Health Information and Quality Authority Regulation Directorate

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

<table>
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<tr>
<th>Type of centre:</th>
<th>Children’s Residential Centre</th>
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<td>Service Area:</td>
<td>CFA South Services</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0004183</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced Full Inspection</td>
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<td>Inspection ID</td>
<td>MON-0017471</td>
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<tr>
<td>Lead inspector:</td>
<td>Tom Flanagan</td>
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<td>Support inspector (s):</td>
<td>Catherine Vickers</td>
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**Children's Residential Centre**

About monitoring of children’s residential services

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: 01 June 2016 10:00  
       02 June 2016 09:00  
To:    01 June 2016 18:00  
       02 June 2016 15:40

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

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

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

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Summary of Inspection findings

The centre was located in a dormer bungalow on its own grounds a few kilometres from a large urban area.

According to its statement of purpose and function, the centre provided a respite service for up to four children, aged between 8 and 15 years, from the local Child and Family Agency area. The centre provided overnight respite breaks four nights per week to children who lived either at home or in foster care placements and had emotional or behavioural difficulties. The aim of the centre was to support children in their home or placement, thereby reducing the possibility of progression to fulltime residential care. Children were usually offered respite for one or two nights per week for a period of several months. At the time of the inspection, there was 1 child on overnight respite in the centre.

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

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

The centre was homely and provided a child-friendly environment. All the children who availed of the service were facilitated to attend school. They were provided with good quality care by an experienced staff team. There had been a change of centre manager since the previous inspection but the new manager and the social care leaders were experienced and provided strong leadership.

Each child had an allocated social worker who was closely involved in their care. Children received good quality care and their care plans and placement plans were up to date. The children’s goals were reviewed regularly. There were good working relationships between the staff of the centre, other professionals, parents and carers. The service manager and the monitoring officer were kept up-to-date on events or incidents in the centre and the operation of the centre was kept under review.

Inspectors found that the temperature of water in the centre was unacceptably high given the young ages of the children for whom the centre catered and requested that the centre manager take immediate action to address this. On the day after inspection the centre provided a written assurance that a plumber had reduced the water temperature to an acceptable level, that the temperature had been tested repeatedly to confirm this, and that arrangements were in place to ensure that it remained at this
level.

There were a number of other improvements required in the following areas: statement of purpose and function; admissions and unplanned endings; records; and the training and supervision of staff.

Recommended improvements are outlined in the action plan which is published separately.
**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 rights were valued and promoted. They were made aware of their rights and they were encouraged and facilitated to exercise them. They were listened to and their views and opinions and those of their parents/carers were sought on a regular basis.

### 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

Parents/carers told inspectors that they were given the opportunity of visiting the centre and meeting staff prior to the child’s admission and that they were kept informed about their child’s experience in the centre. They were given information booklets, one for children and a separate one for parents/carers, which gave them further information about the centre, the staff and the services and opportunities that were provided. The booklets also contained contact details for the centre, the monitoring officer, the Ombudsman for Children, and for an organisation providing services to children in care. The information provided to children was age appropriate.

The right of the children to privacy and dignity was valued. Each young person had their own bedroom and the centre had sufficient communal space for children to spend time together or be on their own if they wished.

The centre provided a stimulating environment for children during their stay. Staff created and maintained a vegetable garden and children could assist in growing vegetables. The food which was grown was then used for meals in the centre. Staff also kept chickens in the garden and this was of interest to the children. Parents/carers told inspectors that their children took part in a range of activities while in the centre and this was reflected in photos of children enjoying various fun outings during their respite breaks. One parent/carer told inspectors that their child had a particular interest in history and that staff brought the child to a museum and places of historical interest to the child.

Records showed that key workers met children on their admission and provided them with verbal and written information which explained the purpose of the centre and their rights and responsibilities. Children attended pre-placement meetings and reviews of their placement and were aware of the purpose of their placements.
As the centre provided a respite service and many of the children stayed there for just one night per week, it was not feasible to hold a regular children’s meeting to seek the views of children on the operation of the centre. There was evidence, however, that the views and preferences of children were sought individually.

There was a complaints policy and both children and parents/carers were informed that complaints were welcome. The centre manager told inspectors that no complaints had been received since the centre re-opened in 2014. Inspectors spoke to carers who said that they have never had a reason to make a complaint but they were aware of how to make a complaint if necessary.

Centre staff were proactive in seeking feedback from both children and parents/carers. At the end of each placement, they were given a questionnaire and asked for feedback on their experience and for any suggestions they may have for how the service could be improved. The feedback forms seen by inspectors reflected very positive experiences for all.

**Judgment:** Meets standard

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**Theme 2: Safe & Effective Care**

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

Children were well cared for and were kept safe. They had good quality placement plans and they were facilitated to pursue their interests and engage in new activities. The premises was fit for purpose. However, the admissions policy and procedures were not adhered to in all cases and there was insufficient learning from unplanned endings. The systems in place to record and monitor referrals of child protection concerns were not sufficient as there was no overall log for child protection notifications in place and the outcomes of any investigations or assessments were not known.

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**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.

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**Inspection Findings**

The policy and procedures on admissions required that a referral form and associated documentation was submitted by a social worker. This was then considered by the admissions committee who decided on the suitability of the child for placement. Following acceptance of a placement by the child and their parents/carers, a pre-placement meeting was arranged and the child and their parents/carers were invited to
visit the centre. A medical was carried out and a date for admission was set. The majority of admissions followed this process.

The admissions committee comprised the centre manager, a social care leader, two principal social workers from the area and an external representative. The committee usually met each month and, apart from deciding on admissions, they also considered extensions to the placements of children currently using the service.

Inspectors reviewed the centre register of children and discussed this with the centre manager. There had been 21 admissions to the centre and 22 discharges during the 12 months prior to the inspection. Two of the admissions were not in accordance with the admissions policy. In one case, the admissions committee decided that a child was not suitable for admission but the centre manager told inspectors that their decision was overruled by the area manager. In another case, a decision was made to admit a child but the admission took place at short notice to staff and not in a planned manner.

A number of discharges were planned at short notice due to the children’s behaviour. In each case, the behaviour of the child could not be safely managed in the centre. These discharges could be described as unplanned endings as the placements ended prematurely. However, unplanned endings were not effectively reviewed to check that the admissions process was adhered to, that the timing of particular admissions was appropriate and that unforeseen difficulties with some children were addressed quickly and decisively before they impacted negatively on the placements of other children and the smooth operation of the centre.

Each child attending the service had an allocated social worker. Social workers visited the centre with the children and their parents for the pre-admission meeting. While some social workers visited the children in the placement, others did not. This was understandable as they visited the children in their homes or foster care placements and they met the child, the parents/carers and staff of the centre at the six-weekly review of the respite placement. There was evidence in the care files that the social workers were actively involved in the children’s care and that they had frequent contact with the staff of the centre in relation to the children. Records of the social worker visits and contacts with staff were maintained in the children’s files.

An up-to-date and comprehensive care plan was in place for each child. Statutory reviews were held in line with regulations and the children were consulted with regard to decisions about their care and could attend the reviews if they chose to. There were six-weekly reviews of the placements for which staff compiled reports.

Placement plans were in place for each child. They set out specific goals for each child and progress in relation to each of the goals was evaluated at the placement reviews. Parents/carers told inspectors that they were also involved in the care planning for the children and attended the placement reviews.

Inspectors found that the children’s care records were organised, legible and up to date. They were securely stored and appropriate arrangements were in place for the archiving of records.

Children were facilitated to maintain and develop relationships with their peers and
healthy friendships were encouraged and supported. Parents/carers told inspectors that the placements in the centre supported their relationships with their children and a foster carer told inspectors that the centre staff had done a great deal to help sustain the child’s foster care placement, which otherwise may not have continued. Both social workers and parents/carers told inspectors that the centre constituted an invaluable resource for them and for other families.

Inspectors interviewed a number of staff members who presented as experienced and well-resourced to meet the needs of the children. Inspectors observed the interactions of staff members and the child who was on respite at the time of inspection. Staff treated the child warmly and respectfully. Parents/carers told inspectors that their children loved coming to the centre and were very fond of their key workers and other staff.

Though they were in the centre for a maximum of one to two nights per week, children were encouraged and supported to develop skills for independent living. Children took part in some household tasks and were assisted to develop skills such as cooking and baking. Some children also assisted with shopping and children were able to use the laundry facilities under supervision. Key workers undertook individual sessions with the children on issues such as developing relationships and substance misuse.

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 well-cared for in the centre. The children who used the service lived in their family homes or in foster placements and spent one or two nights per week in the centre. This gave them the opportunity to meet other children and to participate in activities of their choice which were enjoyable and stimulating.

Meals in the centre were cooked by staff but children were encouraged to take part in the meal preparation. A number of children took part in baking and cooking and one parent told inspectors that their child really enjoyed this and took great pleasure in bringing home the cakes they had baked. The children enjoyed a nutritious diet in the centre. The dining room was sufficiently large for children and staff to dine together and meals were social occasions.

Staff were trained to respond to behaviours that challenge and their response included de-escalation, the use of life-space interviews with the children and keyword sessions to help children to develop self-control. Staff used a positive behaviour support model and helped children to develop positive self-esteem by encouraging them to develop their talents and interests. When children required specialist counselling or support there was
evidence of staff organising counselling and facilitating them to attend appointments with specialist services. There was no evidence of the use of any physical intervention or physical restraint in the centre during the 12 months prior to the inspection. One occasion, staff locked the back and front doors of the centre for a short while until a child, who had been displaying behaviour that challenges, calmed and regained their self-control.

Inspectors spoke to one child and to three parents/carers. Parents/carers told inspectors that they felt that their children were treated with great respect by staff who listened to them and tried to accommodate their wishes, choices and preferences. There was evidence that staff were sensitive to the needs of children and that, when children experienced difficult situations in their lives outside the centre, staff found ways of helping children to talk about these and assisted them in developing coping skills. The centre manager told inspectors that, because the children who used the service chose to attend, there were few problems with behaviour that challenges. While there were discharges of children whose needs were too great to be managed safely in the centre, there were only two occasions during the 12 months prior to the inspection, on which sanctions were applied as a result of behaviour that challenges. On each occasion, the sanction was reasonable and proportionate to the behaviour.

There were individual crisis management plans (ICMPs) on the children's files and they were of good quality. They described the children’s usual response to difficult situations, any potential triggers for crisis and the type of response that was likely to be helpful and effective in resolving a crisis for the child.

The national policy for children missing from care was in operation in the centre but the records showed that there were no incidences of absence without authority during the 12 months prior to the inspection. There were some incidences of a child leaving the centre without permission but staff accompanied them to ensure their safety. These incidents were reviewed in conjunction with the child’s social worker and the child was subsequently discharged.

There was a policy in place on bullying and inspectors found that staff were vigilant on this issue.

Judgment: Meets standard

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<th>Standard 7: Safeguarding and Child Protection</th>
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<td>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.</td>
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**Inspection Findings**

There was a range of policies and procedures which addressed the issues of the safeguarding and protection of children. Staff were aware of these and inspectors found that they were implemented in practice. These included policies on the rights of children, recruitment of staff, child protection, complaints and bullying.
The centre manager told inspectors that the centre could not cater for children whose behaviour was such that it put their own safety or that of other children at risk. There was evidence that, when some children did engage in risk-taking behaviour, their placements were reviewed and, if it was decided that their needs could not be safely met in the centre, they were discharged.

Data provided to inspectors showed that the majority of staff members had either attended training in Children First: National Guidance for the Protection and Welfare of Children (2011) and/or in-house updates on Children First (2011). Arrangements were in place since the previous inspection for remaining staff to attend this training and there was evidence that staff availed of training places when they were presented. Staff interviewed by inspectors demonstrated that they understood their responsibilities as designated officers and the procedures to be followed when dealing with allegations of abuse. Staff were also familiar with the policy on protected disclosure and felt confident that they could raise any issues of concern that they may have about the safety of the service.

Four child protection concerns had been referred to the social work department during the 12 months prior to the inspection. These related to occurrences outside the centre. While each of the referrals had been acknowledged by the principal social worker, no further communication was received in relation to the subsequent outcomes for the children concerned. The centre manager did not know whether the allegations reported were founded or not or whether they were still under investigation. There was no overall log of child protection concerns and it proved difficult for the centre manager to establish how many child protection concerns had been referred without going through each child's file or significant event notifications. As there were no subsequent updates from the social work department, this meant that managers or others reviewing the records could not tell whether or not the concerns had been investigated and resolved.

Judgment: Requires improvement

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

**Inspection Findings**
The centre was located in a dormer bungalow on its own grounds a few kilometres from a large urban area.

The premises was sufficiently large for its purpose and function. There were four bedrooms and two bathrooms for children located on the ground floor. There was adequate storage facilities for children's clothes. There was a large well-equipped kitchen with a utility room off this. There was a sitting room and a dining room. There was a staff sleepover bedroom which had ensuite shower, toilet and wash handbasin. There was a large staff office downstairs and two smaller staff offices upstairs. There was a comfortable room which was used for one-to-one work with children and was
also used for staff supervision.

There was a large garden to the side and the rear of the premises. Facilities included a vegetable garden, a chicken coop, a basketball court, a large area of grass and sufficient space for children to play. There was also a large shed which contained a play room with various items of play equipment and a separate toilet.

The premises was decorated in 2014 and appeared to be in good condition and well maintained. All maintenance issues were logged in a diary and the centre manager told inspectors that the maintenance team responded quickly to requests. Inspectors found that the temperature of water in the centre was unacceptably high given the young ages of the children using the service and requested that the centre manager take immediate action to address this. On the day after inspection the centre provided a written assurance that a plumber had reduced the water temperature to an acceptable level, that the temperature had been tested repeatedly to confirm this, and that arrangements were in place to ensure that it remained at this level.

The centre was insured under the insurance arrangements for the Child and Family Agency. Inspectors checked the one of three centre vehicles in operation. It was taxed, insured and had NCT certification. It contained a first aid kit and safety equipment. Regular checks were carried out and recorded on all the centre’s vehicles and arrangements were in place for their regular maintenance and servicing.

The centre had policies and procedures relating to health and safety. The health and safety statement was not up to date but was being reviewed at the time of inspection. Health and safety checks were carried out in 2015 and risk assessments were put in place. There was evidence that further control measures were put in place following these assessments to ensure that the premises and grounds were safe for children. A national system was in place for the reporting and follow up on any incidents that occurred and staff were familiar with this.

A closed circuit television (CCTV) system was in place. There were four CCTV cameras in operation, one monitoring the exterior of the premises and three cameras on the centre’s corridors. A large sign at the front gate alerted people to the use of CCTV. The CCTV was monitored from the staff office and a policy and procedures were in place.

Risk was also considered in relation to individual children. A collective risk assessment was carried out before a child’s admission and the potential impact on other children using the service was considered. The possibility of children going missing was assessed and each child had an individual crisis management plan. Following any incident involving a child, a daily risk assessment was put in place and additional controls that were necessary were put in place to ensure the child’s safety.

There were precautions in place for the prevention of fire. The centre had written confirmation from a qualified engineer which stated that the centre was in compliance with fire safety regulations. Suitable fire safety equipment such as fire extinguishers and fire blankets were located strategically throughout the premises and were serviced on an annual basis. A fire alarm and emergency lighting were checked and serviced each quarter.
Fire drills were carried out on 12 occasions during the 12 months prior to the inspection. However, while the names of those who took part in fire drills were recorded, the records did not differentiate between staff and children’s names and this made it difficult to know whether all staff and children had participated in at least one fire drill. Neither were the details of the fire drills and the duration of each evacuation recorded. The centre manager amended the recording template for fire drills to ensure that these additional details were captured.

There were adequate means of escape. While there was no daily inspections of these prior to the inspection, the centre manager put in place a system according to which the staff would carry out daily checks on the means of escape and the fire alarm.

There was no prominently displayed signage and procedures for the safe evacuation of children and staff in the event of fire. During the inspection, staff devised child-friendly instructions for evacuation in the event of a fire and ensured that evacuation procedures were posted on the inside of each of the children’s bedroom doors.

**Judgment:** Meets standard

**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.

The health and developmental needs of children were met. Each child had an education plan and all children attending the centre had school placements. Staff encouraged children to adopt healthy lifestyles and they supported them to do this by providing healthy and nutritious food and opportunities to engage in outdoor activities and exercise.

**Standard 8: Education**

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

**Inspection Findings**

All the children who attended the centre had school placements, which were valued and supported by staff of the centre.

Since the previous inspection the centre had established a requirement that every child attending respite was required to have an education plan completed by their social worker prior to admission to the service. Inspectors viewed a number of these plans which set out the arrangements for school/training while on respite, whether or not the child had difficulties in relation to learning and whether or not they had particular supports such as special needs assistants.

As the centre provided a residential service from Mondays to Fridays, children generally
attended school at the time of their respite breaks. Staff supported the children by collecting them from school in the afternoon to bring them to the centre and they brought them to school on the following morning. They assisted children to complete any homework they were given and ensured that they were well-presented when going back to school.

The children’s key workers maintained good contact with school staff and advocated for the children when necessary. Records showed that key workers telephoned school staff and attended meetings in the schools when invited to do so to discuss key decisions regarding the children’s school placements. Staff also maintained a communications log in which all communication between centre staff and school staff was recorded.

**Judgment:** Meets standard

**Standard 9: Health**
The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

**Inspection Findings**
The health needs of children were assessed prior to admission and parents/carers signed consent forms regarding the administration of medication. Inspectors found that each of the children, whose files were reviewed, had medical examinations close to the time of their admissions to the centre.

The health needs of children were identified and addressed during their placements. Records showed that key workers undertook individual work with a number of children on issues such as self-esteem and grief. They also worked with specific children on issues such as healthy eating and nutrition when this was required. When children required specific diets, these were catered for, and the file of one child contained detailed instructions for staff on the dietary requirements of the child.

There was good practice regarding a child who had a specific medical condition. At the time of inspection a nurse visited the centre to provide staff with relevant medical information and guidance on how to monitor the child’s condition and provide assistance to the child if required.

Medication was managed by staff and all medicines were stored securely in the supervision room. Only two of the children receiving a service were on prescribed medication. Managers had arranged for a pharmacist from the local hospital to meet staff to discuss the issue of administering medication and to provide guidance on best practice in relation to managing medicines in the centre. Prescriptions were maintained on file and staff signed for the medication they administered.

There were adequate amounts of fruit and healthy foods available and the meals provided were healthy and nutritious.

Staff also encouraged children to engage in exercise and healthy lifestyles. For example, staff took the children on walks and facilitated them to engage in outdoor
games and activities such as horse-riding and swimming.

**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.

The management team provided good leadership to staff and ensured that the care received by children was safe and of good quality. Staff members were experienced and were committed to helping the children to achieve their goals. Managers and staff were well supported and there were good governance structures in place. A monitoring officer visited the centre and was kept informed of all activities in the centre. However, the statement of purpose and function required some improvement. Staff were experienced and qualified. However, there were gaps in the frequency of supervision of some staff and not all mandatory training was up to date.

**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 a statement of purpose and function that was reviewed and updated in 2015.

According to the statement of purpose and function, the centre offered a respite service to children, aged 8-15 years from within the local Child and Family area, who were experiencing difficulties which could be alleviated by a temporary break from the home or foster placement. The aim of the centre was to support children in their home or placement thereby reducing the possibility of progression to fulltime residential care.

Inspectors found that the statement of purpose and function reflected the day-to-day operation of the centre but it was not implemented in full. For example, the centre provided a service to a number of children over the age of 16 years. The statement of purpose also set out the requirement that children availing of the service must have an identified placement to return to. However, one child admitted to the centre in 2016 did not have a placement to return to and this caused difficulties for the child and centre staff and resulted in the respite of other children being cancelled on one occasion. The statement did not make clear whether emergency or unplanned admissions would be accepted and, if so, the criteria for these admissions. Neither did it set out any exclusion criteria such as certain types or levels of behaviours that challenge.

Staff and management of the centre were clear about the purpose and function of the
centre. Children and their parents/carers were made aware of the purpose and function of the centre prior to and at the time of admission.

**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 were a number of personnel changes in key management roles since the previous inspection. The current centre manager took up her post in November 2015 in an acting capacity and was confirmed in post in May 2016. There was also a new service manager and a new area manager in the months prior to the inspection. The centre manager reported to the service manager, who, in turn, reported to the area manager. There were clear lines of authority and accountability which managers and staff explained to inspectors.

The management team in the centre were experienced and provided good leadership. The centre manager was appropriately qualified and had substantial experience in the area of residential care. She was very familiar with the centre and the children as she had worked in the centre for six years as a social care leader and had deputised as manager on occasions. Staff described the centre manager as approachable, supportive and a good motivator. She was supported by three social care leaders who were also suitably qualified and experienced. The centre manager and social care leaders met formally every six to eight weeks for a centre management meeting.

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

Administrative files were well maintained although there was no administrative officer in the centre. Systems were in place for the management of finances in the centre. There was a monthly budget for groceries, utilities, and household expenditure. The centre manager and one social care leader were authorised to use procurement cards. The centre manager and social care leaders checked on and signed off on any expenditure. All expenditure was logged and checked on a daily basis. The centre was sufficiently resourced to implement the placement plans of the children using the service.

Risks were generally well managed. The centre manager maintained a centre risk register and general risks were proactively identified and risk rated. Control measures were put in place to mitigate risks and any high risks such as inappropriate admissions were escalated to senior managers. Risk was also considered in relation to individual children. A collective risk assessment was carried out before a child’s admission and the potential impact on other children using the service was considered. The possibility of children going missing was assessed and each child had an individual crisis management plan. Following any incident involving a child, a daily risk assessment was drawn up and additional controls were put in place to ensure the child’s safety.
The service manager maintained good oversight of the activities of the centre. She met the centre manager each month for formal supervision and discussion of all issues that arose in the centre. She was in frequent contact with the centre manager and received prompt notifications of all significant events. She also sat on the admissions committee and visited the centre periodically. There was a formal arrangement in place for a manager to be available for staff to seek advice or guidance outside of usual office hours.

There was good governance of the centre. Inspectors viewed records which showed that the area manager, the service manager and managers in the centre reviewed the operation of the service in a formal way on two occasions in 2015. The centre manager told inspectors that a third review was also held in late 2015 but records of this were not available at the time of inspection. One of the social care leaders maintained an overview of the children’s care files and ensured that they were up to date and contained all the required documents and information. There was evidence that a staff officer from the area manager’s office visited to centre on three occasions in 2015 and 2016 to go through the accounts of the centre and assist staff in the correct usage of a computerised finance system.

At the time of inspection the staffing levels were more than sufficient to deliver the service. There were 14.33 whole time equivalent posts. This figure included the centre manager, three social care leaders, social care workers and a housekeeper. One member of staff was on extended leave and one was providing a service in an access house in the area. The previous centre manager was the only staff member to have ceased employment in the centre during the past 12 months. There were no staff vacancies in the centre and there were no agency staff employed.

A staff roster was prepared in advance. There were two staff on duty at night, including one waking night staff and one sleepover staff, while children were present in the centre. At the time of inspection, there were five staff in the centre during the daytime and only one child on respite in the centre. While this number of staff appeared to the inspectors to be excessive, the centre manager outlined the duties that staff fulfilled and told inspectors that staffing levels were kept under review. Inspectors also spoke to the service manager about staffing levels. She confirmed that staffing levels were kept under review and that consideration was being given to utilising more of the staff resource to carry out work with children in the community in conjunction with the social work department. A review of bed night usage in the centre for May 2016 showed that, of 72 bed nights available, 57 of these were booked and only 33 were taken up by children. There were also 5 occasions when children used the service during the daytime and went home at night. The percentage of bed night usage varied and was higher during other months. There were occasions when children who had been offered respite, and for whom places were booked, did not avail of respite due to illness or other reasons.

Inspectors reviewed a sample of 10 staff files which were maintained in the centre. The files contained all the documents and information required. All staff had been requested to renew their Garda Síochána vetting in 2015 and this had been renewed for nine of the 10 staff whose files were reviewed.
Inspectors viewed the supervision records of six members of staff. These showed that supervision was of good quality. Each had a supervision contract and the content of supervision sessions was well recorded. Supervision focused on the progress of the children and also on staff practice issues, training and professional development and support. However, while the contracts for supervision stated that supervision should take place every four to six weeks, records showed that there were gaps in the frequency of supervision sessions of between three to four months for some staff.

Staff meetings took place every three weeks and were attended by the centre manager and an average of seven staff. Staff, who could not attend, signed to say that they had read the minutes. The agenda for the meetings included discussion of each of the children and their plans, and a range of issues such as practice issues, training and practical issues concerning the smooth operation of the centre.

Staff training needs were discussed in supervision and an ongoing programme of training was provided. Training records were well maintained and this enabled the centre manager to identify gaps in mandatory training or specific needs for which training needed to be organised. However, the training records showed that some improvement was required in the provision of mandatory training. Six staff members had not yet attended training on Children First (2011) but, as places on this training were limited, staff attended when training became available and various aspects of Children First (2011) were discussed at team meetings approximately four times a year. Three staff members had not received up-to-date training on manual handling and one on the Tusla-approved behaviour management training. Information submitted following the inspection showed that all staff had received up-to-date training on fire safety. The majority of staff had received training in first aid and several staff members had taken part in training on a range of topics, including suicide awareness, sexual health, substance misuse, and keyworking.

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**
Due to a reconfiguration of the monitoring function within the Child and Family Agency, there was a change of monitoring officer on April 1 2016.

A monitoring officer visited the centre on three occasions during the 12 months prior to the inspection and produced one report on these visits, a copy of which were submitted to HIQA. There was evidence that the monitoring officer followed up on recommendations from previous inspections to ensure that practices in the centre were improved. He highlighted areas of good practice and also areas where further improvement was required. In early 2016, the monitoring officer requested that the centre manager complete a comprehensive self-audit. While this was completed and
provided valuable information on the operation of the centre, it was not analysed due to the change in monitoring structures.

Inspectors spoke to the new monitoring officer, who had not yet visited the centre but was scheduled to do so in the coming months. The monitoring officer told inspectors that he received regular and timely notification of all activities 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.