

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA DNE CRC
Centre ID:	OSV-0004170
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0018913
Lead inspector:	Niamh Greevy
Support inspector (s):	Caroline Browne

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:
01 February 2017 10:00	01 February 2017 18:00
02 February 2017 09:00	02 February 2017 19:00
03 February 2017 10:00	03 February 2017 13:30

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

- **Compliant:** A judgment of compliant means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.
- **Substantially compliant:** A judgment of substantially compliant means that some action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.
- **Non-compliant:** A judgment of non-compliant means that substantive action is required by the service/centre to fully meet a standard or to comply with a regulation, if appropriate.

Actions required

Substantially compliant: means that action, within a reasonable timeframe, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-compliant: means we will assess the impact on the children who use the service and make a judgment as follows:

- **Major non-compliance:** Immediate action is required by the provider to mitigate the noncompliance and ensure the safety, health and welfare of the children using the service.
- **Moderate non-compliance:** Priority action is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

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	Compliant
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Non Compliant - Moderate
Standard 6: Care of Young People	Substantially Compliant
Standard 7: Safeguarding and Child Protection	Compliant
Standard 10: Premises and Safety	Non Compliant - Moderate
Theme 3: Health & Development	
Standard 8: Education	Compliant
Standard 9: Health	Non Compliant - Moderate
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Non Compliant - Moderate
Standard 2: Management and Staffing	Non Compliant - Moderate
Standard 3: Monitoring	Non Compliant - Moderate

Summary of Inspection findings

The centre was operating from two locations (House A and House B). House A was a large semi-detached house that included independent living accommodation for one young person. It was located in an estate in North West Dublin. House B (a satellite unit) was a detached house located in an estate in North Dublin. Both houses were close to local amenities such as schools, shops and public transport.

There was a statement of purpose and function in place for the centre that showed it provided medium to long-term residential care for up to four young people aged between 12 and 18 years of age. Young people with an intellectual disability were admitted once their assessed needs could be met by the centre. House B was made available to the centre to provide residential care to one young person whose needs could no longer be met within the group living setting of House A. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 4 children, 2 parents, managers and staff. Inspectors observed practices and reviewed documentation such as statutory

care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke with two social workers and two guardians ad litem as part of this inspection.

This centre was well managed and responded to children's needs and behaviours that challenged. External professionals spoken to as part of the inspection described the centre as open, said they worked to a high standard and listened to children in their care.

The majority of children told inspectors that they were happy living in the centre, and some described the staff team as being like family. Most children identified having lots of contact with families and friends, but one child felt that they could have more contact with their friends.

The rights of children were promoted by staff and external professionals. Children were involved in decisions about their care and told inspectors that they knew how to make a complaint.

Overall, children received good quality care and had good access to specialist services if required. Young people were supported to develop independent living skills, in preparation for leaving care and were at the centre of aftercare planning. Sourcing an appropriate aftercare placement was a challenge facing the centre at the time of inspection.

The centre was managed by a competent and qualified centre manager and deputy centre manager. There were clear lines of accountability in place but systems in place to monitor the quality of the service needed to be developed further.

The staff team demonstrated a good understanding of children's needs and worked well with external professionals in order to meet children's needs. Although some records were not up to date, inspectors found that the quality of care provided to children was good. Staff regularly met with children individually to support them around difficult issues in their lives, and to talk about their behaviour that challenged.

An area for improvement identified during this inspection related to the storing, administering and recording of medication.

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

Children were generally supported to exercise their rights. One child lived in a single occupancy unit, they experienced a high level of supervision and had limited peer to peer interactions. The young person told inspectors that they would prefer to live in a group setting. Inspectors found that the centre supported this young person to have contact with peers. Some children had accessed their records while others told inspectors they did not know how to.

Children were supported to participate in decisions made about them. Inspectors found that children were involved in decisions made about their daily lives and futures. Children were consulted as part of planning about their care and where children were living in a group, the centre held children's meetings to talk about issues. They made decisions as a group. Where particular issues arose between children, inspectors found that staff supported young people to resolve disputes.

Inspectors found that complaints had been managed well. There were 10 complaints since the last inspection and four of these remained open at the time of inspection. Most complaints were resolved locally, in a timely way. Records showed how complaints were managed and recorded whether the complainant was satisfied with the outcome or not. Children who spoke to inspectors had mixed views about whether it made a difference if they made a complaint but all children knew how to make a complaint. Inspectors reviewed complaints since the last inspection found changes were implemented sometimes as a result of complaints, for example in relation to staffing arrangements. The service also kept a record of informal complaints which the Deputy Manager told inspectors helped with identifying trends. However, inspectors did not find written records of trending of complaints.

Children had access to advocacy services either through an appointed Guardian ad Litem or contact with the advocacy group Empowering People In Care.

Judgment: Compliant

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

The admissions process was effective. Social workers, guardians ad litem and family members told inspectors that the centre was meeting the needs of children placed there. Children who were admitted to the centre since the last inspection had a planned transition to the centre that included family members visiting with the young person prior to admission. The centre manager told inspectors that they received adequate information prior to admission and the collective risk assessment completed prior to admission showed that this was the case. Inspectors also found that consideration was given to the impact of the new admission on children already living in the centre. There was one young person discharged from the centre since the last inspection.

All children had child in care reviews within statutory timeframes. Children and family members told inspectors that they were involved in decision making but it was not always clear from records if children, family members or professionals had attended child in care reviews. However, inspectors found that the views and wishes of children were reflected in plans and decisions made at reviews. Child in care review minutes reflected what decisions were made in the review meeting and were available to guide the care provided in the centre.

Two out of four young people had up-to-date care plans on file, and these were of mixed quality. While these care plans outlined the assessed needs of children, they did not always identify actions needed to meet the identified needs. The assessment of need in care plans comprehensively covered needs including health, education, emotional and behavioural development, identity and self care. The centre manager had requested an up-to-date care plan for one of the children, where it was outstanding. Where there were no care plans on file, the centre had received child in care review minutes and through regular communication with professionals and family involved, they were implementing the decisions made at the review.

Not all children had up-to-date placement plans but through good communication with

children and external professionals, and shift planning, staff continued to meet the needs of children. At the time of inspection, two placement plans were up-to-date, of good quality and reflected the minutes of child in care reviews, where care plans were not available. The remaining placement plans had not been updated to reflect decisions made at child in care reviews two months before, although the centre either had a copy of review minutes or care plans for these young people at the time of inspection. In addition, placement plans were not consistently signed by staff or managers. However, while placement plans were not available to guide staff in relation to the care of two children, good communication between staff in the centre, young people, and relevant professionals, in addition to daily planning, allowed staff to implement care plans and respond to the emerging needs of young people. Since the last inspection, the centre had introduced a new national system for recording and reviewing the progress of placement plans. The centre manager told inspectors that this system was not yet embedded in practice. In addition, the centre manager told inspectors that these documents were currently under review in the region and they were hopeful that this would result in them becoming easier to use.

Young people over the age of 16 years had an allocated aftercare worker or were referred to the aftercare service. Two children had aftercare assessments and plans in place but the move-on placement was not identified for one child. Inspectors found good efforts were made to support young people to develop independent living skills in line with their care plan and placement plan. The centre had an apartment to the side of House A which allowed for semi-independent living. Young people who used this facility took on responsibility for budgeting, shopping, cooking and maintaining the apartment with support from staff as needed. Where there was not a clear move-on placement for young people approaching 18 years of age, inspectors found that social workers and centre staff were in the process of trying to identify appropriate move-on placements. Inspectors found that the wishes of young people and their families were taken into account, in this regard.

Children were supported emotionally by staff. Children told inspectors they could talk to staff and some said they felt they were treated like a family. Inspectors saw records of staff putting in appropriate rules and boundaries, and supporting young people through difficult issues. Some social workers and guardians ad litem told inspectors that staff were good at listening to and were supportive of children.

Specialist supports were in place to support children and staff, as needed. Inspectors found that children received assessments and accessed specialist services in line with their needs. Where children had additional psychological or therapeutic needs, appropriate referrals were made and staff supported children to attend appointments insofar as possible. Where children presented with complex needs, there was good interagency communication and cooperation, which underpinned decisions made in relation to the care of children. In addition, there were specialist supports in place to help the staff team to meet the needs of children with complex needs.

Children were supported in their relationships with family and friends, in line with their identified needs. Children maintained relationships with peers from the community in which they lived prior to their admission to the centre, and inspectors observed during the inspection that visits from friends were a normal part of life in the unit. Appropriate access arrangements were in place and children's wishes around family contact

informed the plans in place. Family members spoken to as part of the inspection told inspectors that they felt welcomed by the staff and were kept up to date of events in the lives of young people.

Records reviewed showed that children were visited by their social worker in line with regulations. Social workers spoken to as part of this inspection told inspectors that they received good quality records of significant events, in a timely way.

Inspectors found that all young people had individualised records that were stored securely, but not all records were up to date or signed. Arrangements were in place for archiving records of young people who had left the centre.

Judgment: Non Compliant - Moderate

Standard 6: Care of Young People

Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

Inspection Findings

Children were well cared for by staff and were given support in relation to their individual needs. Inspectors observed that children were appropriately dressed. Children engaged in leisure activities relevant to their interests and inspectors found that important events in the lives of children were celebrated.

Children presented well and were given guidance and support with their self care, as needed. Some young people were responsible for cooking their own meals in line with their preparation for leaving care plan and given help with grocery shopping. Other young people reported positively about the food in the centre. Inspectors observed a range of food available in the centre during the inspection and records showed that children were offered healthy and varied meals. Where young people lived in the apartment, staff gave support with grocery shopping. However, if the young person did not use this support, it was difficult for staff to monitor their diet.

While some children had up-to-date placement support plans to help staff manage behaviour, these records needed to be updated for other young people. Placement support plans include routine management, behaviour management, absence management, individual crisis management and situation management plans. Despite some children not having up-to-date placement support plans, inspectors found on reviewing records of individual incidences that behaviour that challenged was well managed by staff. Social workers and guardians ad litem told inspectors that they felt staff managed behaviour well overall, and found the team open and willing to discuss any concerns. Inspectors found the staff talked to children about their behaviour to support them to understand and change it.

Restrictive practices were reviewed to ensure that the least restrictive measures were in

place, while balancing the need to maintain safety. The restrictive practices used in the centre were alarms on children's bedroom doors, a child living by themselves and on a small number of occasions physical restraint was used. Where restrictive practices were in place, there was evidence that centre staff met with the social worker and other external professionals to review their use and considered whether restrictions could be reduced, ensuring that the least restrictive measures were in place. Records showed the reason for maintaining or reducing the level of restrictions in place. Individual risk assessments were in place in relation to the use of alarms of bedroom doors.

The centre manager told inspectors that all staff had up-to-date training in an approved method of managing behaviour but the training log did not reflect this for all staff. While restraints were recorded on significant event records, they were not recorded in a separate restraints log.

Significant events were reviewed formally through a regional significant event review group. Inspectors reviewed a sample of team meeting minutes and found that significant events were sometimes discussed at staff meetings. The centre manager told inspectors that they discussed significant events with two members of staff and made a decision about what events to escalate to the regional review group. The recommendations from the significant event review group were then communicated back to the team in staff meetings, with clear actions for follow up. However, inspectors found some instances where recommendations of the significant event review group had not been implemented, for example, to update the young person's individual crisis management plan.

Inspectors reviewed a sample of records relating to children absconding from the centre and found the majority of incidents were well-managed. Children were reported missing to An Garda Síochána in line with their absent management plan and records showed the efforts made by staff to make contact with children absent from the centre without permission and to return them to the centre safely. In one instance, however, records did not outline the circumstances under which a young person had absconded from the centre, but it was clear that the absence was reported to An Garda Síochána, as appropriate.

Inspectors reviewed records relating to the use of sanctions and found they were proportionate and appropriate. For some children, sanctions for particular behaviours were identified in their behaviour management plan and inspectors found practice was in line with these plans.

Judgment: Substantially Compliant

Standard 7: Safeguarding and Child Protection

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

Inspection Findings

Safeguarding practices in the centre were good. Where there were issues between

children, staff supported children to resolve these issues in a positive way. Inspectors found that individual work was carried out with children to support them to understand and try reduce risk taking behaviours. Individual work dealt with issues relating to relationships, sexual health, use of internet and social media and self injurious behaviour. In addition, inspectors reviewed risk assessments that had been carried out in relation to specific risks and found evidence that these were used to promote the best interests of young people. Staff worked with young people to develop safety plans and where young people did not adhere to the agreed plan, staff took appropriate actions to manage the situation and keep young people safe.

The centre managed child protection concerns appropriately. Inspectors found referrals were made as needed, in a timely way. Fifteen child protection referrals were sent since the last inspection and social work responses were received in relation to all of these, although some of these remained open. Staff interviewed knew how to manage a child protection concern and were familiar with the protected disclosure policy. Where there were allegations against a staff member, these were managed appropriately, with due consideration given to the safety of all children in the centre. The centre followed the Dublin North East policies in relation to child protection, which predates Children First, 2011. The Centre Manager told inspectors that this was supplemented by a practice note issued to centres nationally by the previous National Director for Children's Residential Services.

Judgment: Compliant

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

Inspectors found the centre was clean, tidy and homely. Some minor maintenance issues were brought to the attention of the centre manager during this inspection, as they were not contained in maintenance records. Overall the centre was well maintained and in relation to one of these, the Centre Manager told inspectors that the damage was very recent. Inspectors observed that the centre was nicely decorated and photos of young people were displayed around the centre. Inspectors reviewed maintenance records that showed that most maintenance issues were identified and notified to the appropriate service. However, records did not consistently show when these issues were resolved or if there had been any follow up where it had not been resolved after some months. This recording issue had been discussed in a staff meeting but was not resolved at the time of inspection.

The management of health and safety concerns was generally good but there were some areas for improvement. The centre had undertaken an assessment of ligature points but this assessment had not considered risks on the outdoor parts of the premises. In addition, some additional control measures had not been implemented in a timely way. The centre had conducted a range of health and safety risk assessments,

and had a health and safety statement in place. Since the last inspection, the centre had designated responsibilities regarding the ongoing management and monitoring of risk assessments to a member of staff. The risk register contained risks relating to both health and safety issues and behaviours that challenged. While there was evidence of appropriate follow up to implement some control measures, other measures that related to staff training had not been implemented in line with the due date given.

Measures were in place to manage the risk of fire but there were some gaps in records. Fire drill records showed that children and staff had participated in drills and identified if there were any issues or learning from the event. Inspectors reviewed fire check records and found that there were some gaps in the maintenance of daily fire checks. Fire equipment had been serviced. Inspectors reviewed the fire certificate in place for House A, but there was no fire cert in place for House B. While ten staff had up-to-date training in fire safety, eleven staff needed up to date training and one staff member had no training in this area.

Vehicles in use by the centre were in good condition and were taxed and insured.

Most staff had up-to-date training in first aid but four staff had none.

Some improvements were needed in relation to the storage of medication. While House A had appropriate storage arrangements in place, managers had identified that House B needed appropriate facilities to store medication and told inspectors they had ordered this. In the interim, medication was stored in a locked cabinet but was mixed in with records and other items.

Judgment: Non Compliant - Moderate

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

Three of four young people were in training or education at the time of inspection. The educational needs of young people were assessed and additional supports were in place, as needed. Records showed that staff maintained good communication with schools. The Centre Manager told inspectors about the importance of identity for young people in their care and how maintaining children in schools in their community of origin was important for their engagement in education. One young person had recently

stopped attending their education and training programme and at the time of inspection were exploring employment options.

Where young people had achieved state examinations since the last inspection, these records were held on files.

Judgment: Compliant

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

Inspectors found that the centre met the healthcare needs of children. Children's health needs were reviewed in child in care reviews. Health records showed that children visited their GP, dentist, hospital or received specialist medical care as appropriate. Where there was a delay in children accessing treatment, inspectors found this was due to children's refusal to attend appointments. Inspectors found that staff supported children to live an active and healthy lifestyle, and encourage them to eat a nutritious diet. While there were no health education programmes in place since the last inspection, inspectors found that staff worked with young people on an individual basis around these issues. Immunisation records were on most, but not all files. The centre contacted the social worker in relation to children where immunisation records were missing.

Inspectors found appropriate consent in place on all files. Some young people over the age of sixteen regularly used their right to consent to their own medical treatment.

Medication management practices required improvement. The centre had guidance in place in relation to the administration of medication, and were waiting for the introduction of a national policy in this area. Inspectors found one medication in the centre was past its expiration, another was not labelled properly and a third did not have a corresponding administration sheet. A further issue identified during this inspection was for some children, there were gaps in medication records so it was unclear if medication was administered or not. Inspectors did not find evidence of oversight or audits of medication management practices.

Judgment: Non Compliant - Moderate

Theme 4: Leadership, Governance & Management

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

Standard 1: Purpose and Function

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

Inspection Findings

The centre had two statements of purpose, one that related to House A, the other to House B. While each statement of purpose set out the individual functions of each house, the centre did not have one statement of purpose that outlined the purpose and function of the centre as a whole.

The statements of purpose were up to date, outlined the functions of each house and referred to key policies that guided centre practices on a day to day basis. The statement of purpose for House A outlined that it could cater for up to 4 young people, in addition to providing care for an additional young person in the independent living accommodation attached to the house. This statement of purpose also outlined that House A could accommodate young people with an intellectual disability, or a young person who is pregnant or has a child, where this is agreed with relevant parties. The statement of purpose for House B indicated that this satellite unit was established solely for the purpose of meeting the needs of the young person residing there at the time of inspection and is not open to other referrals. The centre manager told inspectors that it is their intention to close this unit when this young person has move into their aftercare placement.

Previous inspections identified that the purpose and function of House B was not informed by a policy or guidance in relation to single occupancy and the centre manager told inspectors that while this policy was due to be signed off in December 2016, they continued to await this development.

Judgment: Non Compliant - Moderate

Standard 2: Management and Staffing

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

Inspection Findings

There were management structures in place that identified clear lines of accountability and authority. Risk was also well managed within the centre but systems to monitor the quality of the service needed to be developed further.

The centre was managed by qualified, experienced and competent managers. The Centre Manager was supported by a Deputy Centre Manager, both of whom divided their time between House A and House B. The centre manager reported to the Alternative Care Manager, who reported to the Acting Regional Manager. The regional manager reported to the Acting National Director for Children's Residential Services.

There were systems in place to monitor the quality of practice but these needed to be further developed. The Centre Manager told inspectors that they had oversight of the service through observation of staff, record checks and external reviews of significant events. An audit of supervision was undertaken by an external social care manager in October 2016 which found that supervision took place in line with policy in many respects and made recommendations to address areas for improvement, such as having a plan to provide supervision in House B, to ensure supervision was scheduled within timeframes and records were signed.

Systems in place did not ensure that children's files contained all of the required documents, placement plans were signed or maintenance and medication records were complete and up-to-date. Where the service were awaiting care plans to be sent on from social workers, the centre manager had introduced the practice of writing to social workers to request this and escalated to the Alternative Care Manager for follow up, where the plan was not forthcoming. Inspectors saw that for some children, the Centre Manager and Alternative Care Manager had followed up with social workers, but this had not occurred for one child. On reviewing the most recent governance report, inspectors found that information reported by the centre was inaccurate in relation to whether children had up-to-date care plans on file. Inspectors found no further audits or reviews were in place to support managers to identify and resolve such issues. The Centre Manager had implemented a system to ensure that they reviewed and signed all relevant documents, followed by the key workers who were then responsible for filing, but this had not been consistently implemented for placement plans and placement support plans.

Inspectors reviewed supervision records and found the quality of supervision varied. The centre followed Tusla's national supervision policy and staff who delivered supervision were appropriately trained. Records showed good discussions took place in relation to the needs of children, and supervision covered issues such as training and development. However, while some supervision records showed that clear actions were agreed and the record was signed, this was not consistent across all supervision records reviewed as part of this inspection. In line with the recommendations of the supervision audit, the centre had a supervision schedule in place for all staff, which was in the early stages of being implemented. Staff who spoke to inspectors were positive about supervision and said they felt it was helpful but also supportive when they were facing challenges in the centre.

There was good communication in the centre. Staff met for handover each morning, and inspectors found that records sampled showed clear handover of tasks and issues. Each house also held regular team meetings where current information in relation to the young people and learning from the significant event review group was shared, and risks, child protection concerns and training were discussed. A review of a sample of meetings showed that clear actions were outlined in minutes, alongside who was responsible and when the action would be implemented by.

The Alternative Care Manager told inspectors they were satisfied that the centre operated safely and effectively. Inspectors found that the Alternative Care Manager visited the unit and had reviewed logs including children's daily logs, complaints and the significant events log. Regional meetings were held and issues such as budget, staffing,

risk and training were discussed. The Alternative Care Manager informed inspectors that they had oversight of the centre through visits to the centre, receiving regular governance reports, supervision with the centre manager, regular informal contact with centre managers and reviewing significant events records.

The majority of risks were well managed in the centre. However, not all additional control measures had been implemented at the time of inspection. Overall, the centre had an effective system in place to identify and assess risks related to children, and health and safety issues. Each house held their own risk register and a Social Care Leader took responsibility for reviewing and monitoring these registers. The risk register identified key risks for the centre and rated them. Inspectors found that some risks had been reviewed by staff. In addition, staff risk assessed circumstances on a day to day basis to support decision making. Inspectors reviewed a sample of these risk assessments and found that staff tried to balance risk and safety in order to support young people to develop age appropriate levels of independence and skills to self regulate.

Inspectors reviewed the register of children and found it was incomplete. All children who had lived or were living in the centre since the last inspection were included but specific details such as parental addresses or date of discharge were missing from two entries.

Policies in place had not been reviewed in seven years. The centre followed the policies for the Dublin North East area but these policies had not been reviewed since they were implemented, an issue that the Monitoring Officer also identified to inspectors. Since the last inspection, the centre had received a guidance from the previous National Director for Children's Residential Services. The Centre Manager told inspectors that policies are now developed on a national basis and they understood that this was in progress. The Centre Manager also told inspectors that the policy on single occupancy was outstanding at the time of inspection.

Overall, the staff team were experienced and competent, but not all staff were qualified. Nine staff had qualifications in social care, a further six staff had relevant qualifications and six staff were not qualified. The team was also supported by qualified agency staff who worked consistently in the centre. Inspectors found there were sufficient staff on duty throughout the inspection and the staff rota showed this to be the case, generally. In order to ensure consistency in staffing, Tusla had offered a three year contract to some staff who were previously employed through an agency. Of the files reviewed, all staff had garda vetting and the governance report showed that this was consistent for all staff in the centre.

Some improvements were needed in relation to staff training. Inspectors reviewed the training records held as part of the governance report and found that all staff did not have training in core areas. However, the centre manager told inspectors that this record was inaccurate as it did not reflect accurate figures for training in relation to managing behaviour, Children First and smoking cessation. The centre manager told inspectors that four staff had up-to-date training in Children First, and 12 of the remaining 18 staff members were scheduled to have refresher training in the weeks after inspection. The majority of the staff team were trained in the use of the ligature cutter, manual handling and first aid but some members of the team needed training in

these areas. The centre manager told inspectors that training in first aid training was scheduled. The centre manager told inspectors that all staff had up-to-date training in the management of behaviour. Only two members of the staff team had training in relation to medication management and the Centre Manager told inspectors that there was a plan to train the team in full during 2017. Only a small number of staff had training in dignity at work, finance, managing suicide/self harm, and supervision, so the majority of the team needed training in these areas, in line with internal guidance in relation to mandatory training. One of the two managers in the centre had training in managing attendance. Issues in relation to fire training and qualifications of staff were identified in the last report from the monitor, and in previous HIQA reports.

Inspectors reviewed a sample of financial records and found they were managed appropriately. The centre had procurement cards and petty cash at their disposal. Inspectors reviewed a sample of financial records, which were stored electronically. Money was spent on groceries, public transport, recreation activities for young people and household items. Receipts were kept alongside petty cash and staff told inspectors these were returned alongside records to a central office on a monthly basis.

Judgment: Non Compliant - Moderate

Standard 3: Monitoring

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

Inspection Findings

While the last monitoring report for this centre is dated February 2016, there was no monitoring report that related to House A for 19 months prior to this inspection. As part of this inspection, inspectors spoke to the Monitoring Officer who informed inspectors that a monitoring audit was scheduled in the coming weeks. The Monitoring Officer told inspectors they received a summary of significant events from a central office on a weekly basis and were satisfied that the centre were managing behaviour that challenged appropriately. The Monitoring Officer told inspectors they contacted the service and relevant social workers to seek clarity and assurances where there were significant issues.

Judgment: Non Compliant - Moderate

Acknowledgements

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