

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA DNE CRC
Centre ID:	OSV-0004169
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0017643
Lead inspector:	Grace Lynam
Support inspector (s):	Erin Byrne

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:
03 August 2016 09:30	04 August 2016 17:00
04 August 2016 09:30	04 August 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	Meets standard
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	Meets standard
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Requires improvement
Standard 2: Management and Staffing	Requires improvement
Standard 3: Monitoring	Requires improvement

Summary of Inspection findings

The centre was an aftercare service which provided residential care for four young people aged 17 years and over. The aim of the service was to prepare young people for independent living and to provide support after the young person had left the centre. The centre's statement of purpose and function stated that the service aimed to provide a supportive environment to assist young people to transition to independent living. The model of care was characterised by building supportive relationships with the young people and putting them at the centre of the decision-making process. There were two vacancies in the centre at the time of inspection. At the time of the inspection, there were 2 children living in the centre.

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

Inspectors also spoke with a social worker, one resident who had recently been discharged from the centre and received a completed questionnaire from another young person.

Inspectors found that good quality care was provided to the young people in a homely and relaxed environment. Young people were happy with their placements and had good relationships with the staff team. They told inspectors the staff team was great and were always supportive and helped them to learn life skills. Young people's rights were promoted and respected and young people were included in decision-making about their care and the running of the centre. They were encouraged to make good life choices and supported in doing so. The young people were attending educational establishments and were supported in planning for their future. Their health needs were assessed and met. Child protection concerns were appropriately reported and recorded but the responses from the social work departments were not always timely.

The centre was well managed and the staff team were experienced and committed to the young people reaching their potential. They interacted respectfully with the young people and modelled adult communication and mature reflection with the young people. There was good external managerial oversight of the centre.

However, the application of the risk management procedures required improvement and monitoring was not in line with the standards and regulations. Recording of complaints required improvement and some parts of the centre required updating.

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

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

Inspection Findings

Young people's rights were respected and promoted in the centre. The staff team actively encouraged the young people to exercise their rights with support, where appropriate. Young people exercised choice and were consulted in a collaborative way about decisions that affected their daily lives and in a manner which encouraged the development of independence. When young people reached 18 years their rights as adults were appropriately acknowledged and respected. The young people were aware they could access their records and knew about independent advocacy services. Some young people had received advocacy support from these services.

Complaints were generally well managed but recording required improvement to ensure it accurately reflected the satisfaction of the complainant. Young people knew how to make complaints and had done so. There had been three complaints since April 2016 when the formal recording of complaints had commenced. Prior to this complaints had been dealt with in an informal manner and no complaints had been recorded from May 2014.

Complaints were responded to in a timely manner and were recorded in writing. Young people told inspectors that when they brought issues to the staff team they were always supportive. Inspectors read accounts of good efforts made to resolve complaints to the satisfaction of the young people. Written information provided to young people on admission to the centre included reference to appealing the decision for a different outcome but it did not indicate to whom the appeal should be made.

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

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

Planned admissions to the centre were well managed and young people were appropriately placed. Inspectors viewed records which demonstrated that the centre followed the admission procedure laid out by the Child and Family Agency. This included visits to the centre by the young person prior to their admission and a risk assessment of the impact of a new admission on the other residents. There had been four admissions in the 12 months prior to the inspection. However, an additional unplanned admission, while appropriate in the circumstances, did not follow these procedures.

The service did not fulfil all its statutory requirements in relation to children in care. There was no up-to-date care plan on file for one young person whose child-in-care review had been held in February 2016. Care plan reviews had taken place as required and records available showed that young people had attended. However, young people did not have copies of their care plans.

One young person had not had an allocated social worker for some time, at a critical period in their life when planning to leave care. The staff team regularly liaised with the social work department in relation to this. In the interim, a team leader had overseen the care of the young person. A social worker was allocated to the young person in June 2016. Inspectors read files which reflected that the oversight of the placement had improved since then. Social workers visited the young people and kept in contact with staff by telephone, and this was reflected in the records. However, whilst they had signed off on aftercare plans and some individual absence management plans, there was no evidence that social workers had read other records held on the young people, including their placement plans.

There were a range of plans completed, as appropriate, to guide the care of the young people. These included comprehensive placement plans which identified the aim of the placement and the young persons needs in areas such as education, family and independent living skills. There were also good preparation for leaving care plans which were detailed and allocated responsibility for tasks to named individuals. Good quality aftercare plans were developed from needs assessments and were comprehensive in guiding all aspects of the young person's care. There was evidence that the young people had been consulted with and were satisfied with these plans.

Young people maintained positive relationships with family, friends and significant others where possible. Contact with families was supported by staff, and family members were welcomed to the centre. Siblings of the young people visited regularly and could stay overnight by arrangement. Young people had telephone contact with family members and people that were important to them and were facilitated to visit parents living abroad. The staff team actively supported the re-establishment of family contact where it had been lost. Inspectors observed that the young people went to meet friends and had visits from siblings during the course of the inspection.

Young people received the emotional and specialist support they required. Staff were familiar with the needs of the young people. Two staff members were allocated to each young person as support workers. These staff members assisted the young people with all aspects of their transition to independent living. They provided intensive supports appropriate to the young persons needs, they explored all options for extra supports, when required, and encouraged the young person to avail of them. Young people told inspectors that staff were 'a great support' and helped them to learn life skills and how to 'keep on top of things'. In addition, they said they had 'really good chats' with staff who were always checking that 'you were OK'. The Centre Manager told inspectors that when young people required specialist supports they would link with the social worker to request the funding to provide these services.

Aftercare planning and preparation was good. Staff were committed to supporting young people to make good transitions to independent living by encouraging them to learn the skills required to ensure that when they moved it was a positive experience. Inspectors viewed a comprehensive aftercare package designed to facilitate the young person's development of independent living skills. Modules included information on how to source accommodation, health, money and employment and basic home maintenance. Young people received allowances for food, clothes and personal items. Young people told inspectors that staff supported them to learn new skills such as taking good care of themselves and their belongings, making appointments, shopping and cooking. Young people had social workers and aftercare workers allocated to oversee and plan their care.

Discharges were generally well planned and executed. Special events - such as a weekend away and a leaving party- were planned for young people leaving the centre. Memory boxes were prepared for the young people to ensure they had a record of important events and achievements. Young people told inspectors they were appreciative of this and that they felt like more than just a child-in-care. There had been two unplanned discharges and these related to the individual circumstances of the young people which resulted in different types of placements being sourced. The centre continued to provide support to residents that had been discharged. Records were maintained on this outreach and support work. Young people told inspectors they knew they would be supported after they left the centre. Inspectors observed that one ex-resident visited the centre during the inspection and this indicated the extent to which they felt supported by the staff team.

Young people's case and care records were maintained in the centre and these contained relevant records such as birth certificates and personal details. Young people's records were held in a manner that helped effective planning and showed that young people's views were sought. Young people told inspectors their views were

sought and listened to. However, one young person's case file did not contain their immunisation records. The staff team had written to the relevant social work department requesting the outstanding information.

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 were cared for in a manner that reflected choice and recognised achievements. Their needs were assessed and met and appropriate supports were made available to them even when the young person was not ready to accept them. Care practices took account of individual needs and respected young people's stated preferences.

Young people told inspectors they were well cared for and that living in the centre was like having a 'second family'. They said that staff were supportive and helped them to sort out their problems. Young people were encouraged and supported by the staff team to pursue interests and hobbies such as gym membership and socialising with friends. Photographs in the centre depicted celebrations of birthdays, family contact and house activities. The care provided ensured the young people were given opportunities to develop skills necessary for adulthood and staff were good role models for the young people.

Young people were encouraged to buy and prepare their own healthy meals. There was an arrangement in place where young people did their own shopping and cooking some days with staff providing meals on the other days. Inspectors observed meals being prepared and cooked by staff. Young people told inspectors that the food staff provided was healthy.

Staff recognised the importance of family as a source of identity and where appropriate, afforded the young people opportunities to source information about their culture.

Absences were well managed by the staff team. When young people went missing from care staff followed the national policy for children missing from care. Staff carried out risk assessments and implemented the young person's absence management plan. The plan identified when to report the young person as missing to An Garda Síochána. Inspectors reviewed records which reflected that staff encouraged young people to maintain contact when out of the centre and keep to their curfew times. There were 32 reports of young people missing from care during the 12 months prior to the inspection. These were reported to the appropriate people including the young person's social worker, senior managers and the Monitoring Officer. Of these 32 incidents, 15 related to current residents. The management of these incidents by the staff team had ensured

a reduction of such incidents. Following incidents staff effectively addressed the identified risks with young people to guide them in making better choices in the future. In addition, individual absence management plans were appropriately reviewed and amended. Inspectors found that records did not always clearly identify the current absence management plan but staff were clear about which plan was current.

Restraints and sanctions were not used in the centre.

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

Staff were attentive to keeping young people safe and encouraged them to be accountable for their behaviour and their own safety. There were measures in place to safeguard the young people and protect them from abuse. Staff were proactive regarding the young people's safety, for example, they had arranged a visit from the local An Garda Síochána crime prevention officer following a recent incident.

Staff were familiar with their responsibility to identify and report issues of concern and knew how to report concerns. There were eight child protection concerns reported in the 12 months prior to the inspection. All of these had been appropriately reported in line with Children First: National Guidance for the Protection and Welfare of Children.

Responses from the social work departments to reports of child protection concerns were not timely. Reports of some open child protection concerns dated back to February 2016, and while acknowledged, had not been investigated until July 2016. The Centre Manager had escalated this to the Alternative Care Manager requesting assistance with follow up. The Alternative Care Manager had written to the Principal Social Worker requesting updates on the reports. Of the eight child protection concerns two were closed at the time of the inspection and six were under investigation by the relevant social work departments. The delay in response from the social work department did not result in young people being unsafe as all actions had been taken by the staff team to ensure the safety of the young people. At the time of the inspection social workers had met with the relevant young people as part of these investigations and the Centre Manager was liaising with the social work departments regarding the outcomes of the investigations.

Inspectors noted that there was no policy in relation to safeguarding the young people once they were 18 years old.

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 premises was suitable for its stated purpose. The centre was based in a five bedroom end-of-terrace house in a housing estate on the Northside of Dublin. It had a small front garden space used as parking space for two cars and a small yard to the rear. The accommodation in the centre was appropriate for the care of young people. The decoration created a pleasant ambience and there was a homely and relaxed atmosphere in the centre. Furnishings and facilities were adequate for the numbers of young people living in the centre. Young people had their own bedrooms and there was ample space for receiving visitors. Communal spaces were comfortable and relaxing and contained photographs of the young people. There were suitable facilities for cooking and laundry and there was adequate heating, lighting and ventilation.

The centre was generally maintained in good repair but some rooms would have benefitted from updating. Inspectors noted that one sitting room and kitchen had been recently redecorated and contained new furniture. The Alternative Care Manager told inspectors that there were plans in place to refurbish the bathrooms in the centre before the end of the year.

Responses to maintenance requests was not always timely. Whilst general maintenance was carried out quickly there were some requests that remained outstanding for unreasonable amounts of time. One of these was a crack in a bedroom ceiling which was getting worse due to lack of attention. Inspectors brought this to the attention of the Alternative Care Manager. A number of outstanding maintenance requests were added to a list of items to be addressed by year end such as the provision of more paving in the front garden and the installation of smoke sensors in the bedrooms. Inspectors noted that the back yard was in need of maintenance but observed that both the front garden and back yard were attended to during the inspection. Appropriate maintenance records were maintained which recorded the need for the repair, the action taken and the date of repair.

There were adequate precautions against the risk of fire. Emergency lighting illuminated the exits and fire extinguishers had been serviced as required. Whilst there were no daily checks there were weekly, monthly and quarterly checks carried out to ensure that all fire equipment was functioning correctly. There was a recently serviced fire alarm in the centre. Regular fire drills were conducted and fire evacuation plans and procedures were on display. All staff had participated in a fire drill in the last 12 months as had the young people resident in the six months prior to the inspection. However, not all staff had received fire safety training. Inspectors reviewed the staff roster and noted that staff not trained in fire safety were not on duty together.

The centre had a closed circuit television (CCTV) system which monitored and recorded the front of the house. There were signs in place to identify that CCTV was in use. The images were recorded on a four week rolling basis and access to the recordings was limited to the Centre Manager and the Alternative Care Manager. There was a centre

policy which guided the use of the system.

There was an up-to-date safety statement which was centre specific and included risks such as evacuation in the event of an emergency. Health and safety audits were carried out which identified issues and the person responsible for dealing with the issue. The Alternative Care Manager also carried out site safety checks as part of his oversight of the centre. An incident report book was maintained in the centre. Three incidents had been recorded in the 12 months prior to the inspection and appropriate actions had been taken. The centre was adequately insured. Staff had the use of a new vehicle which was adequately taxed and insured.

Judgment: Requires improvement

Theme 3: Health & Development

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

Standard 8: Education

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

Inspection Findings

Education was valued by the staff team. Being in education was a condition of placement in the centre. Young people were supported and encouraged to reach their full educational potential. Staff acknowledged the children's educational achievements and were both ambitious for them and proud of them. All the young people had plans to attend further education and were being supported to achieve these ambitions. Young people were attending appropriate educational or vocational placements and sat state examinations as appropriate. Staff and social workers linked regularly with the placements for feedback on how the young people were progressing. Staff attended parent teacher meetings and there were reports and examination results included on young people's files. Applications for college and student accommodation were also on young people's files.

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

Young people's health needs were assessed and met. The staff team encouraged and

supported the young people to make good choices in relation to their health. Young people managed their own health issues and were supported to do so by the staff. For example, staff brought young people to appointments and ensured they had the information they required to make informed decisions on options available for health care. Young people were attending various specialists appropriate to their assessed needs. These included orthodontist, neurology and ophthalmic appointments. Good records were maintained on the contacts the staff team had with the various health service providers when supporting the young people with their health needs.

There was a good medication management system in place even though it was not required for the current residents. There was a lockable medication cabinet in the office which contained separate boxes for each young person including a photograph of the young person and details of their general practitioner and any allergies. Young people's medical cards were on file and there were records maintained of any medication that was administered as needed. These were signed both by staff and the young person. The Centre Manager had received training in medication management.

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.

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 written statement of purpose and function that accurately described the centre's aims and the manner in which care was provided. The statement listed the key policies in place and the day-to-day operation of the centre reflected the statement of purpose.

However, whilst the mission statement was displayed in the office to which the young people had free access, the statement of purpose was not available to them in an accessible format.

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

There was an effective management structure in place. There was a full time Centre Manager in place who was managed and supported by the Alternative Care Manager. The staff team consisted of 12 team members. Staff were clear about their roles and responsibilities and inspectors observed them carrying out their duties efficiently and professionally.

Some management systems were effective. There was good communication between the staff team. Inspectors observed a staff handover where staff going off shift informed those coming on what had occurred for the young people during their shift. It was evident that staff had prepared for this meeting and that staff were familiar with the young people and what was important to them. Diaries and communication books were used to record issues and inform staff of issues requiring attention at each shift. Staff meetings were held fortnightly where discussions took place on each of the young people and other topics such as behaviour management, new policies, the need to be prepared for handovers, training and child protection concerns. Inspectors reviewed a sample of the minutes of these meetings and found that clear actions were outlined with the person responsible named. The Centre Manager reviewed records regularly and brought deficits to the attention of staff members through the communication systems in place.

The Policies and Procedures for Children's Residential Centres, HSE, Dublin North East were the policies used to guide practice in the centre. These included a Protected Disclosures Policy and Procedure dated May 2016. However, the Centre Manager told inspectors there was no policy in relation to protection and safeguarding of the young people once they were over 18 years.

There was a good system in place for managing the centre's finances. The Alternative Care Manager had oversight of expenditure. The staff team had access to procurement cards for routine expenditure. Non-routine expenditure in excess of €50 required approval from the Alternative Care Manager. When cash was withdrawn all receipts were double-signed and input on a computer spreadsheet to ensure accountability. Inspectors found that finances were well reconciled.

Records were stored securely. Files were held in lockable cabinets in the office and were well organised and easy to navigate. The centre maintained a register of admissions and discharges as required but it did not reflect one admission.

Practice in relation to the management of risk required improvement. The centre kept a risk register and used risk assessments to identify, manage and control all risks. However, inspectors found that the response to some risks was disproportionate to the level of risk identified and some risk assessments did not fully consider the impact of such responses on all the young people. For example, bedroom windows were kept closed at night for security reasons. This meant that the young people could not open their window at night if the room was too warm. The Alternative Care Manager agreed

that the process of managing risk was an evolving process that required further work.

There was over-reporting of events as significant events. The centre maintained a log of significant events. One hundred and four events had been recorded as significant in the 12 months prior to the inspection. These included the young person's admission to the centre, turning 18 years of age as well as young people smoking in the centre and staff finding alcohol. Child protection concerns and instances when young people were missing from the centre were also included in the significant events log. This was not in line with the policy on significant events.

The significant events review group (SERG) process was being further developed to include local, regional and national review. Inspectors found that there was clearer guidance for staff on the terms of reference for the SERG meetings and revised recording systems to ensure feedback to staff teams. None of the significant events from this centre had been discussed at any of the regional or national SERG meetings. However, the Centre Manager told inspectors that there was learning from hearing about significant events in other centres and how they had been managed. Learning from these meetings, as a result of review of significant events in other centres, centred on form filling but had not, to date, led to changes or improvements in care practice in the centre. Inspectors also found that no positive events had been reviewed to share learning from these types of events.

Monitoring and oversight of the service was evolving. Since the last HIQA inspection in May 2015, the Centre Manager had carried out two self assessments against some of the National Standards between September 2015 and June 2016. While these self assessments had identified areas for improvement they had not all been actioned and similar findings were identified by inspectors. For example, immunisations records and availability of care plans. In addition, maintenance was identified as timely but inspectors found that not all maintenance issues had been addressed in a timely manner.

The Alternative Care Manager also maintained oversight of the care provided through supervision, audits of paperwork, visits to the centre to meet the young people, monthly local and regional management team meetings. There was a new governance reporting tool, that the Centre Manager started to complete in May 2016. The implementation of this new reporting system was in the early stages.

The centre was adequately staffed with an appropriately qualified and experienced team. Young people told inspectors that staff were 'great' and 'were working in the background' on their behalf. Inspectors observed staff being respectful with the young people and noted that records were written in a manner that was respectful of the young people and their views.

Inspectors sampled staff files and found that staff had been appropriately vetted by An Garda Síochána and references were in place. However, some staff files did not contain contracts or job descriptions.

Good quality supervision was provided to staff. The staff team was supervised by the Centre Manager who, in turn, was supervised by the Alternative Care Manager. Inspectors reviewed a sample of the alternative care managers supervision with the

Centre Manager and found that the quality of the recording of supervision had improved with the introduction of a different recording system for supervision of managers which had been in place since May 2016. Topics discussed in supervision included each of the young people, training and progress on child protection concerns. There was evidence of progress and tracking of actions decided upon from one session to the next. Whilst supervision did not occur in line with the supervision policy it was of good quality and generally well recorded. The Alternative Care manager had made similar findings in relation to the regularity of supervision following an audit of supervision. Actions had been taken to address this.

Not all staff had received mandatory training. Training records viewed by inspectors reflected that all staff were up to date on their Children First training in child protection and a behaviour intervention technique recommended for use in residential centres. However, not all staff had received fire and manual handling training. A training needs analysis had been completed in June 2016 which identified the staff training needs which included sexual health training to improve knowledge and ensure appropriate advice being given to young people in this area, smoking cessation training and medication management.

There was a comprehensive induction pack available for new staff which included information on the statement of purpose and reporting procedures, the importance of confidentiality, employee handbook and the supervision policy.

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

While there were some arrangements in place for the monitoring of the centre they were not in line with the standards as written reports are required annually by a person who is not part of the management structure of the centre. The most recent monitoring report available for the centre was dated 2014. The centre had been visited by a Monitoring Officer from the Child and Family Agency in June 2016 but the monitoring report was not available at the time of the inspection.

Judgment: Requires improvement

Acknowledgements

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