

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA DML CRC
Centre ID:	OSV-0004161
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0017327
Lead inspector:	Erin Byrne
Support inspector (s):	Una Coloe, Catherine Vickers

Children's Residential Centre

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

The Authority is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011, to inspect children's residential care services provided by the Child and Family Agency.

The Authority monitors the performance of the Child and Family Agency against the National Standards for Children's Residential Services and advises the Minister for Children and Youth Affairs and the Child and Family Agency. In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- assess if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- seek assurances from service providers that they are safeguarding children by reducing serious risks
- provide service providers with the findings of inspections so that service providers develop action plans to implement safety and quality improvements
- inform the public and promote confidence through the publication of the Authority's findings.

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

From:	To:
10 May 2016 09:00	10 May 2016 17:30
11 May 2016 08:30	11 May 2016 17:30

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

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

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

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

Summary of Inspection findings

This centre is a statutory mainstream residential children's centre in the Dublin Mid-Leinster region. It accommodated up to five boys and girls, between the age of 13 and 17 years on admission, who required medium to long term residential care. The centre was operating from a large detached building with ample garden and parking space and was within walking distance of all necessary amenities. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 3 children, 1 parent, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

In addition, inspectors spoke with four social workers.

Children were supported to pursue opportunities and personal interests and were consulted about decisions concerning their care. They were encouraged and supported to make complaints. Staff had a good understanding of the needs of the children and placed an emphasis on developing positive relationships with children. Children maintained positive relationships with family members and significant others.

However, incidents of peer abuse which had been occurring in the centre in the three weeks prior to inspection were impacting on the children's quality of life and happiness. While children's rights were respected and promoted in many respects the poor state of repair and décor of the house did not promote a homely environment and children's requests in relation to the house décor had not been followed through on.

Safeguarding issues were managed appropriately by the service. However, the admissions process had not effectively identified potential risks in relation to the most recent admission and consequently this placement was in the process of being reviewed for its appropriateness following a very short period.

Not all children had a care plan. One child had no relevant care plan and the staff team were awaiting updated care plans from child in care reviews for three children that had taken place in previous weeks. Placement plans were not being reviewed as required or as changes in circumstances for children arose. Aftercare planning for two young people preparing for leaving care was poor.

The management of the centre was unstable as there had been six centre managers in a five year period. The current centre manager had been appointed to her post in March 2016 and was providing good leadership for the staff team. However, changes to

the management of the centre had impacted on the consistency of care and relationships for children and their families with the various managers. Inspectors found that the implementation of management systems had improved since the appointment of the new manager. However, these systems were in their infancy and progress on persistent issues in the centre was slow. These issues included; provision of supervision, ensuring required documentation was available on all children's files, fire safety and addressing health and safety issues associated with the décor and disrepair of the house.

Inspectors found that that service was operating within its statement of purpose and was staffed with a stable and experienced team.

Inspection findings and judgments

Theme 1: Child - centred Services

Services for children are centred on the individual child and their care and support needs. Child-centred services provide the right support at the right time to enable children to lead their lives in as fulfilling a way as possible. A child-centred approach to service provision is one where services are planned and delivered with the active involvement and participation of the children who use services.

Children's right in the main were respected and promoted. Children were consulted about their care, supported to access external advocacy services and knew how to make a complaint. However, children's satisfaction with the outcome of complaints was not always clearly recorded and follow up on requests by children was not timely.

Children were not aware of their right to access information.

Standard 4: Children's Rights

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

Inspection Findings

Children's individual rights were generally respected. Staff were keen to promote the rights of children and supported them to raise concerns and access services as required. There were policies and practices in place to ensure children were provided with opportunities to express their views in relation to their care. Children were consulted about and participated in their care planning process. Children had their own rooms and their right to privacy was respected by staff.

Children's views were sought when decisions were being made about their care and they were consulted in the day-to-day operations of the centre, where appropriate. Children's meetings were held regularly and while children did not attend all of the meetings, overall attendance was good. Children were encouraged to engage in group decision-making in relation to house issues and to make requests to be considered by the staff team during team meetings. Children's meeting records reflected that a variety of topics were discussed. However, some children felt their suggestions were not being followed up and it was not always clear if the children's requests were responded to. One child told inspectors that they felt more comfortable making requests directly to staff and this was supported by staff.

Children were appropriately informed about many of their rights. Information packs were received by the children on admission and these contained information on rights and advocacy services and included information in child-friendly formats. There was evidence that key workers actively advocated for the rights of the children, as required, during team meetings, child in care reviews or directly with social workers, families or other specialist services. Inspectors saw that efforts had been made by staff to link the children in with appropriate advocacy services. However, inspectors found children were

not clear on their right to access information recorded about them or the process for doing so and families were not provided with written information about their children's placement.

Children understood the complaints process. Children were encouraged and supported to make complaints if they were dissatisfied with aspects of their care. The staff team recorded complaints in a central complaints log and recorded if complaints had been resolved. Inspectors reviewed the complaints log for 2015 and 2016. In 2015 there were 11 complaints, ten of which were resolved. However, children's level of satisfaction with the outcome of their complaints was not clearly recorded on the log.

In 2016 there were three open complaints made by children and families, all of which were responded to and were in the process of being addressed by the centre manager. Some children told inspectors that they were reluctant to make formal complaints as they did not feel confident that this would be followed up to their satisfaction and at times felt as if they were not listened to. The centre manager and staff were aware of this issue and were making efforts to address this through individual key working sessions as well as encouraging the involvement of independent advocacy services and the interim services manager. Children who spoke with inspectors were aware of alternative avenues for voicing a complaint and told inspectors that they would speak to their key worker or social worker if there was an issue they were unhappy with.

Judgment: Requires improvement

Theme 2: Safe & Effective Care
Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

Children were well cared for but not all children had care plans or up-to-date placement plans. Three of the four children had statutory child in care reviews as required. However, aftercare planning for children who required it was poor.

Children were supported to pursue interests and their individuality was respected. Children's families were actively involved in their care and in regular contact with staff in the centre. However, not all children were suitably placed and the admissions process failed to adequately take into account the need to protect children from abuse by their peers.

Safeguarding practices in the centre were generally good. However, the staff team and manager had significant concerns about the mix of children resident at the time of inspection.

The premises was in a poor state of repair and monitoring as well as responses to issues identified through safety checks and systems, required improvement.

Standard 5: Planning for Children and Young People

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

Inspection Findings

Not all children were suitably placed in the centre. Inspectors found that while there were clear procedures in place for admissions into the centre to ensure placements were suitable, these were not effective. Children were admitted in line with the centre's statement of purpose and children had pre-admission risk assessments on file to identify any risks the placement might pose to them or other children living in the centre. These assessments reflected the needs of children and the centre manager reported that they received adequate information at the point of referral. Inspectors found evidence that controls identified to manage certain risks were implemented such as, engagement in individual work and tailored activity plans. Transition plans were individualised and appropriate and had been agreed in consultation with the child's family and social worker. However, concerns identified in one pre-admission risk assessment had not been given adequate consideration and this placement had been deemed unsuitable by the centre manager and staff team within weeks of admission. Discharges from the centre were generally well managed.

Children had regular contact with their families in line with their wishes and this contact was supported by the staff team. Where children were not placed in their own community, the team supported these children to maintain links with their community where appropriate through attendance at school, social activities and health services. Families reported to inspectors that they were kept informed and had regular meetings with the manager to discuss the care provided to their child. Children's relationships with their peers were supported and individual work was done with children relevant to their individual needs.

All children in the centre had an allocated social worker. Children understood the reason for their placement in the centre and had regular contact with their social worker. Children had good relationships with staff and key working sessions were used to support children around any areas of difficulty in their lives.

Not all children had a care plan. Three of the four children had their needs appropriately assessed and actions were identified in good quality care plans to address the identified needs. Two children had child in care reviews in the two weeks prior to the inspection and as a result up-to-date plans were not available. A number of actions in care plans were completed and an appropriate range of people were involved in developing care plans. However, parents and children did not routinely receive written copies of care plans as required. One child had a number of changes in social workers since admission and did not have a care plan on file relevant to the centre despite having been resident there for a significant period. This child's key worker told inspectors that a review had taken place in September of 2015. However, there was no relevant care plan available at the time of inspection, no minutes of this review or

details of decisions agreed and no child in care review had taken place since, despite significant changes in circumstances for this child.

The placement planning process required improvement as placement plans were not reviewed as required. Inspectors found that key workers focused on developing and maintaining good relationships with children and this was important for supporting children and keeping them safe. Children told inspectors that they could speak with a member of the staff team if an issue arose for them and all children were aware of the role and availability of their key worker. Some incentives were in place to encourage children to engage in their placement plans and children's weekly plans were agreed directly with them. However, the process of agreeing weekly plans did not appear to be guided or informed by children's overall goals. Oversight and monitoring of appropriateness of plans was unclear and placement plans were not reviewed as required. The centre manager told inspectors that they were in the process of implementing a new template for children's placement plans but, this process was slow and the information contained in the children's plan did not reflect children's circumstances nor were they reflective of children's main goals at the time.

Where needed, children were referred to appropriate therapeutic and mental health services. However, the relevant services were not made available as required and recommendations from professionals with respect to provision of specialist services were not implemented for all children. Despite extensive efforts by the centre staff and manager to secure access to specialist services, responses to requests and allocation of resources to secure these services were not timely.

Preparation for leaving care was poor. Children 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 and mental health and wellbeing. However, two young people were preparing for leaving care but preparations had not occurred in a timely way. Neither of these young people had concrete plans in place or appropriate aftercare plans. The aftercare plans were of poor quality, as they were incomplete, did not outline clear actions to be taken, persons responsible or timeframes for completion. Staff regularly relayed these young people's concerns and wishes to their allocated social workers and were actively supporting them in relation to their wishes around further education and follow-on placements. However, both these young people were unclear about their future plans and this was impeding their general progress as well as their level of engagement in their placement.

Children's records were well organised but some were missing necessary documentation. Files were stored in a secure cabinet and there was a system in place to archive old files. Inspectors found that documentation had been reviewed to ensure that it was completed and signed by the appropriate staff but, inspectors did not find that records were reviewed for the purpose of safety and quality of care practices or to inform care practices and interventions for children. For example, while key working sessions were signed by the centre manager and/or deputy centre manager to indicate that they had been read, no comments, recommendations or follow up actions were noted. A significant number of topics discussed were not reflected in children's placement plan goals and there was no follow up recorded where children made requests or where issues were re-occurring. Some files did not contain all required documentation such as birth certificates, voluntary care agreements, medical histories

or care plans.

Judgment: Requires improvement

Standard 6: Care of Young People

Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

Inspection Findings

Children were encouraged to pursue their own preferences and interests and their achievements were acknowledged and celebrated. Inspectors observed staff interacting warmly and appropriately with children. Children's activity plans were tailored to their individual needs and abilities and creative interventions were employed by staff to encourage children to engage in age appropriate fun. There were no records around meal planning but inspectors saw that work was being done with some children around healthy eating and healthy food was available to children during the days of inspection. Some children cooked for themselves and individual preferences were accommodated and supported.

Children's individual and complex needs were recognised and supported by staff. However, incidents of behaviours that challenged were regularly occurring and this had impacted negatively on all children. Incidents of peer abuse had increased in the three weeks prior to inspection and significant concerns for the safety and stability of their placements were identified for three of four children. The centre manager raised the significant concerns in relation to the potential impact of such incidents and their ability to ensure the safety of all children with the relevant social workers and her line manager. While safety plans were updated and supervision of the children altered, the process for reviewing incident and planning to ensure learning, agree appropriate interventions and improve outcomes for children was poor.

Incidents of behaviours that challenged were well managed and staff made considerable efforts to support children. Staff who spoke with inspectors demonstrated a clear understanding of the underlying cause of behaviours that challenged and were aware of the risks to all children. Inspectors attended a team meeting during which the staff team agreed strategies and plans for addressing children's complex needs. However, plans for managing behaviours that challenged were not reviewed regularly or when changes in circumstances arose for children. Inspectors reviewed behaviour management plans for three children and found that they detailed potential behaviours but provided little guidance for staff members on how to intervene safely or how to manage behaviours that challenged. They were not regularly updated to reflect learning from previous incidents or changes to intervention approaches following discussion at team meetings. The staff had been trained in a specific technique to aid them in responding to behaviours that challenged and this included de-escalation, breakaway and physical restraint techniques. However, there was no evidence of the use of restraint in the centre and children's management plans did not identify restraint as an

intervention option.

Plans in place to manage incidences where children were absent from the centre without permission were individualised, provided good guidance to staff and had been agreed in consultation with children's social workers. There were a significant number of reports relating to children missing from care since the previous inspection. Inspectors reviewed a sample of these reports and found that they had been managed appropriately in line with the national policy for children missing from care. The centre staff and manager were proactive in attempting to address underlying cause of children going missing from care and reduce the number of such incidents.

Oversight and monitoring of the use of sanctions required improvement. Inspectors found that when children displayed behaviours that challenged and a sanction was considered appropriate, the staff team used a variety of different sanctions dependent on the age of the child and the deed or relevant incident concerned. However, these sanctions were not consistently implemented and the variation in use of sanctions was unclear. Sanctions were not always relevant to the behaviour of concern and not recorded appropriately. There was no evidence of oversight of imposed sanctions by the centre manager, deputy manager or external manager to ensure appropriateness of sanctions to promote learning for the children.

Significant events which occurred in the centre were all notified appropriately but, oversight of these required improvement. Inspectors reviewed the significant event notifications which included events such as injuries sustained by children, allegations and incidents involving staff, incidents where children absconded from the centre, disclosures of alleged abuse and positive events were recorded. These records were cross checked against the child protection allegation log and complaints log. The centre manager told inspectors that she reviewed children's events to ensure they were recorded appropriately prior to them being sent on to their social worker and the monitoring officer for the centre. However, input from the centre manager following reviews of significant events, to promote learning and guide behaviour support plans was not evident from reports and follow up required was not consistently recorded. Social workers said they were happy with how they were notified.

Judgment: Requires improvement

Standard 7: Safeguarding and Child Protection

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

Inspection Findings

Safeguarding and child protection practices were good and staff members were aware of the necessity to report and record concerns as well as to implement safety plans to mitigate against safety concerns as required. However, there were incidents of bullying in the centre and the potential impact of this had been highlighted by the staff team and centre manager to the children's social workers as well as the interim services manager. Plans for addressing these concerns were in the process of being developed.

The staff team implemented safe care practices, as well as unique and individual supports for children, who required additional supports relating to safeguarding. Children had access to a private space should they wish to contact family members or advocates and they were encouraged to discuss issues or concerns with their social workers. Inspectors observed a culture of openness within the centre where staff members challenged practices and decisions appropriately. Staff were also aware of who they could contact if they had any concerns relating to colleagues or the centre manager.

There were nine child protection concerns reported in 2016 relating to the four children, eight of which were related to peer abuse. Concerns of a child protection nature were reported to the relevant social work department but the staff team used an internal system to report concerns which was not in compliance with Children First: National Guidance for the Protection and Welfare of Children (Children First (2011)). Inspectors reviewed the child protection log which appropriately recorded brief details of the concern, responses and follow up action taken in relation to all concerns. Incidents of verbal or physical abuse that occurred between residents, were responded to appropriately by the staff team and safety plans were introduced as required. However, while there were measures in place to safeguard and protect children from abuse by their peers, the level of comprehension or coping skills of each individual child to manage such incidents had not been appropriately responded to. The potential risks associated with exposure to sustained threatening or abusive behaviour had been effectively identified and expressed by the staff team. However, actions taken to ensure the safety of all children were insufficient.

Staff were trained in Children First (2011) and knew how to manage child protection concerns. However, the centre manager who was the designated liaison person had not been trained in Children First (2011). The staff team and centre manager were aware of child protection practice, they had suitable knowledge and gave appropriate answers when interviewed by inspectors. Social workers told inspectors that they were in regular contact with the staff and manager and all relevant information was relayed to them. They received reports in relation to significant events including child protection concerns and were satisfied that the children were well cared for. Social workers had been consulted in drawing up safety plans and absence management plans for the children.

Judgment: 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

While the design and layout of the centre was suitable to the needs of children, several areas of the house were unclean and in need of repair. The centre was appropriately lit,

heated and ventilated with adequate furnishings and facilities for the number of children living in the centre. Children had a bedroom to themselves and had adequate space to meet family members, friends or social workers in private as well as quiet space to study or spend time alone if they wished. Children told inspectors that their bedrooms had been updated and that they had been involved in decisions about their rooms. However, the kitchen was dated and staff bedrooms and offices were in a poor state of repair. Children told inspectors that they had raised this issue in key working sessions and children's meetings and had been asking for a timeframe on completion of works to update the kitchen and décor of the house for several months without success. Parts of the centre were unclean. Inspectors found that there was no cleaning schedule and the manager had no monitoring system in place to ensure the centre was clean.

Some maintenance issues were dealt with promptly but others were not. Maintenance records showed that there was prompt follow-up on some maintenance issues such as repairing windows, repairing door locks and handles and replacing the cooker. However, issues such as falling tiles and carpets which needed to be replaced were ongoing for a significant period of time. Despite the manager of the centre having highlighted the concerns to the interim service manager there was no clear plan for this work to be completed.

The centre used two vehicles which inspectors found were in good repair and were taxed and insured.

There was good quality health and safety risk assessments in place but some improvements were needed in relation to the recording systems. Regular checks were in place such as testing emergency lights, exit routes, checking the condition of furniture and nightly checks. However, where checks were missed or where issues were identified, the documentation did not outline the action taken in response. The deputy centre manager had responsibility for ensuring safety checks were completed and told inspectors that she completed a walk through of the centre for the purpose of identifying any health and safety issues on a weekly basis. However, these health and safety checks were not recorded.

Monitoring of fire safety practices and drills in the centre required improvement to ensure that issues were identified and addressed. Fire drills were not recorded appropriately, for example the record of the newest resident having participated in a fire drill was not documented as required. Records of drills reviewed by inspectors, were not fully completed and no follow up actions were noted when issues were encountered during drills. A number of records documented what caused the fire alarm to sound but, no further details were recorded and it is unclear if an evacuation happened in response or if these incidents were considered fire drills.

Judgment: Requires improvement

Theme 3: Health & Development

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult

life.

Education was valued and the education needs of each child were assessed and addressed. Children were encouraged to pursue third level education, where appropriate, and were supported in this regard.

Children's health was well taken care of but records relating to health required improvement.

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 staff team valued education and encouraged and supported children to engage in education and training. Where possible children were supported to maintain their own school placements following admission to the centre. When this was not possible, staff supported the children to link in with suitable training courses.

Three children were enrolled in appropriate training courses however their attendance at these courses was sporadic in nature. Staff continually encouraged and supported children to attend and staff had good communication with teachers of the education and training centres in relation to this issue. One child who had history of absence from education had their placement goal, to be supported to reengage with an educational placement, clearly identified. The staff team were actively pursuing this goal through placement plan activities and interventions and home tuition was being provided to this child while a suitable educational placement was being identified.

Inspectors found that there was good communication between the staff team, social workers and teachers. There were records of phone calls and correspondence in relation to the children's educational progress.

Social Workers advised that they felt the staff team made efforts to encourage attendance at educational placements.

One young person was being well supported to make an application for a college placement.

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 health needs of each child was assessed and met. Children's health was well taken

care of and a healthy lifestyle was promoted by staff. All children had access to a general practitioner and they were supported to make appointments as necessary. Children who had the capacity, were responsible for managing their own health appointments, prescriptions and collection of medication. Staff supported the older children to address all aspects of their health needs including taking their medication.

Ophthalmic, orthodontic and other specialist services were all accessible to the children. Children told inspectors that they were aware of their options to attend counselling and other psychological support services and were regularly reminded by the staff team.

Inspectors reviewed key working sessions and documentation on children's files of individual work completed related to physical and sexual development, appropriate to the age and developmental stage of the children resident. There was also guidance provided to children on a range of topics such as; relationships, sexuality and sexual health, gender based violence and substance misuse.

However, medical records on children were incomplete or did not contain relevant information, such as copies of assessments and up to date medical card information. While efforts had been made to obtain the immunisation records for some children, not all children had immunisation records on their file.

Judgment: Requires improvement

Theme 4: Leadership, Governance & Management
Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

The centre's statement of purpose and function accurately described the service provided to children resident in the centre.

The centre had gone through a time of instability with frequent changes of managers which had adversely impacted on the quality and consistency of care. While there were some management systems in place, they required development particularly in relation to monitoring and oversight of the quality and safety of care provided. The centre manager had begun to establish clear lines of accountability. However, insufficient progress had been made in a number of areas identified as requiring action to improve practices, through previous inspections by HIQA as well as the monitoring officer.

There was a consistent staff team who were appropriately qualified and experienced.

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 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. Inspectors found the document to be in a format that was accessible to the children living in the unit. At the time of inspection, inspectors found the service to be operating in line with its statement of purpose.

Judgment: Meets standard

Standard 2: Management and Staffing

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

Inspection Findings

Management structures had been unstable. A manager had been appointed in March 2016 but this was the sixth manager of the centre in five years. The manager was appropriately qualified and experienced and inspectors found that she had begun, within a short timeframe, to provide leadership to the staff team. She was supported by a deputy manager and reported to the interim service manager. Reporting relationships were clear and staff and managers were clear about their roles and responsibilities. However, the frequent change of centre manager had impacted on the relationship between the children and the manager and issues that children had raised had not been followed up in a timely manner.

Management systems required improvement to ensure appropriate follow through and timely responses to issues arising within the centre. The centre manager had received a good handover from the previous manager and together with her line manager had prioritised particular areas to be addressed, for example attending staff handovers, staff supervision, placement planning and team development. However, a number of management issues, including the above examples had not been addressed in a timely manner as they had previously been identified in monitor reports and the last HIQA inspection in 2014. The condition of the house, which had been identified by both children and staff and had been appropriately escalated by the managers, had not been addressed in a timely manner. In addition, the manager and external managers, who frequently visited the centre, had not identified or addressed any issues in relation to the cleanliness of the house.

Not all risks were identified and controls identified to manage risk were not always implemented in a timely manner. There was a risk management framework in place to assist staff to identify, assess and manage risk. There were good risk assessments in place covering a wide range of themes including risks to the individual children, environmental and health and safety. There was a risk register in place which included the identified risk, the risk grading and the controls required to manage or reduce risks. However, not all risks had been identified, for example peer abuse and bullying. In addition, controls required to better manage some risks had not been implemented in a

timely manner, for example health and safety risks due to loose bathrooms tiles.

Significant event notifications were sent promptly to all relevant people. However, reviews of significant events by the centre manager and interim service manager was not consistent. Recommendations to ensure learning from significant events or follow up action required were not consistently recorded or relayed to the staff team and had not been routinely reviewed to guide care practices or interventions for children. A review of incidents in the centre in 2015 which focused on the number of incident that occurred, had been completed by the interim service manager and presented to the team in April 2016. However, there was no evidence of monitoring or oversight of the quality and effectiveness of interventions in the management of these incidents or trending of reoccurring incidents.

Significant event reports from the centre were also subject to intermittent review by an external significant event review group (SERG). If deemed beneficial or appropriate certain significant events were referred to SERG by the interim services manager for further input and review. However, the criteria for what was presented at this group was not clearly defined. The SERG meeting minutes recorded collaboration and discussion in relation to difficult incidents arising in the centre. However, a process for learning from and guiding interventions of staff was not in place and it was not clear how review of incidents at SERG lead to improved care practices.

There was a good system in place to manage petty cash. The system was recently revised and the manager had good oversight of money spent with a good recording system in place.

The centre held a register of children that was confusing and difficult to follow. The register contained several different versions of records on the same child, some of which were incomplete and did not contain all necessary information. In addition the register did not contain a record in relation to the child most recently admitted.

The staff team was stable and experienced. There were sufficient staff rostered at the time of the inspection to meet the needs of the children. Inspectors reviewed a sample of staff files and found that in the main, required information was kept on staff files. However, there were some gaps for example, references, relevant contracts and job descriptions particular to the staff members current role.

While the quality of supervision was poor, it had begun to improve with the appointment of the centre manager. The recently appointed manager had held at least one supervision session with all of the staff and put supervision contracts in place since taking over in March 2016. However, supervision had not occurred for most staff in over a year prior to this, which was not in line with the supervision policy. The current manager's supervision records reflected clear decisions and actions arising from supervision and inspectors saw a supervision schedule in place for the remainder of the year.

The staff team engaged in on-going training. All staff had received most mandatory training, with the exception of Children first training which had not been completed by the centre manager and fire safety which a couple of staff required updated training. There was a training programme in place for 2016, which included smoking cessation,

mental health awareness and therapeutic use of daily life events. However, it was unclear what had informed the training programme or how training was prioritised. While the centre manager and interim service manager told inspectors that a formal training needs analysis had been completed which informed the training programme in place. This was not available to inspectors. A ligature cutting tool had been provided for staff to use if required. However, no training had been provided on its use or any other intervention to address the needs of children who exhibit behaviours such as self harm or suicidal ideation.

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 visit and report was issued in September 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 identified actions to address some recommendations of this monitoring report. However, implementation of actions were not timely and a number of issues remained outstanding without an appropriate response including, provision and quality of supervision, care files containing all relevant information, ensuring each child has an up to date care plan, placement plan and where appropriate, an aftercare plan.

Judgment: Meets standard

Acknowledgements

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