

## 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>          | The Child and Family Agency<br>Carlow/Kilkenny/South Tipperary |
| <b>Centre ID:</b>             | OSV-0004186  |
| <b>Type of inspection:</b>    | Unannounced<br>Full Inspection                                 |
| <b>Inspection ID</b>          | MON-0016472  |
| <b>Lead inspector:</b>        | Ruadhan Hogan  |
| <b>Support inspector (s):</b> | Tom Flanagan   |

## **Children's Residential Centre**

### **About monitoring of 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:                    |
| 17 December 2015 09:00 | 17 December 2015 19:00 |
| 18 December 2015 08:30 | 18 December 2015 15:30 |

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

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

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

| Standard  | Judgment             |
|---|----------------------|
| <b>Theme 1: Child - centred Services</b>                  |                      |
| <b>Standard 4: Children's Rights</b>                      | Requires improvement |
| <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>                   | Meets standard       |
| <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>                              | Meets standard       |
| <b>Standard 9: Health</b>                                 | Meets standard       |
| <b>Theme 4: Leadership, Governance &amp; Management</b>   |                      |
| <b>Standard 1: Purpose and Function</b>                   | Requires improvement |
| <b>Standard 2: Management and Staffing</b>                | Requires improvement |
| <b>Standard 3: Monitoring</b>                             | Meets standard       |

## Summary of Inspection findings

The centre was located on the outskirts of a city and was at this location for several years. A school was attached to the service which provided a specialist education for children living in the centre.

The centre, according to its statement of purpose and function, provided a service for up to four adolescent boys aged between 13 and 17 years on admission who presented with a need for a residential placement. Placements for young people from the local area were prioritised but a service was also provided to the south and nationally if this was required.

A new management and governance structure had been introduced since the previous inspection. The Child and Family Agency children's residential services had come under a new national management structure since May 2015. The external management structure that oversaw the centre included a service manager, regional manager and national manager. At the time of the inspection, there were 4 children living in the centre.

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

Inspectors also met with a range of other professionals including social workers, social work team leaders and a Guardian Ad Litem. The centre was institutional in character and not built originally as a residential centre for children. Each child was fully engaged in the school and their health and emotional needs were met in the centre. Inspectors found that the centre manager had been managing the centre for 18 months and was committed to the development of the service and positive outcomes for children. The centre previously operated using a high support model. However, inspectors were informed that the purpose and function was in the process of revision and the mix of children admitted was expanded to include those requiring a lower support service. The centre's statement of purpose and working practices had not been significantly updated to meet the needs of all children and as a consequence, some practices were overly restrictive for those requiring a lower level of support.

Systems were in place for the provision of multidisciplinary care and good working relationships existed between the centre staff, the therapist and the teaching staff. A Child and Family Agency monitoring officer was also in place. Three of the four children had an allocated social worker. Statutory care reviews took place in a timely manner and care plans were generally updated regularly. Social work visits were carried out in a

timely manner.

A previous HIQA inspection carried out in September 2013 highlighted premises issues in an action plan and recommended that the institutional features of the building be addressed or planning was to be commenced to move the service to an alternative location. At the time of this inspection, these issues remained outstanding.

Management structures didn't identify clear lines of authority and accountability for a key member of the staff. Administration, risk assessment and auditing required improvement in the centre. The centre's procedures for conclusion of investigations against staff were not transparent.

Recommended improvements are outlined in the action plan at the end 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.

Children were aware of their rights and how to exercise them. Inspectors found that they were supported to do so by staff. Children were consulted, had access to advocacy and were involved in the day-to-day running of the centre. Inspectors found that some practices in the centre were overly intrusive, did not appear to be justified and policies regarding these practices required updating.

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

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

### **Inspection Findings**

Children were given a booklet when their placement began which contained information about children's rights and how to make a complaint. Children told inspectors that they knew what their rights were and gave examples of how they exercised them. For example, children said they were able to access their own records. One child said that they read the daily logs and when their social worker visited, they read their full file.

Inspectors found some good practices in the centre that were child centred and involved children so they could participate in the centre. There was evidence that children were involved in planning for their placement. Inspectors talked to children who said that they were able to visit the centre before their placement began. One child was able to stay for a few days before his placement began while other children were able to visit the centre for a day.

Children were consulted and encouraged to participate in decision making in their child care reviews. These meetings looked at their care plan and involved the significant people in care planning for a child such as their parents, social worker, guardian ad litem, centre staff and other professionals. Children told inspectors that they were given the opportunity at these meetings to ask questions and say what they thought. There was also evidence on the children's files of this consultation being recorded.

Children also had opportunities to contribute to how the centre was run. Children told inspectors that they could choose activities they liked and they could choose the types of food that was cooked. Children said they could decorate their rooms with posters, pictures and other personal items to make it feel more like home. The centre held monthly children's meetings where children could participate in the running of the centre. Inspectors reviewed the minutes of these meetings and found issues such as a

lack of internet access were discussed and upcoming activities during holiday periods.

Inspectors found a few practice issues that required updating to reflect the profile of children using the service. The centre was founded over a decade ago and was set up to meet the needs of children with significant needs whose behaviours were assessed as a high risk to themselves or others. However, at the time of inspection, the profile of all children in the centre was not high risk. Nonetheless, the centre carried out practices intended for children with high risk behaviours which were too restrictive for children with low risk behaviours. This was seen in some of the day-to-day practices in the centre that did not promote dignity of children or respect their privacy.

For example, one child told inspectors that they were unable to have a private chat with family and friends as staff were with them at all times. The centre management said that children were not supervised when on the centre's hands free phone. There was little evidence of opportunities for this child to have some time away from the centre to have a walk or clear their head without staff present. There was no evidence that this child was comprehensively risk assessed to warrant this level of staff involvement. The parents of another child also said their child was not allowed any space to themselves. The centre had a blanket rule that children were not allowed access to phones which may have been appropriate for some children but there was no evidence that it was appropriate for all. The impact on children was that access to friends and family through social media was extremely limited. The staff also checked children three times a night while they were sleeping. When staff and the centre manager were asked why this practice was carried out, they said it was a practice that was routinely done and had always been done. Inspectors could not find evidence to justify this infringement on children's right to privacy.

The complaints policy outlined the procedures to be followed in the event of a complaint being made. Inspectors reviewed the complaints system in use in the centre and found it was not consistently followed and nor were conclusions transparent.

The complaints log held in the centre was reviewed by inspectors and there had been six complaints in the 12 months prior to inspection. Four of these complaints were allegations of a child protection nature including allegations against staff. Some significant issues were identified regarding the management of these allegations and are addressed later in the report under Standard:7 Safeguarding and Child Protection. Of the remaining two complaints, one was outstanding at the time of inspection. Children told inspectors they were supported to complain and were happy that their complaints were heard.

Overall, the recording of information in the complaints log was disorganised and it was difficult to find out the status of the complaints including if one of the complaints had been concluded. Some of the complaints contained a complaint form filled out by a child while others didn't. This meant that it was difficult to see if the complainant was satisfied with the outcome.

**Judgment:** Requires improvement

**Theme 2: Safe & Effective Care**

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

The centre met the emotional needs of children and had good systems for the management of behaviours and for the most part, children were happy in the centre. The centre had systems to keep children safe. The Child and Family Agency had fulfilled some but not all of its statutory requirements as one child did not have an allocated social worker. Children were provided with opportunities to access a range of activities. Safe systems for children to have access with families over social media needed development. The admissions process was robust and sufficient information was sought prior to a child being admitted. The institutional features of the building needed to be addressed and planning had not commenced to consider moving the service to an alternative location.

#### **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 in line with the policy for the admission and discharge of children. An admissions committee was in place which comprised of the centre manager, school principal, therapist, social work team leader and a service manager. When a vacancy became available, the centre manager emailed the Child and Family Agency area principal social workers to notify them that a referral could be made to the centre. A referral form was then filled out by the respective social work team and submitted to the committee who decided if the referral was appropriate. This meant that admissions were planned. The admissions form was comprehensive which meant that the centre had good quality and detailed information on a child prior to their admission.

Children were provided with an information booklet about aspects of the centre when they arrived. The booklet described the staff make up, how care would be provided, the school and therapy at the centre, some activities and some brief information about family access. The booklet was age appropriate, easy to read and accessible.

Inspectors spoke with children's supervising social workers who said that most of the children in the centre were suitably placed. The centre staff, social worker and social work team leader acknowledged that one child may not be suitably placed in the centre and was due to have a review to see if this child's needs were still being met in the centre. Inspectors spoke to this child and they said they were not happy with the circumstances in which they were living. Assurances were given to inspectors by the



Child and Family Agency area team that this review would happen promptly.

Inspectors found significant issues with the criteria for admission to the centre. This is covered under Theme four: leadership, governance and management.

Children had the opportunity to visit the centre before their placement started. During interviews with inspectors, most children said they knew why they were in the centre. However, one child said they were not told why they were placed in the centre. Inspectors spoke with the child's social worker and respective social work team leader who gave assurances that this child had been told on a number of occasions.

Inspectors found that the Child and Family Agency had fulfilled some but not all of its statutory requirements, the details of which are set out here:

Three of the four children had an allocated social worker while one child was awaiting allocation. A social work team leader was holding responsibility for this child until a social worker was identified. One child in the centre had three changes of social worker within seven weeks. The social work team leader acknowledged that this was not best practice.

Inspectors reviewed children's files and found that children were visited by a social worker within in the first three months of being placed in the centre and every six months there after. These social work visits were often more frequent than the timeframes laid out in the regulations.

All children in the centre had up-to-date care plans that identified the purpose of the placement and listed specific actions to meet specific needs. The care plans were comprehensive and contained relevant information. There was evidence that children and families were consulted and contributed to the care plan.

Child in care reviews were conducted within timescales. These reviews were held within two months of the placement starting and every six months after. Inspectors reviewed minutes of these meetings and found that parents and professionals were involved. Care plans were amended following these meetings.

The centre completed placement plans which were based on the care plans. Some placement plans were of good quality and had relevant objectives for the child, while others had brief details and had not been updated in almost 12 months or following a child in care review.

The centre was proactive at facilitating children's access with their families, however access using technology needed improvement. Children told inspectors that the centre staff had helped them with transport home when access was arranged in line with their care plan. Children's social workers said that access had been arranged for children to return home at weekends for a night or two nights. The centre also facilitated phone calls to and from their family. Inspectors found evidence on the children's files of records of family contact. However, the centre didn't have systems in place to facilitate safe internet access. In the absence of expert knowledge in this area, the centre imposed a restriction on mobile phones and internet use which meant children's relationships with family and friends could not be kept up over social media.

Inspectors observed staff interacting with children and saw warm communication where children were individually respected. Each child was allocated two key workers who provided emotional support. During interviews, children said that they had fun with staff members and were able to talk to them when feeling low. A psychotherapist worked in the centre two days per week and met all the children on a regular basis. Children told inspectors that this support helped them to deal with problems and if they felt sad, they could talk to the therapist. Social workers and a guardian ad litem said that this support was invaluable and had improved children's emotional wellbeing. The psychotherapist wrote risk assessments and reports for some of the children in the centre and these reports contributed to the care plan and discharge plan.

The centre staff worked with children to equip them with independent living skills. Children told inspectors that they had learned how to cook simple meals. There was also evidence on file that children were taught how to budget money. Two of the four children in the centre were aged 16 and over. Inspectors reviewed their files and could not find evidence of a leaving care plan. Their social workers said that a referral was made to the aftercare service for one of the children while a referral was not made in respect of the other child. Neither child had been allocated an aftercare worker.

**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**

The centre was proactive and innovative at finding activities so children's interests were expanded and confidence was built. Children told inspectors that their key workers helped to organise activities that they liked. During the inspection there was evidence that children were brought to ice skating, skirming (an activity similar to paintballing) and regular activities such as rugby and martial arts. One child was also brought to a concert in Dublin. When inspectors visited, one child was celebrating his birthday and to celebrate, a centre staff accompanied him to a comedy show in Dublin that evening. Children told inspectors they were very happy with the range of activities and opportunities to take part in them.

Some frustration was expressed by children and staff, that a scheduled overseas trip was cancelled due to a lack of timely agreement between the Department of Education and the Child and Family Agency. Despite that children's passports were applied for and attained, agreement could not be reached in time for the trip and therefore it was cancelled, leaving children disappointed.

Children were provided with a nutritious diet while at the centre. The centre employed a housekeeper who cooked meals for children. Children could choose the meals for

particular days and ate together along with staff. Some children said that they loved the food cooked and meal times while others said they didn't. During the inspection, the school was finishing for the holidays and children cooked a special meal as a celebration.

One child in the centre came from the traveller community. Inspectors interviewed staff and found they were knowledgeable about his culture and background.

The centre manager told inspectors that the centre did not work from a specific model of care and development of a model was required. However, staff had been trained in attachment theory and the centre ethos placed an emphasis on the therapeutic work carried out. The therapeutic service was also central to the purpose and function of the centre. All children attended sessions with the psychotherapist and children told inspectors that this service was of great benefit to them. The centre had a culture of positive reinforcement as inspectors found that positive events were recorded and children were praised for positive behaviours.

The centre had policies for management of behaviour, the use of sanctions and the use of restraint. When children displayed behaviours that challenged and a sanction was needed, the centre used different sanctions with different children. For example, one child told inspectors that sanctions were agreed with his parents, while another child said his pocket money was docked. Children had a individual care management plan (ICMP) on their files however the details were brief. One child's ICMP had triggers for behaviours listed that didn't adequately specify what the triggers were and how staff were to respond to them. This ICMP was therefore vague and more work was required to ensure there was consistency in responding to behaviours. The staff had been trained to respond to behaviours and this included de-escalation, breakaway and physical restraint techniques. However, there was no evidence of the use of restraint in the centre.

Inspectors reviewed the significant event notifications and found that events involving children such as injuries sustained, allegations and incidents involving staff, incidents where children absconded from the centre, disclosures of alleged abuse and positive events were recorded and notified appropriately. These were cross checked against the child protection allegation log and complaints log. Inspectors reviewed a random sample of daily logs and confirmed the details of some events during interviews with children. In all cases, the centre manager ensured children's events were recorded appropriately and sent on to their social worker and the monitoring officer for the centre. Social workers and the monitoring officer said they were happy with how they were notified.

Where children went missing from care, the centre followed the national policy for children missing from care. The centre reported seven incidents of unauthorised absences over the previous two years. Inspectors reviewed some of these incidents and found that they had been managed appropriately.

**Judgment:** Meets standard

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

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

### **Inspection Findings**

The centre had written policies that staff were aware of to ensure a culture of openness and accountability. Inspectors reviewed several of these policies and confirmed staff understood them during interviews.

Children had access to advocacy, for example one child had a guardian ad litem who met this child regularly. A representative from an agency providing advocacy for children visited the centre and had met all children. Children told inspectors that the centre staff also advocated for them for extra activities such as martial arts. Another child told inspectors that a staff member in the centre helped him write a letter to senior management in the Child and Family Agency and the Ombudsman for Children.

The centre had both local and national safeguarding policies that were in line with Children First 2011: National Guidance for the Protection and Welfare of Children. The majority of staff had received up-to-date child protection training. The centre manager, who was the designated child protection officer, told inspectors that some staff had been on sick leave and therefore their child protection training was outstanding. Inspectors asked the centre staff about applying child protection practice and found they had suitable knowledge and gave appropriate answers. Staff also demonstrated knowledge of whistleblowing procedures.

There was some confusion about the procedures to be followed in the event of an allegation made by a child against staff. During interviews, some centre staff including the centre manager and a Child and Family Agency social work team leader gave conflicting accounts over who was responsible for conducting investigations where allegations were made by a child against a staff member. Inspectors reviewed the child protection allegations and found that while the child protection aspect of the allegation was investigated appropriately by the Child and Family Agency social worker, further conclusions of investigations against staff were not clear. Once an allegation was investigated by the Child and Family Agency area team, it was not clear when the investigation was definitively ended. Clarity in these situations was required so that children and staff and management could be assured that the investigation process was transparent and fair.

Following investigations into one allegation made by a child against a staff member, a staffing ratio of two staff to one child was recommended. Several staff told inspectors that they did not feel safe in the centre as this staffing ratio was not maintained. Inspectors checked the staff rota and found times when this staff ratio was not kept in place as some staff were on sick leave. The centre manager said that two staff were rostered for two children, meaning that a child would not be working alone with a staff. However, the centre manager acknowledged that it was a challenge for staff to maintain this as children went to different places and ultimately, staff ended up working alone with children.

**Judgment:** Requires improvement

**Standard 10: Premises and Safety**

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

**Inspection Findings**

The centre was located near an urban area and the school was attached to the building. The downstairs area of the centre had office rooms, a games room and a hallway to the school. The upstairs of the centre had bedrooms, offices and recreation rooms. The overall layout of the building did not reflect living in a house in the community. The building held an institutional ambience, nonetheless staff and children did their best to create a pleasant atmosphere. For example, a games room was decorated from the floor to the ceiling in posters.

The front door was locked, there was closed circuit television (CCTV) on the doorway and a keypad for entry. The intercom was broken. At the time of inspection, centre staff came downstairs to let inspectors in after the doorbell was rang. One professional interviewed by inspectors said that on some occasions when they visited the centre, the front door was open and at other times they had to phone the office to get in. Safe entry to the building could not be guaranteed. The centre was also not accessible for someone with a disability as there was no lift and this was not reflected in the statement of purpose.

Inspectors looked around the centre and found some parts of the building required repair. There were holes in some of the walls, a light switch was broken and a staff toilet was out of order. Requests for repair were made via email and confirmation of completed work was held on computer. The health and safety representative in the centre told inspectors that the response times from the maintenance department was inconsistent as some things were repaired quickly and some things were not. The centre did not use a maintenance log which meant that it was difficult to track timelines of responses without printing off all the emails. The centre car was new and was road worthy, legally insured and driven by staff who held full driving licences.

Children had a room to themselves which were ensuite and had sufficient space to keep their personal belongings safely. There were several communal spaces including a TV room, games room, mini gym, dining room and other rooms that could be used for therapy and meetings. There was no dedicated visitors room even though there was scope for one. The centre had adequate heating and ventilation, however, corridors were dark. The building was last decorated in 2013 and there were areas throughout the building that required re-doing. The centre manager acknowledged this and showed inspectors the budget plans for painting work.

A previous HIQA inspection carried out in September 2013 highlighted premises issues in an action plan and recommended that the institutional features of the building be addressed or planning was to be commenced to move the service to an alternative

location. At the time of this inspection, these issues remained outstanding.

There were precautions against the risk of fire in place in the centre. There were sufficient numbers of fire extinguishers and there was evidence that they were regularly serviced. Inspectors reviewed the weekly and daily fire checks and found them to be well maintained. The emergency lighting was adequate and along with the fire alarms, had been serviced regularly. Fire exits were unobstructed and there were records of fire drills carried out with both staff and children. However, fire exit procedures were not clearly displayed throughout the centre. A fire engineers report had been carried out two years prior to the inspection and the majority of staff had received up-to-date fire safety training. Inspectors found that the centre had implemented recommendations from a previous HIQA inspection in relation to fire safety.

The centre did not have a centre specific policy and procedure for administration of medication. Medication was stored in two locked cabinets and individual medications were stored in locked drawers with the child's name on them, all stored in the staff room. Medication for one child was left on a shelf above the medication drawers and not locked away. There was a sufficient stock of first aid equipment in the centre and the car. Inspectors reviewed the training log and found an adequate number of staff had been trained in first aid. Medication practices in the centre were inspected and some areas required improvement as the transcribing of medication was completed by one staff and not checked by another for accuracy. Discontinued medication had a line drawn through it on the medication records. However, it was not signed by anyone.

The centre had a health and safety policy that had been recently revised. The centre's safety statement was out of date as it wasn't revised to include the change of staff and the majority of staff had not received up-to-date health and safety training. The centre carried out a generalised risk assessment that identified hazards around the centre. This general risk assessment had not been updated since January 2011 and therefore there was little evidence that hazards were formally identified and assessed. The authority had previously made a recommendation to address this issue in a previous inspection in September 2013 and there was little evidence that progress had been made.

Inspectors reviewed children's files and found that individual risk assessments were completed for children. For example, the risk of a child absconding during an outing. This assessment correctly identified the risk but didn't address how the risk would be controlled through measures. Another child's file had frequent risk assessments to address one of the reasons for their admission to the centre. Inspectors reviewed these risk assessments and found they all referred to a more recent assessment yet the original document that identified the risk, could not be found on file. These frequent risk assessments also did not identify measures to control risks.

**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.

Children's health and education needs were met while living at the centre. A school was located on-site that provided specialist subjects and there was good quality communication between the centre and school. The centre ensured children had access to health professionals including a General Practitioner and promoted healthy living.

### **Standard 8: Education**

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

### **Inspection Findings**

The centre had been originally set up as a high support residential unit and the department of education located a school adjacent to the centre to facilitate children's learning and educational progress. The school principal was part of the admissions committee and contributed to decisions whether a child is admitted or not. It was therefore evident that education was valued and at the centre of the service.

The school was staffed with a principal, full time teacher and part time teachers providing specialist subjects. During interviews, the principal told inspectors that the school and centre staff have detailed verbal handovers and the quality of communication between the school and centre was of a high quality. Inspectors found that all children attended school and their educational goals were integrated into their care plans. Children's files contained their school reports. Children told inspectors that they liked the school and wanted to go back to mainstream school once their placement had come to an end.

**Judgment:** Meets standard

### **Standard 9: Health**

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

### **Inspection Findings**

There was evidence on the children's files that they had attended for medical assessments soon after their placement began. The files also contained some records of children's health needs and copies of their medical card. While living in the centre children had access to a General Practitioner (GP) and any specialist or ancillary health interventions including dental. Inspectors found evidence that children were brought to accident and emergency when required.

As already discussed under Standard 10: Premises and Safety, the recording of children's medication records needed improvement to ensure a clear record of administered medication.

The centre was proactive at promoting healthy lifestyles for children. The centre



premises was equipped with basketball hoop and picnic tables to encourage children outside. At the time of inspection, inspectors saw staff playing hurling at the back of the centre with children. Children also said that staff would organise an activity if they asked as mentioned earlier in this report. Children said they had attended special outside activities including ice skating and skirming.

Inspectors reviewed children's placement plans and found evidence of key workers addressing consumption of energy drinks, sweets and the dangers of smoking. The staff training log and schedule planned for staff to attend specialist training in the cessation of smoking.

**Judgment:** Meets standard

**Theme 4: Leadership, Governance & Management**  
Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

The centre manager demonstrated excellent knowledge of the children's circumstances and a commitment to developing the service and improving outcomes for children. The centre staff were suitably qualified and had good relationships with children. The centre appropriately and promptly notified significant events to the relevant professionals. However, there were issues identified during the inspection that required improvement. The purpose and function of the centre was not updated and there was a lack of clarity and leadership to plan the service so practices for children were equitable. There was a governance structure in place with clearly defined lines of authority and accountability. However, not all key staff were managed under this structure. Administration records were disorganised as the centre was run without administration support. Risk management in the centre required improvement. The procurement cards system for purchasing day-to-day items was not efficient and the auditing systems in the centre required development.

**Standard 1: Purpose and Function**  
The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

**Inspection Findings**

The centre had a Statement of Purpose that was not up-to-date. It did not accurately define what service was carried out at the time of inspection and to whom it was aimed at. The statement referred to an aftercare service that operated from the centre. However, at the time of inspection this service was not part of the centre's services. The statement also said that the centre had five fulltime placements for children when there was four fulltime placements for children. Therefore, the statement was not up-to-date. The statement did not adequately define the statutory and legislative functions



and did not list the key policies and their availability to staff, children, families and other persons.

The purpose and function set out in the statement did not reflect the day-to-day operation of the centre. The purpose and function of the centre described the criteria for admitting children as necessitating high support residential service. However, the staff and management at the centre were not clear about the purpose and function of the centre. The centre manager told inspectors that they were moving away from admitting children with high support needs but acknowledged that this was not formally decided. The confusion over whether the centre was high support was repeated by several staff members during interviews. Inspectors found that some children admitted to the centre had high support needs while others did not. In the absence of clear leadership over how the centre was run, the centre's practices operated from a high support model when some children required lower support and interventions.

It was acknowledged that at the time of inspection, significant changes had been made to the management structure and these changes had not fully bedded in which meant that an updated purpose and function had not yet been defined and implemented throughout the centre.

**Judgment:** Requires improvement

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

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

#### **Inspection Findings**

There was a governance structure in place with clearly defined lines of authority and accountability. However, not all key staff were managed under this structure. The Child and Family Agency children's residential services had come under a new national management structure since May 2015. The external management structure that oversaw the centre included a service manager, regional manager and national manager. A new centre manager was in the post almost 18 months who was appropriately qualified to carry out the role. The centre manager reported to the service manager and was supported in their role by two social care leaders with responsibility for management. These social care leaders with responsibility for management carried out supervision of the social care leaders, night supervisors, social care workers and agency staff. During interviews, staff were aware of their roles and responsibilities. Inspectors found that this structure was robust and provided effective oversight of the service.

An integral member of the staff team who was a member of the admissions committee and central to the purpose and function as defined in the statement of purpose was managed under a different management structure to the centre. When the service manager was interviewed by inspectors, they didn't know the structure or senior line management that oversaw this staff member. When the centre manager was interviewed at the time of inspection, they said that issues were reported to a manager

of another service who supervised the staff member. Inspectors found that this arrangement didn't provide clarity and ensure accountability. After a previous HIQA inspection in September 2013 assurances were given by a senior manager that arrangements to ensure accountability would be put in place. However, at the time of this inspection there was no such arrangements.

The centre maintained a register of admissions to and discharges from the centre in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995 – Regulation 21. The register held the majority of details on children. However, some details were not consistently recorded; for example, contact details for children's families and children's social workers were not on the register for all children (the centre manager also updated the discharge details for one child before the end of the inspection). The centre's administration files were disorganised and information was difficult to locate during the inspection; the centre manager told inspectors that effectively, they had no administration support. This meant that the centre manager carried out photocopying, postage and other administration tasks that took time away from effective service planning.

Inspectors found that the systems to manage finances put unnecessary pressure on the managers. The centre used procurement cards to buy day-to-day necessities such as food and fuel for the car, as only a small amount of petty cash was permitted. However, only the centre manager and the two social care leaders had permission to purchase items using these cards. This meant that the centre manager's time was spent shopping for food, when centre staff could have carried out these duties. The centre manager told inspectors that another five staff had been applied to be put onto these cards.

Risk management in the centre required improvement. The centre did not have a risk management framework in place nor was there a risk register in place. Inspectors found that the centre had two methods of assessing risks, these were addressed under standard 10: Premises and Safety. Of these, the individual risk assessments were not comprehensive and general risk assessments were not up to date. Therefore the risk management in the centre needed significant development.

There was little evidence of formal monitoring systems that assessed the quality of records and decisions of staff. Inspectors reviewed the monthly monitoring reports that the centre completed and sent to the monitoring officer. These reports updated the monitoring officer of updates in the centre as described under Standard 3: Monitoring. However, the reports did not audit the quality and effectiveness of the services provided by the centre and inspectors could not find evidence of mechanisms for auditing outcomes for children.

The centre was staffed by professionally qualified staff who were sufficiently experienced to deliver the service. At the time of inspection there were 16.5 whole time equivalent staff posts for the centre and 26 persons employed. Since 2013, the centre had amalgamated with another centre and the staff had been brought in on a full time basis. The centre manager acknowledged that following the amalgamation, the demographic and mix of staff was unbalanced. The integrating of staff had also been a challenge. A recruitment embargo was in effect for the previous 24 months which meant that new full time staff could not be recruited. The staff absenteeism rate was

high at 41% and six of the full time staff had left their posts over this period. To fill these vacancies, newer less experienced agency staff were recruited in accordance with legislation, standards and the Child and Family Agency policies. The centre manager told inspectors that these workers had a very positive effect on the dynamic of centre. Inspectors reviewed a sample of staff records and found that they were appropriately Garda vetted, had references, copies of qualifications, photo id and details of previous employment.

Inspectors reviewed the staff rota. Many changes had been made to the rota to fill sick leave and holiday leave and it was difficult to know how many staff were actually working during a particular shift. However, ten of the staff complement were social care leaders and it was likely that a child care leader was on shift at all times. Two of the children in the centre were identified as requiring a ratio of two staff to one child. From a review of the rota and from interviews with different staff, it did not appear that this ratio was maintained.

Staff were suitably supervised by one of the two social care leaders with responsibility for management. Inspectors reviewed a sample of the supervision records and found they had supervision contracts on file. Supervision was held regularly and was recorded on templates. The quality of discussion was good on some records while others were not as focused on the placement plans. Other issues discussed during supervision included professional development, support and training.

The centre had an on-going training programme for all staff. Inspectors reviewed the staff training schedule and found that the majority of staff had received training in Children First, fire safety, manual handling and in dealing with behaviours that challenge. Individual personal development plans were completed by staff with their respective manager. Inspectors reviewed the plans which outlined an analysis that included timeframes and activities. Training was part of this and was linked to the roles staff carried out. Inspectors found a social care worker was recommended team building and a retirement plan while a social care leader was recommended management skills and information technology training. Inspectors found the development plans were of very good quality and contributed to an analysis of training needs.

**Judgment:** Requires improvement

### **Standard 3: Monitoring**

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

### **Inspection Findings**

At the time of the inspection the Child and Family Agency monitoring officer had visited the centre in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995 – Regulation 17. During interviews, the monitoring officer said they had visited the centre 13 times in the past two years and had produced three

monitoring reports. Another report was in the process of being written. The reports addressed a number of key areas in the centre and made recommendations. Inspectors reviewed the report and found that issues from a previous HIQA inspection and issues identified by the monitoring officer were being addressed on an on-going basis.

The monitoring officer had several methods to ensure the child care regulations were complied with. A monitoring report was completed by the centre manager and sent back to monitoring officer on a monthly basis. This gave details on staffing issues including training, topics at team and management meetings, educational attainments of children in the centre, health and safety and fire issues, views of the children in the centre and a list of significant events. The monitoring officer spoke with staff and children to enquire about their welfare and happiness and told inspectors they were satisfied that outcomes for children were positive and children were generally happy. The monitoring officer said that the centre was in transition and was moving away from a high support environment. They said they were satisfied that structures had improved and that thought had been put into how the service will be run.

**Judgment:** Meets standard