

**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 South CRC
<b>Centre ID:</b>	OSV-0005119
<b>Type of inspection:</b>	Unannounced Follow Up Inspection
<b>Inspection ID</b>	MON-0017409
<b>Lead inspector:</b>	Ruadhan Hogan
<b>Support inspector (s):</b>	Patricia Sheehan

## 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:

12 May 2016 11:30

To:

12 May 2016 17:00

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 2: Safe &amp; Effective Care</b>	
<b>Standard 5: Planning for Children and Young People</b>	Meets standard
<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 9: Health</b>	Requires improvement
<b>Theme 4: Leadership, Governance &amp; Management</b>	
<b>Standard 2: Management and Staffing</b>	Requires improvement

## Summary of Inspection findings

The centre was based in a detached three-storey building in a rural setting with a large mature garden to the front of the house. The exterior of the house was for the most part in keeping with surrounding residences. Access to facilities such as public transport, schools and shops and other amenities required the use of a car. The

property had been previously registered as a private residential centre.

The centre provides places for three children from the age of 13 to 17 years. The statement of purpose and function stated that its primary purpose was to provide a safe place for children, to value the concept of group living as an important catalyst for change and to work meaningfully with children and families. This was provided within a therapeutic milieu with its core components of containment, structure, support, involvement and validation supported by a number of different approaches to crisis management.

The Child and Family Agency children's residential services had come under a new national management structure since May 2015. This centre operated within the Children's Residential Services, South. The centre manager reported to an interim service manager who in turn reported to a regional manager. At the time of the inspection, there were 2 children living in the centre.

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

Inspectors also spoke with the senior psychologist attached to the centre.

Since May 2013 the centre had relocated on four occasions and moved to its current location in September 2014. The centre was last inspected in January 2015.

For the purposes of this inspection, inspectors reviewed the actions undertaken as a result of the inspection in January 2015. At that time, improvement was required for six standards. An update to the action plan was received in October 2015.

Inspectors found that some of the responses to the failings of the previous inspection were implemented while some were not. These actions are included in the action plan published separate to this report.

## Inspection findings and judgments

### **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.

Care planning and placement planning in the centre was of good quality. Children were provided with specialist supports, however staff were not given adequate guidance or training to meet the complex needs of children placed at the centre. One child told inspectors they were happy with their aftercare arrangements, nonetheless, the aftercare plans were not on the children's files and had not been written at the time of inspection. Some actions were not completed since the previous inspection. These included securing a permanent lease for the premises.

### **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 in January 2015, improvements were required in relation to a lack of up-to-date care plans and placement plans. In this inspection, the inspector found that the actions to address these failings was appropriately undertaken. Inspectors reviewed the children's files and found that there were care plans on file for both children which were comprehensive and in date. Placement plans were also on both children's files and they were based on the care plans. Planning meetings were held regularly, which children attended, and their placement plans were updated following these meetings. The plans were very good quality and held the most up-to-date information about a child's current circumstances. Inspectors spoke with one child who said they were happy with how the centre involved them in their placement planning.

**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

At the time of the last inspection in January 2015, improvements were required in relation to:

- resource supports for children with complex needs
- providing staff with training to address these needs
- implementing audits of children's files
- completing independent living skills assessments for children
- referring children to the after care service.

Inspectors reviewed the files of children currently in the centre and found that children with complex needs were still in need of significant supports. Since the last inspection, specialist psychological supports for children were provided and weekly sessions with children had been on-going. Inspectors reviewed children's files and found evidence that these sessions had taken place. However, the recording and detail from these sessions was not held in the centre due to confidentiality reasons and the children's plans did not include recommendations for staff. The centre staff told inspectors that it was too early to measure the success of these supports and they had not been informed how they were to interact and implement ways of working to address these complex needs. Staff also told inspectors that they were not provided with specific training to address these needs although two consultative sessions with the specialist psychologists were provided.

The two children living in the centre were approaching 18 years of age and therefore should have had aftercare workers and plans. Referrals to the aftercare team had been made and workers were allocated to the children. The aftercare workers forwarded blank independent living skills assessments for children to fill out with their key workers in the centre. However, centre staff said that the children were in the middle of their Leaving certificate and they told staff that they didn't want to complete it at this time. Inspectors found that the components of the aftercare plan were in place, for example, children told inspectors what university course they had applied for and where they would be staying when the placement in the centre finished. The children's files did not have written and finalised aftercare plans and these, along with the independent living skills assessments, did not ensure a formal delivery of the aftercare plan.

A centre governance report audited aspects of the children's files for key performance measures such as care, placement and risk management planning. Inspectors found the children's file well organised and easy to access.

**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 in January 2015, improvements were required to

ensure all staff had up-to-date training in Children First: National Guidance for the Protection and Welfare of Children (2011) and implementation of a protected disclosure policy that staff members were aware of. During this inspection, inspectors found that one of the actions had been completed while another had not. Inspectors reviewed team meeting minutes and found that the centre manager had discussed the protected disclosure policy with staff. Inspectors interviewed staff and found they were knowledgeable about protected disclosures and knew where to find specific information in the policy. The staff training records were reviewed and of the 13 staff files reviewed, four did not have evidence of up-to-date attendance at Children First training briefings.

**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 in January 2015, improvements were required in relation to:

- securing a permanent premises
- a lack of contingency plans should the centre have to relocate to a new premises
- verification from an engineer that refurbishment work in the centre had been completed as required
- formal hazard checks had not been routinely undertaken
- risk assessments were not live documents
- the health and safety representative was not suitably trained
- centre vehicles were not equipped with safety equipment.

During this inspection, inspectors found that the actions to address all these failings had not been fully undertaken. The interim service manager told inspectors that an attempt had been made to purchase the premises however this was unsuccessful and the estate department of TUSLA had subsequently approved a long term lease on the premises. However, there was no end date to the current lease and the long term lease had not yet been negotiated. There was also no contingency plans in place if the current lease could not be extended or if the centre had to temporarily relocate for a fifth time.

The inspection in January 2015 found that the service had relocated to the current premises in September 2014 and was previously registered as a private residential centre. Inspectors were provided with a letter dated July 2011 from a qualified architect which stated that all statutory requirements relating to fire safety and building control had been complied with. Prior to the service moving into the property, a health, safety and fire audit was undertaken and noted that there were three outstanding issues that required remedy in relation to fire doors and other refurbishment requirements. That inspection found this work had been completed. However, an engineer was due to carry out a visual inspection of the work to certify that the work was completed as required.

The centre manager told inspectors that this had not yet been carried out and was therefore still outstanding.

The centre staff told inspectors that formal hazards checks were routinely undertaken as part of fire register checks. In addition, a maintenance log was kept which all staff contributed to and a central governance report captured live risks in the centre. Inspectors reviewed these documents and verified that formal hazards checks had been undertaken and risks assessments were live documents. The dedicated staff member with responsibility for health and safety did not have formal health and safety training. The centre staff said that there had been difficulties sourcing the specific training for the staff member. One of two centre vehicles was inspected and inspectors found that it was fully equipped with safety equipment. The other centre vehicle was in use by centre staff and a child, consequently inspectors did not see it.

**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.

Inspectors reviewed the medicines management policy and procedures and found very good practice. One child's file had not yet been updated with a comprehensive medical history.

### **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 in January 2015, improvements were required in relation to children's medical records, medicines management policies and procedures, staff training in the administration of medicines and audits of medicines administration.

Following the previous inspection, a request for the children's social workers to send on full medical history for the children staying at the centre was seen by inspectors on the children's files. One of the requests had been returned while the other child's file did not have the medical history.

Inspectors reviewed the medicines management policy and found it was comprehensive and gave good quality guidance to staff for safe administration of medicines. The medicines management procedure was also inspected. Centre staff showed inspectors how medicines, including controlled and over the counter medicines were ordered, prescribed, transferred, administered and disposed. The centre demonstrated that these procedures and recording of the process were comprehensive, transparent, accountable, had excellent detail, was in line with the centre policy and overall was indicative of good practice. The centre employed registered nurses as night staff who



oversaw this process and conducted audits. Inspectors reviewed the audits and found they were comprehensive and contributed to learning.

At the time of this inspection, the centre manager had attended a medicines management training. The remainder of staff had not yet been trained and therefore this action was outstanding.

**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.

Management systems and staff records were inspected to see if actions had been satisfactorily addressed since the previous inspection. New measures such as a monthly centre governance report and improvements in the organisation of files had contributed to improvements in the centre. However, improvements were required in relation to training for staff.

#### **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 in January 2015, improvements were required in relation to:

- clarifying with staff the role of an acting deputy manager
- the register for children
- administration records
- risk management policy and the risk register
- staff qualifications, vetting and supervision
- training records
- staff file organisation.

During this inspection, inspectors found that the actions to address all these failings had not been fully undertaken. Staff were clear about roles and responsibilities of current management structure. This meant that there was no confusion about different roles evident on the last inspection in January 2015.

The management systems, where deficits were found on the last inspection, were reviewed. Inspectors saw the register for children; there was one register in use and all details were correct and up-to-date. The filing systems in the centre had improved since the last inspection. The centre did not have a comprehensive risk management policy in

place. A monthly central governance report captured centre wide risks and reported them to the national children's residential services where they could be escalated if necessary. This demonstrated that the risk register was a live document and could be analysed by senior management for quality improvements in a systematic way.

Inspectors reviewed staff files in relation to the areas of deficit from the previous inspection in 2015. Garda vetting was up-to-date for all but one staff member and centre staff assured inspectors that the application for the remaining staff had been made. Not all staff had an appropriate qualification. The organisation of staff files was good and they were securely stored in the centre managers office. Inspectors reviewed some staff supervision files that were available and found they were in line with the TUSLA supervision policy. They were in chronological order, however, they did not evidence continuous professional development. Some discussions recorded during supervision identified training for staff to go on. Staff members told inspectors that the centre manager was proactive at encouraging staff to attend training. The centre had a training program. However, it was not informed by a training needs analysis.

**Judgment:** Requires improvement

### **Acknowledgements**

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