who could not live at home. Placements usually lasted for up to one year but could be extended if the young person needed this. 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, 0 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.

Inspectors also spoke to other professionals, including social workers, the monitoring officer and the interim service manager.

The centre was homely in character and was fit for purpose. Both young people attended school and had their health and emotional needs met. They told inspectors that they were happy there and that they were well cared for by the staff team. There was a strong and experienced management team in the centre and managers and staff were committed to the provision of positive outcomes for the young people.

Each young person had regular contact with an allocated social worker. Care plans and placement plans were up to date. There were good working relationships between the staff of the centre and other professionals. A monitoring officer visited the centre regularly and was kept up-to-date on events in the centre.

There were a number of improvements required in the following areas: statement of purpose and function; reviews of significant events and unplanned endings; awareness of protected disclosure policies and records on the progress of child protection investigations; maintenance, risk management and fire safety; audits of practice and measurement of outcomes for young people; and some staffing issues, including training.

During the previous six months, two of the young people had been moved to another centre for a period of almost three weeks. HIQA should have been notified of this but no such notification was received.
Recommended improvements are outlined in the action plan which is published separately.
**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 promoted and valued. Young people were aware of their rights and how to exercise them. Staff encouraged and supported them to do so. Young people were consulted and listened to and were involved in the day-to-day running of the centre. Complaints were welcomed and 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 were given the opportunity of visiting the centre prior to admission and met staff and other residents. On admission, young people met their key workers and were provided with verbal and written information which explained the purpose of the centre and their rights and responsibilities. This included a statement of young people’s rights which was based on the UN Declaration of Rights of the Child. They were also given a booklet, which gave them additional information about the centre, the staff and how the service operated, and a leaflet on the role of the monitoring officer and their contact details. The information given was age appropriate and young people told inspectors that they received adequate information. Young people told inspectors that they understood the purpose of their placements and they were able to demonstrate an awareness of their rights. They were also aware of the likely duration of their placements and, if the placement was extended, why this was so.

There were a number of ways in which young people were supported in exercising their rights. They were given the opportunity to read their records or write in their daily logs if they wished to do so. They were also invited to put in writing their views on their care plan and the care they were receiving before each statutory review. They met with their key workers to draw up their placement plan. They were also assisted to make complaints if they were unhappy about events in the centre.

Inspectors found that life in the centre revolved around the young people. Each young person had a weekly timetable which included school, family contact, time with friends, key work sessions, appointments with other professionals, and a range of activities and interests that suited them as individuals. The main priority for staff was to ensure that the plan for each young person was implemented in full and that the young people were happy with this.
The right of the young people to privacy and dignity was valued. The centre was homely and the young people told inspectors that they felt at ease and comfortable there. There was a much-loved dog in the centre and the young people told inspectors that they liked this. The centre had sufficient communal space for children to be together or have time on their own if they wished and each young person had their own bedroom.

There was information available for the young people about independent advocacy services for young people in care but neither of the young people required an independent advocate at the time. Key workers played a role in advocating for the young people in their dealing with other agencies and there were several ways, including the complaints process, the statutory reviews and contact with the monitoring officer, in which they could raise issues and be listened to.

The young people were provided with opportunities to influence decisions in the centre and told inspectors that they had choices in relation to such things as the activities they were involved in and the food that was provided in the centre. There were regular house meetings which gave children the opportunity to raise their own issues of concern, to make requests or suggest changes in the centre. Minutes of these meetings were read and signed by the centre manager and the young people received feedback on the requests they made. The centre manager also met the young people individually in relation to how their placements were progressing.

There was a centre-specific complaints policy and young people told inspectors that they had been given information on the complaints process and that they were aware of how to make a complaint. The centre manager maintained a complaints register which contained details of all complaints made, the actions taken and whether or not the young person was satisfied with the outcome. Inspectors reviewed the complaints log and found that there were nine complaints made by young people during the previous 12 months. The issues complained about included bullying and physical threats by other young people, not being in education, and young people having to move out of the centre for safety reasons. The young people’s complaints were taken seriously and there was evidence of good practice in how complaints were managed. The monitoring officer was also advised when a young person made a complaint and there was evidence that the monitoring officer met two of the young people to discuss their complaints and then followed up with the centre manager to ensure that the complaints were addressed.

**Judgment:** Meets standard

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**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.

The emotional needs of young people were met and the young people felt that staff protected them and kept them safe. Young people had allocated social workers who
met their statutory requirements. Young people had good quality plans and were facilitated to pursue their interests and engage in new activities. The admissions policy was implemented but there was insufficient learning from unplanned endings. The premises was fit for purpose but some maintenance issues had not been 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
Admissions to the centre were planned and managed in line with the policy for the admission of young people. Referral forms were completed by the young people’s social workers and submitted to the centre manager. Each referral and associated documentation, which was extensive, was considered by an admissions committee which comprised the centre manager, two other centre managers, two interim service managers, a principal psychologist and a principal social worker for children in care. This committee considered the referral, which was presented in person by the social worker concerned, and decided if the referral was appropriate. Arrangements were made for a medical assessment to be carried out, for a placement meeting to be held, and for a care plan to be developed. In the majority of cases, the centre manager and staff had good quality information on a young person prior to their admission. However, from discussions with managers and staff and from centre records, inspectors found that full information was not available in the cases of some young people who were admitted, and their admissions subsequently impacted negatively on the placements of other young people.

The two young people who were resident in the centre at the time of inspection were suitably placed. Placements were usually for a maximum of one year but one of the young people had been in the centre for almost two years. Each extension to the placement had been sanctioned by the admissions committee and it was clear that it was in the best interests of the young person to remain in the centre for the time being.

Inspectors reviewed the centre register of young people and discussed this with the centre manager. There had been four admissions to the centre and six discharges during the previous 12 months. Three of the discharges were planned in advance with one young person discharged to home, a second young person discharged to a therapeutic centre and a third young person discharged to supported lodgings. However, three of the discharges were planned at short notice following breakdowns in the young people’s placements due to behaviour that could not be safely managed in the centre. These discharges could be described as unplanned endings as the placements ended prematurely. In each case, the placement ended due to behaviour of the young person concerned that could not be safely managed by staff.
There was a policy on discharges that was adhered to and there was also evidence of good inter-agency cooperation in planning discharges. Records showed that the admissions committee had decided in recent months to request further information and assessments on young people before they were admitted. However, unplanned endings were not effectively reviewed by senior managers to ensure that the admissions process was suitably robust, that the timing of admissions was appropriate and that unforeseen difficulties with some young people were addressed quickly and decisively before they impacted negatively on the placements of other young people and the smooth operation of the centre.

Each of the young people had an allocated social worker and this was overseen by team leaders and a principal social worker who ensured consistency of care. Social workers visited the young people frequently and were actively involved in their care. Young people had the mobile phone numbers of their social workers and told inspectors they could contact them if they wished. Records of the social worker visits and contacts with the young people were maintained in their files. An up-to-date and comprehensive care plan was in place for each young person. Statutory reviews were held in line with regulations and the young people were consulted with regard to decisions about their care and could attend the reviews if they chose to. Placement plans were developed for each young person and these were detailed and outlined the goals for the young person’s placement. Parents and families were also involved in the care planning for the young people when this was appropriate.

Contact between the young people and their families and friends was facilitated when this was appropriate. Staff ensured that one of the young people had regular contact with their siblings and the other young person was assisted to carefully rebuild relationships with their family members. Both of the young people were able to maintain links with their own community in a safe manner. Young people were also facilitated to maintain and develop relationships with their peers and healthy friendships were encouraged and supported.

Staff were well trained and experienced to meet the emotional needs of the young people. Both young people felt that staff members cared for them and looked out for them in various ways. Young people told inspectors that they regarded the centre as home. If young people required specialist emotional support, this was provided. Inspectors observed the interactions of the young people and staff members. The young people appeared to be very much at ease with staff, who treated them respectfully and with affection.

Young people were encouraged and supported to develop skills for independent living. Key workers undertook individual sessions with the young people on issues such as relationships and maintaining personal safety. Young people took part in household tasks and developed skills such as cooking for themselves and others, and budgeting. One young person was beginning the process of learning how to use public transport. One young person had reached the age of 16 years and had been referred to the aftercare service. While there was no aftercare plan in place as yet, the young person told inspectors of plans they had for a career after school.

**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**
Young people had healthy social lives. They were able to pursue their previous interests and they were encouraged to develop new interests and meet new people. From the records in the centre and interviews with staff, it was clear that staff were keenly aware of the interests of the young people and areas of their lives where they needed encouragement and confidence-building. One young person told inspectors that they liked to spend time on the computer and also to watch TV and that this was facilitated. They also said that they had not been very keen to take part in outdoor activities but that staff encouraged them to do this and that they liked this approach. When appropriate, young people were able to meet friends in the nearby city and to stay over at their friend’s houses on occasion. One young person had taken part in a recent school trip oversees. Young people were encouraged to explore new interests by taking part in practical courses such as the care of animals. Young people also had similar opportunities to their peers by being able to attend discos and take part in sports clubs or organisations such as scouts.

The young people were able to go shopping for their own clothes and the centre manager told inspectors that a regular budget was available for clothing. The young people enjoyed a nutritious diet in the centre. The meals were generally cooked by staff but one young person, who was preparing for leaving care, told inspectors that they often cooked their own meals. The dining area was sufficiently large for young people and staff to dine together and meals were generally social occasions. The second young person had been introduced to cooking and staff assisted them to do some cooking at weekends. The young people also carried out household chores such as cleaning their rooms and this allowed them to earn some extra money while developing independent living skills. The centre manager and staff were knowledgeable about the culture and background of the young people and then tried to facilitate the young people to celebrate their cultural heritage when possible.

The approach or model used to manage behaviour that challenges was one of positive behaviour support. This was outlined in the centre policies and, according to this model, the purpose of the centre was to encourage positive self-worth and self-image among the young people, and to enhance and develop their self-esteem. Behaviour that challenges was generally seen as a symptom of underlying issues that require understanding and the young person required help to control and understand the conflicts that give rise to the behaviours. When young people required specialist counselling or support this was provided and there was evidence of staff organising counselling for young people or facilitating them to engage with mental health services. The staff had been trained to respond to behaviours that challenge and their response included de-escalation and the use of life-space interviews with the young people. There was no evidence of the use of any physical intervention or restraint in the centre.
during the 18 months prior to the inspection.

Young people told inspectors that staff listened to them. They said that, when there were consequences for inappropriate behaviour, these were fair and reasonable. Inspectors viewed the record of consequences and found that consequences were rarely applied and, when they were, they were reasonable and proportionate. Staff also used positive reinforcement techniques and they praised and celebrated good behaviour, which was often rewarded.

There were individual crisis management plans (ICMPs) on the young people’s files and they were of good quality. They were succinct in describing the young person’s background or experience, the potential triggers for crisis and the kind of response that was likely to be effective in a situation of crisis.

On occasions that young people went missing from care, staff followed the national policy for children missing from care. There were 43 incidences of absence without authority during the 12 months prior to the inspection. Inspectors reviewed a number of these incidents and found that they had been managed in accordance with policy. These incidents were notified to the appropriate people, including the young people’s social workers, senior managers and the monitoring officer. They were also addressed by staff and there had been no absences without authority for several weeks prior to the inspection.

Inspectors found that staff were vigilant on the issue of bullying. There was a policy in place on bullying and young people told inspectors that staff protected them and kept them safe during the times they had felt under threat from other young people in recent months.

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
There was a culture of openness and accountability in the centre and this was underpinned by written policies and procedures on a range of issues such as the recruitment of staff, child protection, complaints and bullying. Staff were aware of these policies and procedures and inspectors found that they were implemented in practice.

All staff members had been trained in Children First: National Guidance for the Protection and Welfare of Children (2011). Arrangements were in place for staff who required it to receive up-to-date or refresher training and records showed that the centre manager provided the staff team with regular updates about Children First (2011) and/or discussion about specific aspects of the guidance. Staff demonstrated that they understood their responsibilities and the procedures to be followed in managing allegations. There was also a policy on protected disclosure in place. While
staff who were interviewed felt confident that they could raise any issues of concern with the centre manager, they were not aware of the policy and procedures on protected disclosure.

While all social care staff members were designated officers for the purpose of reporting child protection concerns, the centre manager or the social care leaders generally sent the standard report forms to the social work department. Five child protection concerns had been reported to the social work department during the previous 12 months. The concerns were followed up by the social work department and notified to An Garda Síochána (Ireland’s National Police Service) when appropriate. The centre manager told inspectors that four of the five concerns were founded and the most recent concern was still under investigation. Inspectors viewed the log of child protection concerns and found that each of the concerns had been acknowledged by the principal social worker. However, there were no records of subsequent communication in relation to the progress or the outcomes of the investigations. This meant that managers or others reviewing the records could not tell whether or not the concerns had been investigated and resolved and whether changes to practice should be introduced to better safeguard the young people.

**Judgment:** Requires improvement

### Standard 10: Premises and Safety
The premises are suitable for the residential care of young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care (Placement of Children in Residential Care) Regulations, 1995.

### Inspection Findings
The centre was located in a two-storey house on its own grounds in a rural area but close to a large urban area.

The premises was sufficiently large to accommodate four young people. There were four bedrooms for young people, two of which had en suite shower, toilet and wash hand basin facilities. There was also a separate bathroom upstairs. The rooms were sufficiently large and had adequate storage facilities. There was a large kitchen cum dining room. There were two sitting rooms, one of which was called the play room and contained a stock of books and various games. There was a small computer room or study which also contained some exercise equipment.

There was a staff sleepover room downstairs and a night office for staff upstairs. There were also three other staff offices downstairs, one used by the centre manager, one used by the social care leaders and one used by the rest of the staff team. Although it was large the premises, it had a homely feel to it. The heating, lighting and ventilation was adequate.

There were a number of maintenance issues that needed to be addressed. The fire door at the entrance to the sitting room had been damaged by a previous resident and not yet repaired. Some exterior and interior walls needed to be repainted. The carpet
on the stairs was frayed in places. In the upstairs bathroom some window covering needed to be replaced and the shower unit needed to be thoroughly cleaned or replaced.

The centre was insured under the insurance arrangements for the Child and Family Agency. Inspectors checked the centre vehicles, which were taxed, insured and had NCT certification, where appropriate. They contained first aid kits and safety equipment. A tyre on another vehicle appeared to be badly worn and the centre manager arranged for the tyre to be replaced during the inspection.

The centre had policies and procedures relating to health and safety and the health and safety statement was up to date, having been reviewed in August 2015. Risk assessments had been carried out on the premises and monthly health and safety checks were carried out. Individual risk assessments were also carried out in relation to the young people and their behaviour. There was evidence that, when risks were identified, controls were put in place to reduce the risk. However, not all risks had been addressed. For example, inspectors found that medicines management was not underpinned by a robust policy and procedures to guide staff, practices were not sufficiently safe, and staff were not trained in the safe administration of medication. This issue was discussed in a regional management meeting in November 2015 and a completion date of the first quarter 2016 was given for a new policy and training. These had not yet been put in place at the time of inspection.

There were various precautions in place for the prevention of fire. Suitable fire safety equipment such as fire extinguishers and fire blankets were located strategically throughout the premises and they had been serviced in January 2016. There was a fire alarm and emergency lighting and these were checked and serviced each quarter. There were also fire doors with self-closers attached throughout the premises.

Fire drills were carried out on four occasions during the previous year. However, the names of those who took part were not recorded nor was the duration of the fire drill or the details of the drill. This meant that it was impossible to know whether all staff and young people had participated in at least one fire drill and whether or not there had been any problems with the evacuation that needed to be addressed.

There were adequate means of escape and a daily inspection of these was usually completed by staff. However, the records showed that there were some gaps in the recording of these checks, sometimes over a week’s duration. Monthly checks on fire safety equipment were recorded but the records of checks on fire exits and fire door closers showed that these checks were carried out intermittently and not monthly as required. Training records showed that not all staff had been trained in fire safety and no fire safety training was provided in the centre during 2015.

There was no prominently displayed signage and procedures for the safe evacuation of young people and staff in the event of fire. The centre manager told inspectors that signs had been removed by a previous resident and not yet replaced.

Judgment: Requires improvement
The health and development needs of children were assessed and met. Education was valued and the young people attended school. Young people were supported to have healthy lifestyles and this was supported by the provision of healthy and nutritious food and opportunities for exercise.

**Standard 8: Education**
All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate education facilities.

**Inspection Findings**
The right of young people to an education was highly valued in the centre and both young people were supported to attend school.

Attendance at school was a key event in the timetables of both children. Staff supported them by driving them to link up with school transport in the mornings and meeting them from the bus in the evenings, by assisting the young people with homework when required and by ensuring that their school uniforms, for example, were well cared for. The educational needs of each young person were set out in their care plan. Each young person’s file contained a section on education. The files contained specialist educational assessments when these had been carried out. They also contained copies of school reports.

Young people were encouraged and supported to undertake state exams and one of the young people had successfully completed state exams while resident in the centre.

The young people’s key workers maintained good contact with school staff and advocated for the young people when necessary. They attended meetings in the schools when invited to do so and, on the day of inspection, one young person’s key worker attended a meeting in the school to discuss key decisions regarding the young person’s future in the school. Inspectors viewed a communications log in which communication between centre staff and school staff was recorded.

**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**
The young people had medical examinations very soon after their admissions to the
centre. There were medical cards on the files and each young person was facilitated to visit their general practitioner (GP) when required. There were records on file of visits to the GPs and also of visits to the dentist and optician.

There was evidence that key issues regarding the health of the young people were identified and addressed. Records showed that key workers undertook individual work with young people on issues such as relationships and sexual health. There was also evidence that staff showed skill and thoughtfulness in finding ways to address lifestyle issues with young people and encourage and support them to adopt healthier lifestyles.

Medication was managed by staff and all medicines were stored securely in the staff office. Prescriptions were maintained on file and signed records were maintained in relation to the administration of medication. However, staff were not trained in medicines management and the overall system of medicines management was not safe. Actions in relation to this are set out under Standards 2 and 10, respectively.

Inspectors observed that staff promoted healthy eating options with the young people. There were adequate amounts of fruit and healthy foods available and the meals provided were healthy and nutritious.

Staff also encouraged young people to engage in exercise and to become involved in community activities that promoted a healthy lifestyle. For example, staff took the young people on walks and also facilitated them to attend groups such as scouts and to participate in various sporting activities.

Judgment: Meets standard

**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.

There was a strong and stable management team in the centre that provided leadership to staff and ensured that young people received good quality care. The staff team were committed to achieving positive outcomes for the young people. New management and governance structures in the region provided good support to the centre manager and staff and new governance systems had been introduced but were not fully implemented. Activities in the centre were well monitored but there was no system for auditing practice or learning from events such as unplanned endings. The statement of purpose and function was quite general and did not provide sufficient detail on the criteria for admission. Staff were well supported and supervised but not all mandatory training was up to date.

During the months prior to the inspection, two of the young people had been moved out of the centre for a period of almost three weeks. HIQA should have been notified of this but no such notification was received.
Standard 1: Purpose and Function
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

Inspection Findings
The centre had an up-to-date statement of purpose and function that was reviewed and signed by the centre manager and the interim service manager in December 2015. It described the centre as a short-term unit which provided residential placements for up to four young people, male and female, between the ages of 12 and 18 years of age. The statement set out the legislative basis for children’s residential centres and it listed the key policies and procedures which guided its operation.

The statement of purpose and function reflected the day-to-day operation of the centre in general terms. The centre was described as a community-based centre which admitted young people from the local Child and Family Agency area and facilitated them to go to school, make friends, engage with local services and take part in community activities. Young people were made aware of the purpose and function of the centre prior to and at the time of their admission. However, the statement of purpose and function lacked detail on the population of young people it could cater for. For example, it made no mention of the fact that the premises was not suitable for young people with mobility difficulties and it did not refer to the kind of behaviour that the staff team was able to manage.

Staff and management of the centre were clear about the purpose and function of the centre. However, during the 12 months prior to the inspection, the behaviour of three young people raised questions regarding the compatibility of their placements with the purpose and function of the centre and the ability of the staff team to safely manage behaviour that was quite challenging. Two of these placements ended quickly and prematurely. At least one of these placements impacted negatively on the placements of other young people and one placement continued for almost three months when it was clear soon after admission that the young person's behaviour could not be managed safely. Inspectors discussed these issues with the centre manager and the interim service manager, who indicated that a thorough evaluation of the purpose and function was required.

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
The management and governance structures had changed since the previous inspection. Within the Child and Family Agency, a new national structure for children’s
residential services was in place since May 2015. The centre manager now reported to the interim service manager, who, in turn, reported to the interim regional manager. The interim regional manager reported to and was accountable to the national manager. The lines of authority and accountability were clear and both managers and staff were very familiar with the new structures.

There was a strong and stable management team in the centre. The centre manager had been in the post for a number of years and was appropriately qualified, experienced and competent to carry out the role. The centre manager was supported by three qualified and experienced social care leaders who had management and supervisory responsibilities. They, and the staff they supervised, were aware of their roles and responsibilities.

There were a number of mechanisms in place to ensure that external managers provided support to the centre manager. Each month there was a regional management meeting which was attended by the interim regional manager, the interim service managers and the managers of centres throughout the region. These meetings provided centre managers with the opportunity of meeting with their peers, exchanging information about practice and learning from each other’s experiences. The agenda for these meetings was wide-ranging and included standing items such as staffing, significant events, finance and governance reports. The meetings were also used to provide training and briefings for managers to ensure that they were consistent in their approach across a range of issues.

The centre had a register of young people which was well maintained and contained all the information required by the regulations.

One administration officer was assigned to the centre for 17.5 hours per week and ensured that administrative files were well maintained. Systems were in place for the management of finances in the centre. There was a monthly budget for groceries, young people’s clothing and pocket money, and household expenditure. The centre manager and two social care leaders were authorised to use procurement cards. The centre manager checked on and signed off on any expenditure. All expenditure was logged on a computerised system and audited by the central finance department. The centre was sufficiently resourced to implement the placement plans of the young people.

Individual risks were generally well managed but a new system of risk management had been recently introduced and had not yet been fully implemented. The centre manager maintained a centre risk register. Risks were proactively identified and risk rated. Control measures were put in place and any high risks were escalated to senior managers each month. However, training on risk management had not yet been provided to all staff. The ratings given to particular risks were not adjusted in the light of control measures and the due dates for the completion of tasks were not included in the risks escalated to senior managers. Not all risks were addressed in a timely manner, as in the case of medicines management and inappropriate placements impacting negatively on other young people.

Senior managers maintained good oversight of the activities of the centre but formal mechanisms to review the quality and safety of the service provided were in the early
stages of development. The interim service manager provided formal monthly supervision to the centre manager. While there was no formal arrangement for a manager to be available outside of usual office hours, the interim service manager told inspectors that he was available to be contacted by the manager and staff at any time in the event of a crisis. He received formal communication of all significant events in the centre. The centre manager submitted a recently-introduced centre governance report to senior managers each month. This document contained detailed information on the young people and the staff team. It contained information on the progress of action plans following inspections of the centre and the dates of checks carried out on the fire safety and health and safety systems in the centre. There was also evidence that the centre manager carried out informal checks of documentation and reports in the centre. However, there were no audits being undertaken in the centre. Although the activities and incidents in the centre were reported to senior managers, there was no formal review of significant events such as incidents of violent behaviour and bullying and there was little learning accruing as a result. Nor was there any measurement of the outcomes for young people at the end of their placements. The centre manager had reviewed many of the centre’s policies and procedures but these were still in draft form as they had not been reviewed and signed off by senior managers.

During the months prior to the inspection, two of the young people had been moved out of the centre for a period of almost three weeks. As the young people were residing in a unit of another centre for that time, HIQA should have been notified of this. However, no such notification was received.

At the time of inspection the staffing levels were more than sufficient to deliver the service. There were 20 staff members employed in 17.42 whole time equivalent posts. All but one member of staff was professionally qualified. There were no staff vacancies in the centre. The staff absenteeism rate was described by the centre manager as low. The staff roster showed that there was no use of agency staff at the time of inspection although the centre manager told inspectors that agency staff had been used on occasion during the previous 12 months and there had been no difficulty in getting senior manager sanction for this. The centre manager worked Monday to Friday. Social care leaders worked a variety of shifts, including at weekends. The ratio of staff to young people was satisfactory during the day and at night, when there were two staff on duty, including one waking night staff.

While some staff had transferred from another centre in the previous three years, there had been no recruitment of new staff for several years due to a moratorium on recruitment. This meant that there was no turnover of staff. The staff team was exclusively female and this was highlighted as an issue by some members of staff who felt that, ideally, there should be a gender balance on the team. There was an induction pack available for agency staff and students on placement. The induction programme, as outlined in the pack and as described to inspectors by a student who had participated in the programme, appeared to be satisfactory.

Staff files were maintained in the centre. Inspectors reviewed a sample of seven staff files, including the files of two agency staff, and found that they were well organised and contained all the documents and information required.

Staff were provided with regular supervision, which was of good quality. Inspectors
reviewed the supervision records of a sample of five staff. Each had a supervision contract. Supervision was held regularly and was recorded on templates. The quality of supervision was good with a major focus on the progress of the young people and also on staff practice issues. The training needs of staff were identified in supervision. Staff meetings took place every two to three weeks and were attended by an average of seven staff. Staff, who could not attend, signed to say that they had read the minutes. The meetings discussed the young people and their plans, and a wide range of issues covering all aspects of life and work in the centre.

The staff training records showed that improvement was required in the training of staff. All staff had been trained in Children First (2011) and aspects of Children First (2011) were discussed at team meetings. All social care workers were trained in first aid and in a recognised form of managing behaviours that challenge. However, no staff member had received fire safety training during 2015 and no staff member was up to date in their training on manual handling. Even though staff administered medication at times no staff had been trained in the safe administration of medication. There was evidence the centre manager had identified these gaps in training and had raised the issue with her line manager. Staff members had been facilitated to undertake other training relevant to their work in the centre. This included training on suicide awareness and prevention, on self-injury, on sexual health and on a form of brief therapy.

In recent months the centre had been issued with a specialised rescue knife designed for the purpose of cutting ligatures if the need arose. There was no policy on the use of this knife and staff had not been trained in its use.

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 Child and Family Agency monitoring officer was engaged in the regular monitoring of the centre and had visited the centre on three occasions during the previous 12 months. The monitoring officer produced two reports of monitoring visits to the centre during that time and sent copies of these to HIQA.

The monitoring officer maintained an overview of all activities in the centre. The centre manager submitted detailed monthly reports to the monitoring officer and these included information on young people, staffing, meetings, training, activities in the centre, and notifications of significant events in the lives of the young people. There was also an opportunity provided for young people to include in the reports their views of how their placements were progressing.

The monitoring officer told the inspector that they were in regular telephone contact with the centre manager and received timely information about any incidents in the
centre. The monitoring officer was familiar with the young people and had made available copies of a child-friendly booklet, explaining the role of the monitoring officer and giving contact details. Records showed that the monitoring officer was made aware of complaints made by the young people and that they took an active role in ensuring that their complaints, and any issues affecting the welfare of the young people, were addressed.

**Judgment:** Meets standard