

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-0004171
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0018054
Lead inspector:	Caroline Browne
Support inspector (s):	Eva Boyle

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:
05 October 2016 10:00	05 October 2016 17:00
07 October 2016 09:00	07 October 2016 14:00

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

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

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

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

Summary of Inspection findings

The centre is based in a two-storey detached building in a housing estate in the Dublin North East region. It has a small garden to the rear of the house and is close to amenities such as schools, shops, churches and has access to public transport links. The centre provides a residential based support service for pregnant teenagers and young mothers up the age of 18. The average length of placement is 12 months, but this may be extended for a specific period of time with the approval from Tusla's regional resource panel. The service has capacity for up to five mothers and five infants. At the time of the inspection, there were three mothers and their three infants (who were not in the care of the Child and Family Agency) living in the centre. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 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 the monitoring officer, two aftercare workers, three social workers, two young people and two parents.

Young people had a good quality of life. The centre offered a safe environment for the young mothers and their babies. Young people were assisted in the development of parenting and life skills. Staff offered mentoring and individually tailored programs in order to meet the young people's needs. Complaints made were well managed and responded to in a timely way. There were good relationships formed between staff and young people. Young people told inspectors that they were happy in the centre and that the staff team supported them. Inspectors observed staff acting as positive role models to the young people by offering them advice and assurance in relation to positive parenting. Staff advocated for young people and also respected their views and rights both as young people and as parents. Young people were consulted with regard to their care planning and matters affecting their lives. However, there were delays in young people receiving aftercare services.

Safeguarding practices were effective in keeping young people safe. All young people had an allocated social worker. The staff team responded appropriately to ensure young people and their babies were safeguarded. Staff were proactive in ensuring that risk assessments were completed in a timely way in response to incidents involving young people which occurred both within and outside of the centre. The staff team liaised closely with all relevant professionals when required and safety plans were in place to reduce any risks to young people.

Governance and management systems required improvement. While there were some

good management systems in place, monitoring and oversight of the quality and safety of care was not always effective. For example, there were some gaps in centre records which had not been identified.

There was a well established and experienced staff team. The majority of staff were qualified. However, there were gaps in staff training. Not all staff had up-to-date mandatory training. Additional training needs had been recommended for this staff team in order to meet the needs of the current cohort of young people placed in the centre; however, this training had not been provided to date.

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. They all had their own bedrooms and their right to privacy was respected. Young people had been provided with child-friendly information packs when they were first placed in the centre, relating to the centre, advocacy groups and their rights. Inspectors found that the young people were aware of their rights. The staff team also ensured that the young people were aware of their rights and responsibilities as parents. Staff referred young people to the advocacy group, Empowering People in Care (EPIC), which is a national agency that advocates for young people in care.

Young people were encouraged to participate in decision-making about their lives. Staff and social workers supported them to be involved in the care planning process and they attended their child-in-care reviews. Inspectors spoke with two young people who were aware of their care plans. Inspectors reviewed plans which reflected that young people were consulted and that they were empowered to make decisions about their lives. Young people told inspectors that they accessed their own daily logs. Inspectors reviewed logs which had been signed by young people.

There was a good level of consultation with young people about the day-to-day running of the centre. Inspectors observed young people being asked what they wanted for dinner and about their plans for the day. Young people's meetings were held weekly and were attended by young people and staff. On review of these meeting minutes, inspectors found that there was good attendance and young people signed all meeting minutes. Issues discussed included meal planning, household routines, group living and the complaints procedures. Records indicated that young people's requests at these meetings were followed up by the staff at team meetings. In addition, young people were empowered to identify solutions in relation to issues regarding group living, for example, the young people set up a laundry routine for the house.

Complaints were effectively managed. Young people were informed of the complaints process and were aware of how to make a complaint. There were four complaints

recorded on the complaint logs in the 12 months before the inspection, all of which had been made by young people. Complaints made were taken seriously by the Centre Manager, were well managed and responded to in a timely way. All complaints had been closed. Staff recorded the outcome of complaints on the log and indicated whether young people were satisfied with the outcomes. Young people told inspectors that they were satisfied with how their complaints were managed. The complaint log was monitored by the Centre Manager and the Alternative Care Manager.

Judgment: Meets standard

Theme 2: Safe & Effective Care

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

Standard 5: Planning for Children and Young People

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

Inspection Findings

Admissions to the centre were managed in line with policy. All young people were appropriately placed in the centre. Admissions were approved by the regional Central Referrals Committee of which the Alternative Service Manager was a member. Young people visited the centre and were provided with age appropriate information about the centre prior to admission. The Centre Manager and staff team were consulted as part of the admission procedure to determine a young person's suitability to the service. Collective risk assessments were completed in order to consider the risk and impact of new admissions on other young people already placed in the centre to ensure their compatibility.

All young people had an allocated social worker and they were visited by their social worker in line with the regulations. Young people told inspectors that they met with their social worker both in the centre and from time to time in the community. Young people told inspectors that they were satisfied with the level of contact they had with their social workers.

All young people had an up-to-date and good quality care plan. Care plans were comprehensive and outlined specific details relating to the young person's needs, person's responsible and timelines for completion of agreed actions.

Child-in-care reviews were carried out in line with the regulations. Reviews were effective and monitored previous agreed actions and considered changes in the young person's life. Young people were consulted and attended their child-in-care review. These meetings were attended by all relevant professionals. Minutes of child-in-care reviews were provided to the centre in a timely way. Review minutes recorded good decisions and agreed actions.

Placement plans reflected young people's care plans and guided staff in ensuring positive outcomes for young people. Placement plans focussed on the development of young people's parenting and life skills. Placement plans were regularly reviewed and identified goals, daily routines, person's responsible and timelines for achieving goals. There were also parenting support plans tailored to young people's needs. These plans assisted the staff team to develop young people's parenting skills.

Young people maintained positive relationships with their parents and siblings, where appropriate. Visits with family and friends were facilitated in order to ensure young people maintained links with their communities. Young people told inspectors that their family and siblings visited the centre. On the days of inspection, two young people were visiting friends and family. Inspectors observed another young person visiting young people in the centre and there was a warm welcoming atmosphere. Parents confirmed that they were always welcomed in the centre.

The quality of emotional and physical care provided to young people was good. Staff interacted positively and warmly with young people. Young people's emotional and psychological needs were assessed and staff were aware of and sensitive to these needs. Young people were attending specialist services such as teen parenting, specialist medical appointments and mental health services and staff supported them to attend these services. Each young person was assigned to a team of keyworkers who provided emotional support to them through individual work. Issues discussed in individual work related to healthy relationships, positive parenting, healthy eating and independent living skills.

Young people's access to aftercare services had been delayed. Two of the young people were 17 years of age and met the criteria for accessing aftercare services. While both had an allocated aftercare worker there had been delays in their allocation. Both of the young people were expected to leave care within the next 12 months and these delays had the potential to impact on the amount of time to plan for their aftercare. One of the young people had an aftercare plan in place which was of a good quality and remained in development. Young people told inspectors that they were aware of their overall plan for aftercare.

Each of the young people had an assessment of independent life skills completed and an aftercare programme. The staff team were working on developing the required skills and keyworkers did specific work around specific identified needs. However, not all of the young people were fully engaged in these programmes. Young people were assigned household tasks such as completing their own laundry, assisting with grocery shopping, meal preparation and budgeting and were being encouraged to save a certain amount of money in a savings account in order to develop their budgeting skills.

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 respected their choices and recognised achievements. Inspectors observed interaction between staff and young people which was warm and respectful. Achievements and significant events in young people's lives such as birthdays and exam results were celebrated. Young people were involved in groups in the community such as baby massage, swimming and teen parenting.

Care practices took into account young people's individual needs. Staff were aware of these needs and completed one-to-one work with young people in relation these specific needs. Staff also provided support to young people in order to enhance their parenting skills through individually tailored parenting support plans. A young person told inspectors that she was doing better since being placed in the centre. A parent confirmed with inspectors that their daughter has become more responsible since being placed in the centre.

Young people were provided with a healthy and nutritious diet. Inspectors observed meal times which were positive and sociable events. Records relating to meal planning confirmed that young people were offered nutritious and appetising meals.

There was an effective approach to the management of behaviour. There were good quality behaviour management plans in place for each young person which resulted in minimal behavioural issues being displayed by the young people. The young people had a good understanding of their own behaviours and triggers and staff worked with them and developed and revised their plans around these. Staff were aware of young people's behaviour management plans and had received training in behaviour management. Social workers and staff confirmed that there was a low number of these incidents.

Consequences and incentives were reasonable and appropriate. Young people told inspectors of the rules within the centre and they were aware of the behaviour expected of them. There was a policy on the use of sanctions and there was a consequences log which recorded both positive and negative consequences. There was a total of four consequences used in the previous 12 months which were all reasonable and appropriate. The consequences log recorded the reason and the young person's views of consequence they had been given.

Absence management plans were of good quality. All young people had absence management plans which took into account their age and personnel circumstances. Absence management plans were reviewed, appropriately, when there was a change in circumstances.

There was no physical restraints 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

Safeguarding measures were effective in protecting young people from abuse. There was a suite of policies in relation to safeguarding. Safeguarding practices included absence management plans, social work visits and a complaint procedure available to young people. Staff completed good quality key-working sessions on issues relating to healthy relationships, complaints and bullying.

All child protection concerns were reported in line with Children First: National Guidance for Protection and Welfare of Children (Children First 2011). Staff were trained in Children First (2011). The Centre Manager was the designated liaison person for child protection. Staff were aware of the types of abuse and the steps to take in reporting a child protection and welfare concern.

There were eight child protection and welfare concerns in the previous 12 months. Five of these concerns related to issues external to the centre and concerned both the mother and their baby. There was a good level of communication between staff and social workers. As a result of a number of concerns reported, strategy meetings were held with relevant professionals in order to facilitate the sharing and evaluation of information. Staff members also liaised with members of An Garda Síochána in the process of ensuring young people's safety. Risk assessments and safety plans were put in place to protect young people. Inspectors found that safety plans were of good quality and provided clear guidance for staff and young people. They were also reviewed and updated regularly. The Centre Manager followed up with the social work department in relation to the outcomes of social work investigations. Seven child protection concerns had been closed and one concern which related to issues external to the centre remained under investigation.

There was a whistleblowing policy and staff were aware of this policy.

Judgment: Meets standard

Standard 10: Premises and Safety

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

Inspection Findings

The health and safety of the young people was not always protected or promoted. The centre had policies and procedures relating to health and safety. The health and safety statement was dated 2016 and staff had signed this statement to say they had read and understood it. The centre was adequately insured and there was one vehicle in the centre which was insured and certified as roadworthy. The majority of staff were trained in first aid.

The premises was homely, bright and well decorated. There was adequate space in the centre for young people to have visits from friends, family members and social workers. Inspectors also observed pictures of the young people displayed in the centre. There were two living rooms, a sensory room and a large playroom for young mothers and their babies which were decorated with soft furnishing and pictures. The play room was well equipped and there were plenty of toys for babies and toddlers. However, the garden at the rear of the centre was untidy and required up-keep.

Maintenance requests were generally responded to in a timely way. The maintenance log was complete and records clearly indicated whether the maintenance issue had been addressed appropriately or whether follow up action was required.

There was an external closed circuit television (CCTV) system outside of the centre. However, this CCTV was not in operation. While the need to upgrade the CCTV system had been identified in the last 6 months following a number of incidents, costs and an upgrade request had been forwarded to external management this had not been addressed at the time of the inspection.

Fire precautions required improvement. Five staff members required refresher fire safety training. There was a written letter of confirmation from an engineer that the centre complied with fire safety and building control regulations. The fire evacuation plan was displayed in the centre. However, the assembly point was not highlighted on the evacuation plan.

Fire fighting equipment was serviced regularly. The staff team completed daily, weekly and monthly checks of fire fighting equipment. However, inspectors found some gaps in these logs which had not been identified by the Centre Manager. In addition, inspectors found that a cupboard door, identified as a fire door, was not appropriately sealed. This issue had been identified on the last HIQA inspection in 2015. This issue had not been identified by the staff team in fire checks.

All staff and young people had participated in a fire drill in line with policy. Seven fire drills had taken place in the previous 12 months. There were adequate means of escape and staff and young people knew what to do in the event of a fire and where the fire assembly point was located. Records of fire drills included the names of those who participated, the time and duration of the fire drill. However, not all records reflected whether seamless fire drills took place or there were opportunities for learning.

There was a secure cabinet in order to store medicines appropriately.

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 in the centre. One young person had recently completed state examinations. While not all young people were in full-time education or training programmes, staff had ensured that young people were engaged with educational welfare services in order to assist them to get back to training programmes. Inspectors found that there was a good level of communication between the staff and educational professionals in order to ensure positive outcomes for young people's education and training.

Some of the young mothers had taken some time out to focus on parenting. Young people told inspectors that they planned to make an application for a training course when the most appropriate course was next available. Another young person told inspectors that they decided to go back to education to complete state examinations. Staff assisted young people to return to education, for example, staff committed to mind the infant of the young person while she was at school. Inspectors observed staff encouraging and praising the young people for returning to education.

School reports were on young people's files. One young person had an educational assessment on file and educational professionals were aware of her needs. Social workers and care staff, through the care planning process maintained a focus on the young mothers returning to education or other vocational placements.

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 appropriately assessed and met. Young people had access to a general practitioner (GP) of choice, therapeutic supports and specialist services such as psychology, dietetics and public health nurses. Records confirmed that young mothers visited GP's, the dentist and opticians when required. Referrals to

appropriate health services were made in a timely way by social workers and social care staff. Young people were medically examined upon admission to the centre and their medical reports were available on file. Medical cards were also on young people's files.

Staff endeavoured to promote young people's health. They encouraged healthy lifestyles for young people, for example, by encouraging exercise in their daily routines. Staff also provided age appropriate health education sessions in areas such as smoking cessation, sexuality and relationships. There was a no smoking policy in the centre and on centre grounds. The majority of staff were trained in smoking cessation. While all of the young mothers smoked, staff had started to complete one to one sessions with them in relation to smoking cessation. Staff also completed one-to-one sessions in relation to sexual health and substance misuse in order to raise young people's awareness. There were also various posters in the centre in relation to health promotion such as infection control, signs and symptoms of disease and positive parenting.

Medication management practices were good. At the time of the inspection, no medication was stored in the centre. While the centre did not have a medication policy, there was a medication guidance document available to staff, which gave brief guidance on the administration of medication. Young people were encouraged to take responsibility for their own medication and medication for their infants. Staff promoted good medication practice among young people with regard to storing and administering medication to ensure it was not accessible to their babies. Inspectors reviewed medication administration template sheets which allowed for two staff to sign if medication was administered by staff.

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

There was an up-to-date statement of purpose for the centre which adequately described the service provided to young people in the centre. The young person's booklet also described the service that they would receive in the centre.

Judgment: Meets standard

Standard 2: Management and Staffing

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

Inspection Findings

There were clear lines of authority and accountability. Staff were aware of their and each others roles, responsibilities and reporting structure. The Centre Manager was experienced, had a relevant social care qualification and had some line management training. The Centre Manager was present in the centre Monday to Friday during office hours. There was also a Deputy Centre Manager who supported the role of the Centre Manager and deputised in her absence. The Centre Manager reported to the Alternative Care Manager who in turn reported to the Regional Manager for Residential Care. A shift leader was identified in the absence of either of the managers.

Some management systems were not always effective to ensure that a quality service was delivered to young people. There were effective communication systems in place. Team meetings were held weekly and there was a standing agenda for these meetings. Minutes of meetings showed good discussions about issues including the young people, health and safety and a review of significant events. Any identified actions had a person responsible and a timeframe for completion. There was also a handover meeting held daily in which staff shared information about the young people and tasks required to be completed. Staff outlined that the handover meeting provided clarity among the team in relation to tasks which need to be completed during their shift.

Regional team meetings were held monthly and were attended by the Regional Manager, interim service managers and centre managers. The Centre Manager told inspectors that information was shared at these meetings and there was good guidance provided to centre managers in relation to practice, for example items discussed included risk management, training and budget.

The majority of policies were in place to guide staff but some had not been revised in line the identified revision date. Some recently reviewed national policies and procedures, including complaints, aftercare and child protection were available to staff. However, there was no policy on the use of CCTV, and a guidance policy on the status and care of babies of young parents in care remained in draft since the last inspection in 2015. Though a number of policies required updating, the Centre Manager told inspectors that policies and procedures were in the process of being reviewed and revised at national level.

The risk management framework was effective. There was a risk management policy and the risk register had the majority of risk identified. However, it had not identified the absence of a seal on the fire door as an issue. Risk assessments completed included, general risks to young people and environmental risks within the centre. The Centre Manager identified that the risk of assault to young people and staff was the main risk in the centre. The staff team were aware of the risks, the relevant risk

assessments and measures in place to control these risks. However, staff were not trained in risk management.

There was a prompt notification system for significant events which occurred in the centre. There were 32 notifications in the previous 12 months. Significant events recorded related to incidents of behaviour that challenged, absences and some positive events in the young person's life such as the birth of a baby. On review of significant events, inspectors found that they were well managed by the staff team with appropriate follow up, and notifications to the relevant parties which included social work departments, the monitoring officer and the significant events review group (SERG). Incident reports were reviewed externally by the SERG group. The meeting minutes from this review were discussed at team meetings with the staff team in order to promote learning among the team. The Centre Manager also completed a review of recommendations made by the SERG group and discussed recommendations with the staff team.

Monitoring and oversight mechanisms required improvement in order to assess the quality of the service provided. The Centre Manager told inspectors that she observed day-to-day practice. The Centre Manager also carried out regular meetings with each of the keyworkers to monitor the young person's placement plan and the progress of the identified tasks and goals to ensure agreed tasks had been achieved.

Staff completed audits of case records which identified some gaps in recording. The Centre Manager also reviewed files to assess the quality of recording. However, records did not reflect how these gaps were addressed with the staff team. Inspectors reviewed centre records which reflected some oversight by the Centre Manager. For example, the Centre Manager wrote comments on records which required amendments. However, some issues were not followed up as inspectors found some records remained incomplete and unsigned. Inspectors also found some issues for example, such as the upkeep of the garden at the rear of the centre, had not been identified or addressed.

The Alternative Care Manager also carried out some monitoring of the centre. The Alternative Care Manager told inspectors that she observed practice and completed reviews of supervision and health and safety. On review of the health and safety audit, inspectors found that this audit did not identify all deficits in the centre, for example not all staff were trained in manual handling and first aid. Some deficiencies identified by the Alternative Care Manager had not been addressed within the timeframe stipulated in this audit. The Alternative Care Manager also completed spot checks of young people's plans and central logs when she visited the centre. While some centre records reflected oversight by the Alternative Care Manager, this was not always completed in a systematic or regular way in order to fully assess the quality of the service provided.

There was also a national reporting tool in place but its use was not always effective. The Centre Manager used a governance reporting tool to report up to the external management team on a range of issues including the availability of young people's care plans and risks on a monthly basis. However, it was difficult to determine if feedback had been received from the external management team in relation to gaps highlighted in this report, for example, training required by the staff team remained outstanding.

The register of children was up-to-date and complete. The register contained all

required information such as the date of all discharges and where young people were discharged to.

Young people's records were securely stored and there was a system in place to archive old files. Young people's files contained the majority of information required by regulations. For example, information relating to young people's progress at school, significant events and records of visits by social workers. However, one young person's immunisation records were not on their file records. While records indicated that the Centre Manager had requested this information from the relevant social work department, this had not been provided in a timely way and had not been followed up by the Centre Manager.

There was a clear financial management system in place. A small number of staff members held procurement cards. The Centre Manager had an effective system in place to ensure that all purchases required for the centre were made in a timely way. Petty cash was used for some small purchases such as activities. Each procurement card holder kept receipts and completed a log of petty cash and purchasing card transactions. The Centre Manager reviewed these financial records on a monthly basis.

There was a sufficient number of staff in place to deliver the service. There was a good skill mix of experienced and qualified staff on the team. Inspectors reviewed rosters and found that, in general, there were three staff members who worked each shift based on three young people and their infants in the centre. Staff members had been recruited in accordance with legislation, standards and policies.

The quality of supervision was good. However, some records identified that supervision was not provided in line with timeframes identified in the supervision policy. The Centre Manager, Deputy Centre Manager and one social care leader provided supervision. All supervisors were trained in supervision. Records reflected that personal development, health and safety, risks to children in the centre and child protection concerns were discussed. There were good records of discussions and decisions made at supervision. Staff told inspectors that they found supervision supportive and that it provided them with clear guidance and accountability for their workload.

Appropriate training had not been provided in a timely way in order to meet the needs of the young people. While a training audit had been completed in 2015 it was not comprehensive to identify the training needs of the team and a comprehensive training programme had not been completed. The training audit had not included a comprehensive analysis of the needs of the current young people placed in the centre and staff's training needs.

There were gaps in mandatory training. All staff members required up-to-date training in Children First, medication management, trust in care and dignity at work. The majority of staff did not have training in manual handling. There were some gaps in first aid and fire training. Staff had not received training in areas specific to best practice on the care of toddlers and babies of young people in care. Some training needs for example, training in domestic violence, which had been identified internally by the staff team and the SERG group in response to incidents had not been identified on the training plan. While the Centre Manager had requested this particular training it had not been provided to date. There was no training plan in place and no dates had

been confirmed for the majority of training needs identified.

Judgment: Requires improvement

Standard 3: Monitoring

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

Inspection Findings

The centre had an assigned monitoring officer whose role was to monitor the centre on a regular basis to ensure compliance with the regulations, standards and best practice. The monitoring officer had visited the centre in September 2016. The monitoring report from September 2016 identified 11 issues requiring action. Some of these issues were also identified in the HIQA inspection. The monitoring officer confirmed that he promptly received all significant event notifications in relation to young people in the centre.

Judgment: Meets standard

Acknowledgements

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