

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 South CRC
Centre ID:	OSV-0004190
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0017634
Lead inspector:	Tom Flanagan
Support inspector (s):	Sharron Austin

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:
28 June 2016 10:15	28 June 2016 18:15
29 June 2016 08:45	29 June 2016 14:30

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	Meets standard
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	Requires improvement
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Requires improvement
Standard 2: Management and Staffing	Requires improvement
Standard 3: Monitoring	Meets standard

Summary of Inspection findings

According to the statement of purpose and function, the centre is a medium term unit that provides care to children, both male and female, between the ages of 13 and 17 years. The stated aim of the centre is to provide children with a living experience, which is as near to normal as possible, and to create an atmosphere of genuine care and respect which is conducive to the safety, security and stability of the children. At the time of the inspection, there were 2 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 1 parent, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke to other professionals, including two social workers, the monitoring officer, the interim service manager, a Guardian ad Litem and an advocate.

There had been a change of centre manager since the previous inspection. The interim centre manager was confirmed in post two weeks before the inspection but had been acting centre manager for a number of months prior to that. The interim centre manager and social care leaders were well supported and provided good leadership. The staff team comprised experienced social care workers and some agency staff.

The centre was located in a bungalow on its own grounds with a large garden. There was also a second house on the grounds, which was unoccupied and un-used at the time of inspection.

The centre provided a child-friendly environment. It was located a short distance from the centre of a village and was close to local amenities. The two children had attended school or alternative education during the previous months and had just completed state exams. They were facilitated to maintain good contact with their families and friends.

The children received good quality care. Each child had an allocated social worker who visited frequently. Care plans and placement plans were up to date and the children's goals were reviewed regularly. One child had a Guardian ad Litem and an advocate had worked with both children. There was good communication between the staff of the centre, other professionals and parents/carers, where appropriate. The interim service manager and the monitoring officer were informed of any incidents in the centre and senior managers had oversight of the operation of the centre.

There were a number of improvements required in the following areas: statement of

purpose and function; children's rights; maintenance issues; medical history and records and medicines management; audits of practice, risk management; administrative files; policies and procedures; and staffing issues, including staff files, staff meetings, supervision and training.

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 were given good information and were made aware of their rights. They were supported to exercise their rights and there was good practice in the area of advocacy. They were listened to and when they complained their complaints were taken seriously. However, some practices in the centre, which infringed children's rights, needed to be reviewed.

Standard 4: Children's Rights

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

Inspection Findings

Children were given the opportunity of visiting the centre and meeting staff prior to their admission and some children did this. They were given information booklets about the centre, which gave them further information about the centre, the staff, and the services and opportunities that were provided. They were also given booklets on an independent advocacy service for children in care. The information provided was age appropriate. Records also showed that the key workers met the children on admission and gave them written and verbal information on their rights.

Inspectors found that there was some very good practice in relation to children being supported in exercising their rights. The interim centre manager and staff were proactive in ensuring that each child had access to an independent advocacy service. An advocate from an organisation providing advocacy services to children in care told inspectors that staff contacted them when a child was admitted and ensured that the child had access to information about the service. The advocate visited the centre periodically and met the children. The advocate had worked with both children resident in the centre at the time of inspection, and with several children in the centre in the 12 months prior to the inspection. The advocate was invited to meetings concerning the children if the children were happy for them to do so. The advocate gave each of the children an information pack with information on their rights under the UN Convention on the Rights of the Child, details of the advocacy service, the Ombudsman for Children, and HIQA. The advocate sometimes accompanied children to court and advocated for them there. One of the children in the centre also had a court-appointed Guardian ad Litem.

There were a number of ways in which the views of children were sought. They had monthly reviews of their placement plans with their keyworkers and inspectors viewed

some of their comments on the records of these reviews. They were also given the opportunity to attend their child in care reviews and to put their views in writing beforehand. Children's house meetings were held approximately every three weeks and this gave children the chance to meet with staff and make suggestions or requests. While these meetings were held regularly in the couple of months prior to the inspection, there was a gap of almost six months in the records of meetings before that. The records also showed that children had been repeating similar requests during the months prior to the inspection. It was not clear what decisions had been made in response to these requests, whether any actions had been taken and what the children had been told about how their requests were dealt with.

The right of the young people 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. Each child was given a basic allocation of pocket money each week. Additional money was given to the children if they completed certain agreed chores or tasks in the centre. These tasks included things such as cleaning their rooms and it provided children with a further incentive for developing healthy routines.

There were also some practices that required review. Children told inspectors that they could not access the kitchen at night as it was locked at a certain time and they had to ask staff if they wanted a drink or something to eat. Staff also carried out checks on the children at regular intervals throughout the night and children told inspectors that they wanted this to stop as it disturbed their sleep. Inspectors spoke to the interim centre manager and staff about this. While these practices might have been necessary at some time as a response to the needs or behaviour of particular children, they had become routine and were not subject to ongoing review or risk assessment. Some staff told inspectors that they believed the practices to be an invasion of privacy. Children did not have keys for their rooms and their bedroom doors were locked by staff while the children were out of the centre but also, at times, when they were in the centre. However, there was no evidence that consideration had been given to alternative ways to ensure children's privacy when in their rooms.

Children told inspectors that they had choices about the menu for meals and that they were assisted to buy clothing of their choice. They were also given choices about the activities they took part in. Some children were facilitated to maintain their links with local clubs and continued to take part in team sports. Children were also given the opportunities to try out new activities such as horse-riding. Inspectors observed that a summer programme had been devised for one child and that it included an active schedule of stimulating activities.

There was a complaints policy and staff made children aware of the fact that their complaints were welcome. The advocate told the inspectors that they also went through the complaints procedure with each child following their admission. There were five complaints by children in the 12 months prior to the inspection. The complaints log provided good detail on the complaints, their investigation, actions taken and whether the children were happy or not with the outcome.

Judgment: Requires improvement

Theme 2: Safe & Effective Care

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

Children were well cared for and measures were in place to ensure their safety. There was good inter-agency cooperation and the care of children was well planned. Children were facilitated to pursue the links they had prior to their placements and to develop new interests. The premises was fit for purpose.

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

A new policy and procedures on referral and admission to the centre had been introduced since the previous inspection in 2015. There were two pathways for admission set out in the policy and procedures. Referrals were usually made to the admissions committee from the social work departments of the local Tusla area. According to the second pathway, children who were already in the care of community residential services could be transferred from one residential centre to another where the transfer served to provide services not available in the originating placement. The transfer process was managed by regional manager or the community residential service in conjunction with the relevant centre managers and social work departments. As the policy and procedures were not signed or dated, it was not clear when they were introduced. As the admissions committee considered completed referral forms and extensive documentation in respect of each child, it was not clear why all referrals were not considered by this committee.

While the majority of referrals were considered by the admissions committee and children were admitted in a planned manner, there was one admission to the centre in 2016 in line with the second admissions pathway. However, this admission was arranged at short notice and staff did not have sufficient information on the child to be admitted or sufficient time to plan for the admission. It was also not clear that the impact of the admission on the current residents was adequately considered. This admission constituted an emergency placement and was contrary to the policy which stated that no emergency placements were offered. Prior to the inspection, the regional manager provided a written assurance that the circumstances of the emergency admission had been reviewed and that this would not be repeated in future.

The admissions committee comprised two interim service managers, the interim centre manager, the principal psychologist in the area, a principal social worker, another

centre manager and an independent social care professional. The committee met regularly and, apart from considering potential admissions, they also considered extensions to the placements of children currently using the service.

Inspectors reviewed the centre register of children and discussed admissions and discharges with the interim centre manager. There were three children admitted to the centre and five children discharged during the 12 months prior to the inspection. Four children were discharged in a planned manner and there was one child whose placement ended in an unplanned manner. There was generally good inter-agency cooperation when children were being discharged. The unplanned discharge, which was due to behaviour that could not be safely managed in the centre, was reviewed by senior managers and there was learning from this review. There was evidence that the admissions committee considered unplanned discharges and the potential impact of any new admissions on the current residents, and there were several referrals to the centre that did not result in admissions as a result.

Each child in the centre had an allocated social worker who was actively involved in their care. The social workers visited the children more frequently than required to do so by the regulations and they had regular contact with the staff of the centre in relation to the children. Records of the social worker visits, their telephone calls and their contacts with staff were maintained in the children's files.

The children's needs were assessed and there was a comprehensive care plan in place for each child. Statutory reviews were held in line with regulations and the children were consulted about decisions on their care and they were given the opportunity and encouragement to attend the reviews if they chose to.

Placement plans were in place for each child. Key workers met with the children to review their placement plans and also prepared reports on the progress of the children in their placements. The specific goals for each child were clearly agreed before admission and progress in relation to each of the goals was evaluated at the statutory reviews. Inspectors found that the main goals for each child were met. Parents and carers were also involved in the care planning for the children to the extent that this was appropriate. They were given the opportunity to make their views known on the care of their children and attend the statutory reviews, when appropriate. Other professionals involved in the care of the children also attended the reviews.

Children were supported to maintain good contact with their families when this was appropriate and healthy friendships with their peers were also encouraged. Parents and carers were also kept informed of any significant incidents and events in their children's lives. Staff were sensitive to ensure that children were given as much time and space as possible with family and friends without being accompanied by a staff member and tried to find the balance between allowing the children responsibility while not being over-protective. It was sometimes difficult to strike this balance but there was evidence that the needs of the children for contact with their families and friends was a high priority.

Children were placed in their own communities when possible. When the children's schools or families were a considerable distance from the centre, arrangements were made for staff to drive the children to and from their family homes, schools or places

where they met with their friends or peers.

Staff were aware of the children's emotional needs and responded appropriately. Each child had a number of key workers that they could talk to. Records showed that key workers engaged the children in meaningful conversations and inspectors observed that staff interaction with the children was warm, respectful and appropriate. Children told inspectors that staff treated them well but that they got on better with some staff than with others. When children needed specialist counselling and support this was offered. Records showed that some children did take up the opportunity to meet with counsellors.

Both children were over 16 years and had been referred for aftercare. The interim centre manager told inspectors that key workers were in the process of commencing the aftercare needs assessment process for each child. Social workers told inspectors that the children's goals included goals in relation to leaving care and one child told inspectors of the goal that they were working towards in conjunction with their social worker. Each child was supported in developing independent living skills such as the development of a healthy lifestyle, good personal care, sound personal relationships and practical skills such as cooking and cleaning.

Children's records were factual and accurate, legible and up to date. They also contained all the information required by the regulations. The children's files were well organised but some information relating to each child was located in other files or folders. The children's records were stored securely and arrangements were in place for files to be archived appropriately. There was evidence that the interim centre manager read and signed the children's files.

Judgment: Meets standard

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 provided with good quality care. They were well dressed and could choose and purchase their own clothes. A specific budget was made available to the centre for children's clothing and footwear. Children were also facilitated to experience a wide variety of stimulating activities both in the centre and in the wider community. These ranged from participating in sports such as hurling or football, to which some children were already committed before they came to the centre, to activities such as horse-riding which they may not have experienced before. Activities such as pool and video games were available in the centre.

Children's achievements were acknowledged and celebrated. Both children had recently completed state exams and received praise for this from staff. One child had been

chosen to represent their school/educational placement at a national event and this too was celebrated.

The children had choices regarding the food they ate and contributed to organising the menus in the centre. There were adequate stocks of food and the children enjoyed a nutritious diet. The dining room was sufficiently large for young people and staff to eat together and meals were often social occasions. As the children led busy lives, meals were kept for them when necessary.

The needs of individual children were taken into account. The premises was wheelchair accessible and had a designated wheelchair accessible bedroom with en suite bathroom. Children were encouraged to express their individuality and there was no evidence of any discriminatory practice by staff. When children used language that was sexist or inappropriate for other reasons, staff addressed this with the children and were conscious of their roles in modelling appropriate language and behaviour.

A number of children who lived in the centre during the 12 months prior to the inspection demonstrated behaviours that challenge. Staff were trained to be mindful of the reasons for this behaviour and to respond in a way that produced the best outcomes for the children. Their responses included de-escalation techniques, the use of life-space interviews with children and keywork sessions in which children were helped and encouraged to develop greater self-control and healthier ways of dealing with their anger or frustration. The interim centre manager was a trainer in the Tusla-approved approach to managing behaviour and refresher training was provided to staff every six months. Staff sometimes engaged the children in direct work on anger management. There was also evidence that staff facilitated children to attend appointments for specialist counseling when they required this.

There was no evidence of restrictive practices such as physical or chemical restraint. There were two occasions during the 12 months prior to the inspection on which physical intervention was used. Inspectors viewed the records of these incidents and found that the interventions were appropriate in the circumstances. While there was one discharge of a child whose needs were too great to be managed safely in the centre, there were many occasions during the previous 12 months on which sanctions were applied in response to behaviour that challenges. Sanctions were used when a child engaged in destruction of property or breached house rules such as that of no smoking in bedrooms. Inspectors reviewed the records of sanctions which appeared to be reasonable and proportionate to the behaviour.

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

Data provided by the centre showed that there were 33 absences without authority in the 12 months prior to the inspection. 28 of these were classified as 'missing from care' and 5 classified as 'absent at risk'. The national policy for children missing from care was implemented in the centre and documentation such as risk assessments and absence management plans were on file. Staff responded quickly and appropriately on these occasions and were often able to persuade the children to return. On some

occasions, members of An Garda Síochána were asked to return a child or children to the centre. Parents/carers and professionals such as the children's social workers and Guardian ad Litem were informed when absences occurred and, when necessary, professional meetings were convened to devise a plan for the safety of the child or children involved.

Records showed that there were nine occasions during the 12 months prior to the inspection when centre staff called for the assistance of An Garda Síochána in relation to managing behaviour that was challenging. In the majority of cases, this was in relation to children absent without authority and often happened in the periods following the admission of a child. They were called on two occasions regarding property damage and on one occasion their assistance was requested in a location outside the centre to manage the behaviour of adults not directly involved in the centre. There was evidence that the children had settled and had fewer incidents than previously. This showed that the outcomes for these children had improved, and even though there were incidents from time to time, the strategies put in place by the manager and staff had reduced the number of incidents and appeared to be effective.

Staff reviewed significant events and incidents with a view to identifying patterns and learning from them to better assist the children. The significant events for each month were summarised and some analysis of the incidents was carried out which showed comparisons with previous months and patterns in relation to the behaviour of each of the children. While the quality and consistency of the analysis could be improved, staff did discuss the findings of these reviews at their team meetings and were better informed in relation to how to manage the children's behaviour.

There was a policy in place on bullying and inspectors found that staff were vigilant in protecting individual children and encouraging all children to treat each other with respect.

Judgment: Meets standard

Standard 7: Safeguarding and Child Protection

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

Inspection Findings

There were a number of policies, procedures and measures in place to safeguard children and to report child protection concerns when they arose. 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 local and national policies and procedures were in line with Children First: National Guidance for the Protection and Welfare of Children (2011). Data provided by the centre showed that almost all staff had received up-to-date training in Children First (2011). Children told inspectors that they felt safe in the centre.

All members of the care team were designated officers for reporting child protection concerns and they were aware of their responsibilities and familiar with the procedures for reporting concerns. Staff made two child protection referrals to the social work department in the 12 months prior to the inspection and these were appropriate. They were acknowledged by the principal social worker and were still under investigation. The interim centre manager put in place a child protection meeting at which she and one or more social care leaders met monthly to discuss any child protection concerns and their follow up. She also met the principal social worker every two months to discuss child protection issues.

At the time of the previous inspection, 11 child protection referrals had been made during the previous 24 months and there was no information on their status at that time. Following the inspection, the centre manager ensured that this information was sought and received and the referrals were closed off.

There was a policy on protected disclosure. Staff told inspectors they had received training on the policy and demonstrated confidence about expressing any concerns they may have.

There was evidence of a timely intervention in response to any circumstances that gave rise to a threat to the safety of the children. For example, in the weeks prior to the inspection, a multidisciplinary meeting, involving social worker, Guardian ad Litem, an advocate and members of staff, was held to discuss safety issues regarding one child. A safety plan for the child was then put in place.

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 centre was located in a single-storey premises on its own grounds with a large garden. There was also a second house on the grounds which was formerly used as a residential centre. This was unoccupied and un-used at the time of inspection. The centre was located a short distance from the centre of a village.

There was a large garden to the side and the rear of the premises. There was a large grassy area where children could play. There was also a vegetable patch which was used to grow some food for the centre.

The premises appeared to be in good structural condition and well maintained. There were several rooms that the children could use for leisure, including a room with a pool table, a video-games room, and a sitting room with TV. There was a kitchen cum dining room, which was sufficient for children and staff to share meals together. The centre

was clean and furniture was well maintained. Inspectors viewed the children's bedrooms with their permission and found that they were comfortable and that the children could personalise them.

The premises was sufficiently large for its purpose and function. Each child had their own bedroom. One child's bedroom had en suite toilet, shower and wash hand basin facilities. There was one bath, one shower and four toilets. There was adequate storage facilities for children's clothes although the wardrobe of one child had been damaged recently and this had not yet been replaced. The centre was adequately lit and ventilated. There was a large well-equipped kitchen with a utility room off this. There was a staff sleepover bedroom. There were three staff offices, which were used by the interim centre manager, the social care leaders and by social care workers, respectively.

The centre was insured under the insurance arrangements for Tusla. There were two cars used by the centre. The cars were taxed, insured and had NCT certification. They contained first aid and safety equipment. Regular checks were carried out and recorded on the vehicles and both had been recently serviced. However, there was substantial damage to the exterior of both cars.

The premises appeared to be in good structural repair and was well maintained. Staff told inspectors that permission had been received to purchase a new stove and insulation to ensure that there was adequate heating for the winter. A logbook was used to record when maintenance requests were made and there was evidence that these were dealt with promptly. Prior to the inspection a leak over the room of one child had caused slight damage to the bedroom wall. The leak was repaired immediately and staff moved the child to another room. At the time of inspection, the child's room was being dried out and the wall made good before the child returned. However, there was a hole in the wall of another child's bedroom since August 2015 and this had not yet been repaired.

A closed circuit television (CCTV) system was in place and a sign at the front door alerted people to the use of CCTV. There were three cameras in operation internally, one on each of three corridors. There were seven cameras located externally, monitoring the grounds and the entrances to the premises. The CCTV policy and procedures that were in place were satisfactory.

The centre had policies and procedures relating to health and safety. However, the safety statement was in draft form and was not signed off by managers. It did not reflect the fact that the centre is now part of Tusla and not the Health Service Executive. Hazards were identified and general risk assessments were carried out on the premises and on a variety of activities in the centre. There was evidence that the control measures outlined in the risk assessments were in place.

Risk was also considered in relation to each individual child. A risk assessment was carried out before a child's admission. The potential impact of their admission on themselves and on the children currently resident in the centre was considered. There was evidence that this informed decisions to admit or not to admit certain children. The possibility of children going missing was assessed and measures to mitigate the risks were implemented. Each child had an absence management plan and an individual crisis management plan which were updated regularly.

There was a number precautions in place for the prevention of fire and the centre had written confirmation from a qualified engineer which stated that the centre was in compliance with fire safety regulations. Fire safety equipment such as fire extinguishers and fire blankets were located throughout the premises. These were serviced on an annual basis. A fire alarm and emergency lighting were checked and serviced each quarter.

The procedures for the safe evacuation of children and staff in the event of fire were displayed in a prominent place. However, records showed that no fire drills had been carried out in the centre since late 2014 and this was confirmed by staff. As there had been several admissions to the centre during that time, this meant that none of these children had been adequately prepared for the evacuation of the premises in the event of a fire. Inspectors raised this issue with the interim centre manager who undertook to arrange a fire drill as soon as possible after the inspection. Subsequent to the inspection the interim centre manager informed inspectors in writing that three fire drills had been carried out since the inspection. Both children and almost all staff had participated in fire drills. Arrangements were in place for the remaining staff members to participate in a drill.

There were adequate means of escape and these were unobstructed at the time of inspection. Daily checks on the means of escape and the fire alarm were recorded and signed by staff.

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.

School or alternative education placements were secured for each child and they were supported in their education. 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. Some improvements were required regarding medical history, health records and medicines management.

Standard 8: Education

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

Inspection Findings

The role of education in the lives of the children was valued and staff ensured that children were supported in their school and alternative educational placements.

The educational needs of the children were set out in assessments prior to their

admission and staff worked with the children and their social workers to ensure that each child attended a school or an alternative educational placement and that they were supported to maintain these during their time in the centre. One child attended mainstream school and the other attended an alternative educational placement. Both had been supported to undertake state exams immediately prior to the inspection.

When one child did not wish to continue in school for a period of time, staff facilitated the child's education by drawing up a programme of home study and ensured that the child could prepare adequately for upcoming exams.

The children's files contained reports on their education and correspondence with staff of the establishments they attended. Staff were very familiar with the children's school and educational timetables and they facilitated them in attending class and extra-curricular activities by driving them to school or educational placement and collecting them when required.

As the school holidays were beginning at the time of inspection, staff were in the process of assisting one child in making arrangements for a new school placement in September.

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 copies of the medical assessments on admission were on the children's files. While there were details of one child's medical history on file, the medical history and the immunisation records of another child were not on file.

When health issues arose in relation to a child during their placement they were identified and addressed. Records showed that children were facilitated to attend their general practitioners (GPs), hospital or any specialist appointments, such as child and adolescent mental health services, that they required.

There was a focus on health promotion in the centre. Key workers undertook individual work with children on issues such as sexual health, smoking cessation and substance misuse. There was a consent form signed by parents in relation to one of these programmes. Children were also facilitated to attend for counselling on specific health issues when this was indicated.

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

Children were also encouraged and supported 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 fishing, gym, gardening, golf, swimming, horse-riding and go-karting.

There was some guidance for staff in relation to medicines management but this did not constitute an adequate policy and procedures. There was appropriate storage for medication. The records of medication administration were clear and staff signed when they administered medication. The interim centre manager had put good systems in place to ensure that medication was secure and was counted regularly. However, some medications were not clearly labelled with the child's name and it was not clear from the records why a course of medication, that had not been completed and was not currently being taken, remained in the medication cupboard. The system for checking expiry dates was not robust as inspectors observed that five medication and first aid products were maintained beyond their expiry dates.

Judgment: Requires improvement

Theme 4: Leadership, Governance & Management

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

The management team provided good leadership and there were measures in place to ensure that the centre was monitored and that senior managers were kept informed of all aspects of the operation of the centre. Staff members were experienced and were committed to helping the children to achieve their goals. However, the statement of purpose and function did not contain all the required information. There was no programme of audits to ensure that all practices were in line with policies. Improvements were also required in risk management, filing and archiving, and staffing issues, including staff files, supervision, training and meetings.

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 draft written statement of purpose and function which was being reviewed and updated at the time of inspection.

According to the document reviewed during the inspection, the centre is a medium term unit that provides care to children, both male and female, between the ages of 13 and 17 years. The stated aim of the centre is to provide children with a living experience, which is as near to normal as possible, and to create an atmosphere of genuine care and respect which is conducive to the safety, security and stability of the children. The statement made clear that the centre does not provide an emergency service. This,

however, was not adhered to as there was one emergency admission earlier in 2016. Furthermore, there was a discrepancy between the draft statement of purpose and function, which stated that the age range was 13-17 years and the admissions policy, which stated that the age range was 12-17 years.

Inspectors found that the aims outlined in the statement of purpose and function were reflected in the day-to-day operation of the centre. However, while the statement of purpose and function set out the basis in legislation, it did not contain any information on the facilities and services provided or on the staffing of the service.

Staff and management of the centre were clear about the purpose and function of the centre. Children, their social workers and parents, if appropriate, were made aware of the purpose and function of the centre prior to and at the time of admission.

The regional manager submitted a revised statement of purpose and function following the inspection. This described the centre as a medium to long-term unit and it provided more detail on the operation of the centre, the staffing and the model of care than the previous statement did. However, it made no reference to whether emergency admissions would be accepted or not.

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

Managers and staff were very clear about the lines of authority and accountability. Staff reported to the social care leaders and the interim centre manager. The interim centre manager reported to the interim service manager, who, in turn, reported to the regional manager.

The management team in the centre were experienced and provided good leadership. The previous centre manager left the centre in early 2016 and the new interim centre manager was appointed in June 2016. She was appropriately qualified and had substantial experience in management as she had deputised for the previous manager and had a range of management and supervisory responsibilities in the centre. Staff told inspectors that she was approachable and a good leader and that she had an open-door policy to staff and to children. She was supported by three social care leaders who were also suitably qualified and experienced. She knew the children well and records showed that she met with the children to discuss their progress and also when issues arose for them that required her intervention. She was a trainer in behaviour management and had also participated in a number of brief management courses during 2016.

There were various supports for the interim centre manager. The interim services manager met her in relation to taking up her new position and she planned to meet her

each month for formal supervision and discussion of all issues that arise in the centre. There was also a monthly regional meeting which was attended by the regional manager, service managers and other centre managers in the region. This forum supported the standardisation of good practice and the sharing of learning.

The operation of the centre was reviewed regularly. The interim centre manager told inspectors that she planned to meet the social care leaders regularly for a centre management meeting. Previous meetings such as these took place every two months on average. The interim service manager was in frequent contact with the interim centre manager and received prompt notifications of all significant events and a centre governance report each month. She also sat on the admissions committee and visited the centre on a regular basis. Systems were in place for the management of finances in the centre. Procurement cards were in use and the interim centre manager and a number of staff were authorised to use these cards. There were set limits on the amount of spending that managers at various grades could authorise. The interim centre manager told inspectors that the finances of the centre were subject to greater scrutiny since the introduction of a national structure for residential centres. All expenditure was logged and checked on a daily basis. The interim centre manager told inspectors that the national finance officer had visited the centre twice in the 12 months prior to the inspection to give guidance on the new financial systems and to examine the centre's records. The interim centre manager was also given a spread sheet on the expenditure in the centre for 2015 and the interim service manager told inspectors that it was planned to make financial information available to centre managers on a monthly basis in order to facilitate better budgeting. The centre was sufficiently resourced to implement the placement plans of the children using the service.

A self-assessment was carried out earlier in 2016 but there was no evidence of any action plan in relation to this. The interim centre manager told inspectors that she read the children's files and plans and that she signed off on these and on reports produced by staff. However, there were no file audits or other audits carried out to ensure that practices were carried out in line with policies. There was also a lack of evidence that the use of sanctions was reviewed to evaluate whether or not they were effective in moderating the children's behaviour.

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

There was no administrative support in the centre. While administrative files were generally well maintained, inspectors found that filing and archiving systems needed to be reviewed. For example, one folder contained documentation from 2013 regarding the pocket money of residents who were long gone from the centre.

Risks were generally well managed in the centre. Staff used Health Service Executive (HSE) guidance on the recording of hazards, risk identification and risk scoring. Risks were proactively identified and risk rated. Control measures were then put in place to mitigate risks and any high risks were escalated to senior managers. The centre risk register was contained in the monthly centre governance report which was sent to senior managers. However, in the centre governance report, the rating or scoring of risk differed from that of the HSE guidance of risk used elsewhere in the centre and there was no risk management policy or written guidance for managers and staff.

At the time of inspection the staffing levels were sufficient to deliver the service. There were 16 whole time equivalent posts. This figure included the interim centre manager, two social care leaders and an acting social care leader, social care workers and a housekeeper. The previous centre manager was the only staff member to have ceased employment in the centre during the past 12 months. There were 3.4 vacancies and three regular agency staff were used.

A staff roster was prepared in advance. There were two staff on duty at night, including one waking night staff and one sleepover staff. At the time of inspection, there were sufficient staff on duty at the appropriate times to support the children in the daily activities. The interim centre manager worked Monday to Friday and social care leaders worked a variety of shifts, including weekends. While managers made themselves available to provide support and advice to staff in the event of a crisis, there was no formal arrangement in place for a manager to be available for staff to seek advice or guidance outside of usual office hours. Inspectors reviewed a sample of 12 staff files, including those of two agency staff. The files were maintained securely. All the files contained all references, photo ID, curriculum vitae and recent Garda Síochána vetting. However, one file did not contain a police check from a country where the staff member spent several years and the copy of a driving licence in another staff member's file was many years out of date.

Inspectors viewed the supervision records of nine members of staff. Each staff member had a supervision contract and the content of supervision sessions was well recorded. Decision making was accountable and supervision focussed on the work with the children and also on a range of other issues. However, records showed that several staff did not receive supervision as frequently as their contracts stipulated and the reasons for this were not clearly recorded.

While there were staff meetings in the centre, they were held at irregular intervals and there were gaps of up to four months between meetings during the 12 months prior to the inspection. The recording of decisions and actions at the meetings was not robust and the decisions arising from discussion of the children's requests were not clearly recorded.

Staff training needs were discussed in supervision and personal development plans were evident in some staff files. While there was a programme of ongoing training, the data provided by the centre and the centre records showed that some improvement was required. Almost all staff had attended training on managing behaviour and on Children First: National Guidance for the Protection and Welfare of Children (2011) and various aspects of Children First (2011) were discussed at team meetings during the year. No staff member was up to date in their training on manual handling and approximately one third of staff were not up to date in training on fire safety. An insufficient number of staff had up-to-date training in first aid and neither of the health and safety representatives had received training in health and safety. There was evidence that some staff members attended other training during the 12 months prior to the inspection. This included training on placement plans, direct work with children, smoking cessation and supervision. While there was an interim policy on the use of a specialised rescue knife designed for the purpose of cutting ligatures, at least one member of staff had not been trained in its use.

Judgment: Requires improvement

Standard 3: Monitoring

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

Inspection Findings

There was a named monitoring officer for the centre at all times since the previous inspection. Due to a change in the internal structures of Tusla, a new monitoring officer was in place since April 2016.

A monitoring officer visited the centre on two occasions during the 12 months prior to the inspection. He produced a report on these visits and a copy of this report was submitted to HIQA. During the second visit, the monitoring officer followed up on recommendations from previous inspections and validated information provided by the interim centre manager in a self-audit submitted to the monitoring officer in April 2016.

Inspectors spoke to the new monitoring officer, who had visited the centre in April 2016 with the previous monitoring officer, and was scheduled to visit again in the coming months. He had met the current residents and was aware of issues that have arisen in the centre in recent months. The monitoring officer told inspectors that regular and timely notifications were submitted by the interim centre manager and staff and the new governance report was completed monthly.

Judgment: Meets standard

Acknowledgements

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