

## Health Information and Quality Authority Regulation Directorate

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



<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DML CRC
<b>Centre ID:</b>	OSV-0004159
<b>Type of inspection:</b>	Unannounced Follow Up Inspection
<b>Inspection ID</b>	MON-0018417
<b>Lead inspector:</b>	Caroline Browne
<b>Support inspector (s):</b>	Niamh Greevy

## **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:	To:
17 January 2017 11:00	17 January 2017 19:30
18 January 2017 09:00	18 January 2017 18:00

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

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

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

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

## Summary of Inspection findings

The centre provided medium to long term care for up to five boys and girls aged between 13-17 years old on admission. It is located in the Midlands region. At the time of the inspection, there were 5 children living in the centre.

During this inspection, inspectors met with or spoke to 5 children, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke with three social workers and one parent.

The centre was last inspected in July 2016 and this was a follow up to that inspection. Inspectors reviewed the actions that Tusla committed to put in place following the last inspection to make improvements in relation to planning for children, care of young people, safeguarding, education, health, premises and safety, management and staffing, care of children, planning for children and children's rights. Inspectors found that while the staff team had implemented many of the actions of the last action plan, there remained some outstanding actions which needed to be addressed.

Children had a good quality of life. Staff acted as positive role models to children and inspectors observed warm and respectful interactions between children and staff.

There were improvements in relation to the management of complaints and children were aware of their rights.

A significant amount of work had been completed in relation to the maintenance of the centre to ensure it was warm and welcoming. Further work was underway at the time of the inspection. Children were happy that this maintenance work had been completed.

Safeguarding practices were effective in keeping young people safe. All children had an allocated social worker. The staff team responded appropriately to ensure that children were safeguarded. The staff team worked closely with all relevant professionals when required and safety plans were in place to reduce any risks to young people.

Not all children were attending education programmes and there were inadequate plans in place to ensure children reached their academic potential in circumstances where children were not attending their educational placements.

Not all fire precautions were effective. Some fire doors were not operating effectively in order to protect young people against the risk of fire. This posed a risk to all children

and inspectors escalated this concern to the Centre Manager. In response, the Centre Manager provided inspectors with assurances that appropriate measures were in place in order to manage this risk while awaiting for the completion of the required maintenance work. Subsequent to the inspection, the Centre Manager provided HIQA with assurances that this work had been completed to address this matter.

In relation to the governance and management of the centre, there were a number of areas in which deficits had not been fully addressed. Further improvements were required in quality assurance, communication systems, supervision, training and team meetings.

Further details of the findings of this inspection are contained within the body of this report.

## Inspection findings and judgments

### **Theme 1: Child - centred Services**

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

### **Standard 4: Children's Rights**

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

### **Inspection Findings**

At the time of the last inspection:

- not all complaints made by children were identified as complaints.
- complaints records did not always record sufficient information in relation to the management of the complaint.
- not all children who may have benefited from a guardian ad litem had been considered for this service.

Children were aware of how to make a complaint and were satisfied with how their complaints were managed. A new complaints policy had been developed. Records reflected that children were encouraged to make complaints when they were dissatisfied with any aspect of the service and staff took children's complaints seriously. Inspectors reviewed the complaints log and found that there were 13 complaints made by children and the majority of these were closed. Complaints made related to staff supervision of smoking and other issues related to the children living together in the centre. Inspectors found that appropriate actions were taken to resolve complaints.

Children had been considered for advocacy services where appropriate. Inspectors found that the Centre Manager and a child's social worker had appropriately considered whether a child would benefit from the appointment of a guardian ad litem. A decision was made that given the individual circumstances of the child, that access to an independent advocate through the advocacy service Empowering People in Care (EPIC) would be more appropriate. Children told inspectors that they were aware of their right to independent advocacy and knew how to contact an advocacy service.

Children's rights to access their own records had been consistently promoted. This was a positive development since the last inspection. Children told inspectors that they were made aware of their right to access their information. Inspectors found that staff completed individual work with children to ensure that they were aware of their right to access their information and it was also discussed at children's meetings.

There was a good level of consultation with children in relation to the running of the centre. There were children's meetings which were held weekly in the centre to facilitate children's voice being heard. Records of these meetings indicated that children were consulted about their day to day lives. Children told inspectors that they were consulted, for example, about the design of their bedrooms when the centre was being re-decorated. Additional issues discussed by children at these meetings included, accessing their logs and meal planning.

### **Judgment:**

#### **Theme 2: Safe & Effective Care**

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

#### **Standard 5: Planning for Children and Young People**

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

### **Inspection Findings**

At the time of the last inspection, children's admission records did not reflect that consideration was given to the need to protect young people from abuse by their peers. This deficit had not been addressed.

Admissions to the centre were not managed in line with policy. Since the last inspection, one child had been admitted to the centre and this was a planned admission which had been approved by the Central Referral Committee. Inspectors found that the Centre Manager was provided with adequate information about the child prior to their placement in the centre. Children visited the centre and were provided with age appropriate information about the centre prior to admission. The Centre Manager and staff team were consulted as part of the admission procedure to determine a child's suitability to the service. Despite this, a social worker told inspectors that they had not been consulted as part of the admissions process. Similar to the last inspection, there were limited records of decisions or consideration given to the suitability of the placement for the new child. Inspectors found that no risk assessment was completed of, the impact of new admissions on the other children already placed in the centre to ensure their compatibility.

All children had an allocated social worker and were visited in line with regulations.

Child-in-care reviews were occurring in line with regulations, this had not been the situation at the time of the last inspection. However, not all decisions made at child-in-care reviews were provided to the centre in line with regulations. Despite this, the staff team had knowledge of the decisions made. Subsequent to the last inspection, a child's child-in-care review was brought forward in order to plan for this child's changing needs in a timely way.

At the time of the last inspection, some children's care plans were not up-to-date and their quality varied. In addition, not all actions agreed had been taken to address this deficit.

All children had an up-to-date care plan, but the quality of care plans varied. The majority of care plans reviewed by inspectors were of good quality and reflected children's assessed needs and actions to take in relation to those needs. However, the Centre Manager had escalated the quality of a child's care plan to a social work department on three occasions over a five month period as one child's care plan was not completed in full and lacked detail in relation to the child's views. Centre records indicated that this issue had been highlighted to the social work team but a comprehensive plan had not been provided to date. Inspectors were advised by the Principal Social Worker that this matter was being investigated in order to ensure that systems are in place to ensure that children have good quality care plans.

Not all placements plans were comprehensive. The majority of placement plans reflected the implementation of actions from children's care plans. The Centre Manager and Interim Service Manager reviewed placement plans to ensure that they were of good quality. Inspectors found that they guided staff in promoting some positive outcomes for children. While some improvements had been made to these plans, they did not guide staff in relation to meeting children's education needs and goals.

At the time of the last inspection, children declined to attend appointments with professionals. At that time, staff did not always encourage children to attend in order to meet their best interests.

On this inspection, inspectors found that children were supported and encouraged to attend appointments. On the days of this inspection, one of the children was attending their appointments with the encouragement of staff and their social worker. Staff told inspectors that they believed that children were benefitting from their attendance at appointments. When children chose not to attend appointments, staff discussed possible reasons for this. The Centre Manager and a social worker told inspectors that they were making efforts to link children with alternative services in these circumstances.

At the time of the last inspection, after care plans were not comprehensive and preparation for young people leaving care required improvement.

The quality of aftercare plans continued to require improvement. Inspectors found that plans were not sufficiently detailed to ensure the development of independent living skills and the timely exploration of accommodation options. The Centre Manager had identified and escalated this matter to the relevant aftercare worker and social worker. As a result, a strategy meeting was held on the day of the inspection which included



consultation with the young person in order to progress plans for them.

Preparation for leaving care was not fully incorporated into daily routines. There was no structured programme in place to ensure that young people's skills were sufficiently developed in order to live independently. Despite this, the staff team and the young people's key-workers completed some one-to-one sessions in areas such as budgeting, using public transport, cooking and preparing for the driving theory test. One young person told inspectors that they had begun to use public transport.

**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**

Since the last inspection, care practices took into account children's wishes with regard to their religious identity. On review of records, inspectors found that staff completed individual work with children in relation to religion and consulted with children in relation to their wishes. Children told inspectors that they could express their views in relation to their religious identity.

At the time of the last inspection records of children's nutritional intake were inadequate. This deficit had not been fully addressed. Inspectors observed a healthy meal being prepared on the day of inspection. Children told inspectors that they were satisfied with the food provided to them. Despite this, the recording of children's nutritional intake was not adequate to ensure children had a nutritious diet. While the Centre Manager highlighted this matter with the staff team, no improvement occurred.

At the time of the last inspection, behaviour support plans were not reviewed in line with children's needs. Children's behaviour support plans were in place to guide the staff team in relation to behaviours that challenged. Inspectors found that behaviour support plans were reviewed and updated when a new behaviour that challenged presented in order to guide the staff team in how to manage these incidents. Appropriate actions were taken in response to incidents and children were referred to appropriate services in order to identify underlying causes of behaviours. Incidents of behaviour that challenged were reviewed by the Centre Manager. The Centre Manager provided feedback to the team in relation to the management of the behaviour. All absence management plans had been reviewed and included guidance and timelines for when staff should contact An Garda Síochána.

At the time of the last inspection, some restrictive practices used were not always recognised as such.

Restrictive practices had been assessed and reviewed regularly, but the least restrictive

practice was not always used. Some restrictive practices were not always necessary in order to reduce risk to the children. Since the last inspection, a log of restrictive practices used within the centre had been developed. Inspectors found that restrictive practices which were identified on the last inspection had been risk assessed. However, there were no records to indicate decisions made following review of these practices in order to ensure that the risk remained or whether there was a plan to reduce the restrictive practice. Inspectors found that there was not a sufficient rationale for some restrictive practice used within the centre.

Consequences and incentives used within the centre were reasonable and appropriate. Since the last inspection oversight and monitoring of the use of consequence improved in order to promote consistency among the staff team. On review of the consequence log, inspectors found that there was a clear rationale for both consequences and incentives. Consequences and incentives were also discussed at team meetings to ensure they were effective.

**Judgment:** Requires improvement

#### **Standard 7: Safeguarding and Child Protection**

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

#### **Inspection Findings**

At the time of the last inspection, safeguarding practices were not always implemented to protect children from abuse. Improvements had been made in relation to this area.

Child protection concerns were managed in line with Children First: National Guidance for the Protection and Welfare of Children (2011). An updated child protection practice notice has been implemented by the Centre Manager. This guidance notice was discussed at staff team meeting and the Centre Manager requested that all staff ensure they are aware of this guidance. Inspectors spoke with staff who were aware of the procedures for reporting a child protection concern.

All child protection and welfare concerns were appropriately reported to the relevant social work departments. There were three child protection and welfare concerns since the previous inspection and all of these concerns remained open. While the Centre Manager was aware that these reports had been investigated, she requested a formal outcome from the social work department in order to close these concerns. However, this had not prompted a response from the social work departments.

Improvements had occurred in safeguarding practices in order to ensure children were protected from abuse. The staff team responded appropriately to ensure that children were safeguarded. They regularly worked closely with all relevant professionals and safety plans where required to reduce any risks to children. Inspectors observed the implementation of a safety plan by the staff team during the course of the inspection. Staff were knowledgeable about their safeguarding responsibilities and what their specific duties were in implementing safety plans. This was reflected in children's

records.

Staff told inspectors that they were aware of the whistle-blowing policy. Records reflected that this policy was discussed in team meetings.

**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**

At the time of the last inspection, the health and safety of children, staff and visitors was not always promoted or protected in suitable accommodation. The centre was not in a good state of repair. Records of maintenance requests and repairs contained gaps.

Minor capital funds had been secured and refurbishment was taking place at the time of the inspection. The centre had recently been insulated and new windows had been fitted. Inspectors observed maintenance work completed such as painting, redecoration of children's bedrooms and damage to walls had been repaired. Children told inspectors that they were happy with the new décor of their bedrooms and with the maintenance that had been undertaken to date.

At the time of the last inspection, some improvements were required in fire safety. Staff required refresher fire safety training. There was no signage in the area to identify the assembly point. While some of these deficits had been addressed. Inspectors found further deficits in fire safety on this inspection.

Not all precautions against fire were adequate. Some fire doors were not operating effectively in order to protect young people against the risk of fire. On review of maintenance log, inspectors found that this issue had been identified three months previous. However, repairs had not taken place and the issue had not been escalated to the Interim Service Manager. Inspector's escalated this issue to the Centre Manager on the day of inspection. In response, the Centre Manager provided inspectors with a risk assessment which identified that appropriate measures were put in place in order to mitigate against this risk while awaiting the necessary maintenance work. On the day following the inspection, the Centre Manager provided HIQA with assurances that work was completed to ensure that the fire doors were effective.

At the time of the last inspection, not all staff had participated in regular fire drills in line with the health and safety policy and records were incomplete.

There were gaps in fire drill records. There had been seven fire drills within the centre since the last inspection. On review of records, inspectors found that records did not include the young people or staff names who had participated on the drill. Therefore, it was not evident that all staff and young people had participated on a fire drill in line

with policy. On the most recent incident of the fire alarm being sounded it was recorded that young people refused to evacuate the centre. However, there was no review of this in order to ensure that learning from this could be shared amongst the staff team. The majority of staff had completed fire safety training. Two outstanding members of staff were scheduled to complete this training. The fire assembly point signage was in situ.

Records of maintenance requests had improved with the exception of one maintenance request as discussed above. The Centre Manager had nominated a member of staff to review the maintenance log on a daily basis to ensure it was kept up-to-date and issues were dealt with in a prompt manner. On review of the maintenance log, inspectors found that all requests were clearly recorded, all requests had been notified to the maintenance department and a clear record of response had been maintained. When there was a delay in the response by maintenance the majority of these requests were escalated to the Interim Service Manager.

The storage of medication was appropriate. Inspectors found that the medicine cabinet was organised.

**Judgment:** Requires improvement

### **Theme 3: Health & Development**

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

### **Standard 8: Education**

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

### **Inspection Findings**

At the time of the last inspection, not all children were in full-time education.

Children were encouraged and supported to attend their education placements. However, on this inspection, four of the children were not attending school. Inspectors found that the reason for this, related to some factors which were outside of the control of the centre. During the course of the inspection, staff were endeavouring to enable children to engage in education. One child was recently admitted to the service and the staff team were supporting this young person to access education. Staff were actively working with a child and school staff in facilitating their return to school. Inspectors found that there was a good level of communication between the staff team, professionals, schools and training courses in order to ensure positive outcomes for children's education. At the end of the two day inspection, two children were attending school. Following the inspection, the Interim Service Manager told inspectors that arrangements were in place for a third child's educational placement.

Young people who were not attending school were not supported with tuition. There was a lack of adequate routine in place to meet children educational needs while they were not attending their school. Since the last inspection, an attendance at school policy had been developed. However, this policy did not sufficiently guide staff to ensure an appropriate routine was maintained when children were not in fulltime education. In the absence of children attending their educational placements, there were no plans in place to ensure these children reached their academic potential. There were no educational assessments on three of these children's files nor was there an individual educational plan. On review of records, there was no evidence of routine or tuition for children when they were not attending school. Children told staff that they had one to one sessions with staff, went grocery shopping and went for drives.

**Judgment:** Requires improvement

#### **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**

At the time of the last inspection, not all children's medical records, for example children's immunisations records, were on their files.

On this inspection, two children did not have their full medical history from birth on file. Records indicated that the Centre Manager had escalated this to the relevant social work department. However, these records had not been provided.

Healthy lifestyles were not always promoted in the centre. While, staff encouraged exercise and a healthy lifestyle, all of the children smoked. Centre records showed that staff used one to one key working sessions with the children to discuss areas such as smoking, alcohol, sexuality and relationships. However, the majority of children had not been referred to a smoking cessation programme. One young person told inspectors that this was something that they would like to explore further. The Centre Manager and Interim Service Manager both acknowledged that further work was required in this area.

Medication management practice required improvement. Some medication's labels did not specify the dose to be administered. Medication records indicated that one medication was not administered to a child as prescribed. One medication had expired and required safe disposal. The Centre Manager told inspectors that a member of staff had been assigned to monitor the medicine cabinet. Despite this, there were no records of this oversight nor was it effective, as these gaps had not been highlighted to the Centre Manager.

**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.

### **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**

At the time of the last inspection the statement of purpose and function had not been reviewed. There was no child friendly version available to children.

This deficit had been fully addressed. The statement of purpose and function had been reviewed and updated since the last inspection. A copy of the young person's booklet which contained the child friendly version of the statement of purpose was available in the centre. Day to day practice reflected the statement of purpose.

**Judgment:** Meets standard

### **Standard 2: Management and Staffing**

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

### **Inspection Findings**

At the time of the last inspection, inspectors found that the arrangements for covering the Centre Manager's leave required improvement to ensure the centre was managed appropriately. Since the last inspection, a specific member of staff was nominated to deputise in the absence of the Centre Manager. This member of staff also assisted the Centre Manager with some administrative duties on a day to day basis.

Since the last inspection, some policies and procedures had been developed and reviewed, for example medication guidance, child protection guidance notice and a complaints policy. Inspectors found that staff spoken to were knowledgeable about these.

At the time of the last inspection not all communication systems were effective. This deficit had not been fully addressed. Inspectors found that communication with professionals external to the centre had improved. The quality of recording of team meetings and handover meetings varied and had not sufficiently improved since the last inspection. The team meeting minutes continued to have some gaps in recording and did not consistently reflect the decisions made. In addition, when there were agreed

actions these were not discussed at the following meeting. As a result, records did not reflect that actions were implemented. Despite poor recording of handover meetings staff were aware of their tasks through out the day. Inspectors observed staff completing these tasks.

At the time of the last inspection, there were gaps in the risk management system. The majority of risks were well managed. The Centre Manager told inspectors that a national risk management policy was being developed. Risks were assessed and risk assessments completed included individual risks to children and environmental risks in the centre. The centre had a risk register. This risk register was discussed at staff team meetings to raise awareness of risk amongst the team. The Centre Manager and Interim Service Manager reviewed the risk register regularly. Despite this, inspector's found that one risk in the centre which had not been identified, this was the risk of ineffective fire doors. This has been referred to earlier in this report.

At the time of the last inspection, monitoring systems were not effective in improving the quality and effectiveness of services and outcomes for children. This remained the situation. Inspectors found some gaps which had not been identified through the centre's own monitoring systems such as gaps in communication systems, medication management, recording of fire drills and oversight of maintenance requests. The Centre Manager identified that she monitored staff practice through supervision, team meetings and oversight of the staff teams handover. The Interim Service Manager also had responsibility to monitor the centre. She visited the centre to complete supervision with the Centre Manager, observed staff practice, met with children and attended some team meetings. Audits of the quality of children's care plans, health and safety, placement support plans and central logs were completed by the Interim Service Manager. Inspectors reviewed these audits and found that she identified some practice issues and the Centre Manager made the necessary changes.

Following the last inspection, the Interim Service Manager and the Centre Manager developed an action plan to implement the actions that were submitted to HIQA. While some improvements had been made, not all actions were implemented. For example, deficits identified in training, supervision arrangements and collective risk assessments had not been addressed in a timely way. The Interim Service Manager accepted that these issues required further follow up.

Some improvements were made in the area of financial management. Inspectors reviewed the petty cash and found that expenditure was recorded in line with Tulsa's record management policy. A financial audit had taken place and recommendations made are currently being addressed. However, the number of staff who held procurement cards had not been increased since the last inspection as agreed. However, the Centre Manager had assured inspectors that there was always one staff member on shift which held a procurement card and this was confirmed by a review of the staff rotas. Training in financial management remained outstanding for the Centre Manager and no date was in scheduled for this.

The register for children had been updated since the last inspection and was in line with regulations. Records were accessible in the centre. However, there were some gaps in centre records which have been highlighted throughout the report.

The quality of supervision varied and some supervision arrangements were not effective. The Centre Manager and social care leaders provided supervision and had been trained in supervision. The majority of supervision records sampled showed that supervision was regular, there was good discussion about the children, and staff were encouraged to develop new skills and improve their practice. However, some records of supervision did not always include agreed actions and timelines for completion. In addition, a small number of staff told inspectors that they were dissatisfied with their supervision arrangements as they were not supervised by the Centre Manager. The Centre Manager also told inspectors that a review of staff satisfaction with the supervision arrangements had taken place and that the current arrangements were not effective. However, no changes had been implemented as a result of the review.

Staff had not received all required training in a timely way. Inspectors found that there remained some outstanding training since the last inspection. All staff received training in relation to the safe use of ligature knives and Children First: National Guidance for Protection and Welfare of Children (2011). There was staff training scheduled for two members of staff who required refresher fire safety training. However, a training needs analysis for 2016 identified that training was required in sexual health and self-harm in order to meet the needs of individual children. However, this training had not been provided.

**Judgment:** Requires improvement

### **Acknowledgements**

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