

## Children's residential services inspection report

Health Information and Quality Authority  
Regulation Directorate monitoring inspection  
report on children's statutory residential centres  
under the Child Care Act, 1991



<b>Name of region:</b>	Dublin North East	
<b>Centre ID:</b>	76	
<b>Dates of inspection:</b>	21/10/2015 to 22/10/2015	
<b>Number of fieldwork days:</b>	2	
<b>Lead inspector:</b>	Maureen Burns Rees	
<b>Support inspector(s):</b>	Erin Byrne	
<b>Type of inspection:</b>	<input type="checkbox"/> <b>Announced</b> <input checked="" type="checkbox"/> <b>Unannounced</b> <input checked="" type="checkbox"/> <b>Full</b> <input type="checkbox"/> <b>Themed</b>	
<b>Inspection ID:</b>	<b>744</b>	

## 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.

The Authority inspects services to see if the National Standards are met. Inspections can be announced or unannounced.

This inspection report sets out the findings of a monitoring inspection against the following themes:

<b>Theme 1: Child-centred Services</b>	<input checked="" type="checkbox"/>
<b>Theme 2: Safe and Effective Services</b>	<input checked="" type="checkbox"/>
<b>Theme 3: Health and Development</b>	<input checked="" type="checkbox"/>
<b>Theme 4: Leadership, Governance and Management</b>	<input checked="" type="checkbox"/>

## 1. Inspection methodology

As part of this inspection, inspectors met with children, 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.

During the inspection, the inspectors evaluated the:

- quality of care and safety of the service
- organisation and management of the centre
- safeguarding processes
- effectiveness of interagency and multidisciplinary work
- outcomes for children.

The key activities of this inspection involved:

- the analysis of data
- reviewing local policies and procedures and minutes of various meetings
- reviewing four young people's case files
- meeting with three young people
- telephone interview with one of the young people's social worker
- meeting with the centre manager
- meeting with five centre staff
- meeting with the alternative care manager
- observation of the day-to-day life in the centre.

### **Acknowledgements**

The Authority wishes to thank the young people, staff, managers, and other professionals in the service for their cooperation with this inspection.

## **2. Profile of the service**

### **2.1 The Child and Family Agency**

Child and family services in Ireland are delivered by a single dedicated State agency called the Child and Family Agency, which is overseen by the Department of Children and Youth Affairs. The Child and Family Agency Act 2013 (Number 40 of 2013) established the Child and Family Agency with effect from 1 January 2014.

The Child and Family Agency has responsibility for a range of services including:

- child welfare and protection services, including family support and residential services to children
- existing Family Support Agency responsibilities
- existing National Educational Welfare Board responsibilities
- pre-school inspection services
- service response to domestic, sexual and gender-based violence.

Child and Family services are organised into 17 service areas and are managed by area managers. The areas are grouped into four regions each with a regional manager known as a service director. The service directors report to the chief operations officer, who is a member of the national management team.

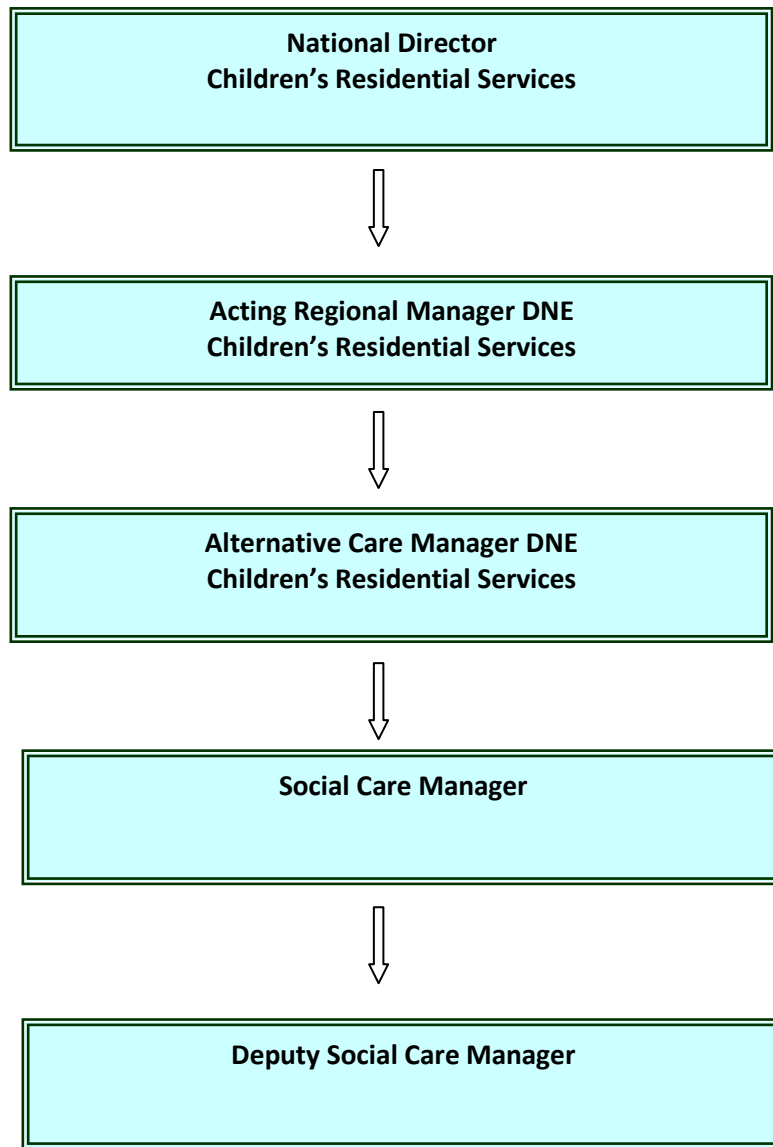
The centre was situated in the Dublin North East region of the Child and Family Agency.

### **2.2 The Centre**

The centre was a large detached seven-bedroomed house located in a rural setting near a town in North Dublin. It had a large well maintained garden to the front and rear of the house. There were a range of local amenities in the nearby town but young people needed to be dropped to the town by centre staff as the area where the house was located was not served by public transport. The centre had capacity to provide medium to long term care for five young people, male and female between the age of 13 and 18 years. At the time of this inspection there were four young people (three boys and one girl) recorded on the register as residing in the centre.

The organisational chart in Figure 1 describes the management and team structure as provided by the centre.

**Figure 1: Organisational structure of the children's residential service\***



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\* Source: The Child and Family Agency

### 3. Summary of inspection findings

The Child and Family Agency has the legal responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. Children in residential care require a high-quality service which is safe and well supported by social work practice. Residential staff must be able to provide them with warm and nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

This report reflects the findings of the inspection, which are set out in Section 5. The provider is required to address a number of recommendations in an action plan which is published separately to this report.

In this inspection, the Authority found that of the 10 standards assessed:

- No standards were exceeded
- Five standards were met
- Four standards required improvement
- significant risks were identified in relation to one standard.

The centre provided safe and effective care but at the time of this inspection one of the young people was a missing child in care. Risk was managed and the centre responded well to young peoples presenting needs and complex behaviours and issues associated with substance misuse. Three of the four young people being cared for had serious substance misuse and antisocial behaviour issues. One of the young people had disengaged from the centre and at the time of inspection was a missing child in care. Subsequently inspectors were informed that this young person was staying intermittently with family but when not in their care was a young person at risk.

The rights of young people were promoted, valued and respected. Young people were involved in decisions about their care and the voice of the young people was reflected in centre records. Each of the young people had up-to-date care and placement plans in place. One of the young people did not have a social worker at the time of inspection but all other statutory requirements were met.

The centre was well managed, there was strong leadership and clear lines of accountability. Risk was well managed but monitoring systems required improvement to ensure practice was consistently safe, effective and of good quality. The statement of purpose and function did not adequately outline the model of service being delivered.

Managers and staff had a good knowledge of the young people's assessed care needs and this contributed to effective care planning and review processes. Outcomes for the

majority of young people had improved during their time in the centre. There was a reduction in substance misuse and antisocial behaviour for two of the young people. The staff team made every effort to meet the changing and complex needs of the young people and were flexible in their approach to delivering their care.

## 4. Summary of judgments under each standard and or regulation

During the inspection, inspectors made judgments against the *National Standards for Children's Residential Services*.<sup>+</sup> 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.

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

<sup>+</sup> Please refer to Appendix 1 for full listing of standards and regulations for children's residential centres.



## 5. Findings and inspection 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.

### Summary of inspection findings under Theme 1

The centre promoted young people's rights through a person centred approach to practice. Young people were supported to participate in decision making about their care and lives. The staff valued the views of young people and their families and made efforts to consult with them. There was a balanced approach towards promoting young people's rights and managing risk. There was a complaints process in place and young people knew how to make a complaint.

### Young people's rights

The rights of young people were respected and promoted. The three young people who met with inspectors were aware of their rights and felt that their opinion was valued by staff. Staff were observed treating the young people with respect. Staff demonstrated a good knowledge of young people's rights. Information was provided to young people about their rights including their right to access information. Records showed that young people were encouraged and supported to access their information and some had done so. The young people had access to advocacy services. There was evidence that representatives from Empowering People In Care (EPIC) was regularly engaged with a number of young people in the centre and advocated on their behalf. At the time of this inspection none of the young people were allocated a guardian ad litem.

Young people were consulted with and encouraged to participate in decision making about their lives. There was evidence in files reviewed that each of the four young people residing in the centre had attended their review meetings. Regular meetings with the young people were held in the house to ascertain their views and opinions about the running of the house. There was evidence that issues raised by the young people were then discussed at staff team meetings. The centre manager reported that decisions made on requests or suggestions put forward by young people were communicated to them after team meetings. However, inspectors found that this was not always documented.

## **Complaints**

Complaints and concerns were effectively recorded, managed and resolved. There was one recorded complaint made by a young person in 2015 and two in 2014. These complaints related to grievances between young people in the house. There was evidence that these had been dealt with appropriately. One of the young people spoken with who had made a complaint outlined that he/she was happy with how the complaint was managed. The other two people spoken with were aware of how to make a complaint and although had not made one, were confident that any complaint they would make would be listened to and taken seriously.

## **Theme 2: Safe and Effective Services**

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.

### **Summary of inspection findings under Theme 2**

Overall young people were well cared for in the centre. Admissions and discharges were well managed. The centre manager and staff showed flexibility in their approach to meeting the evolving and complex needs of the young people. One of the young people did not have an allocated social worker but otherwise statutory requirements were being met. There were systems in place to report and manage child protection and welfare concerns. However, at the time of inspection, one of the young people on the centre's register had disengaged from the centre and was refusing to stay in the centre. This young person was not consistently staying in a known safe environment so was considered as a young person at risk.

### **Admissions and discharges**

Overall admissions and discharges were managed effectively. There was a regional policy and procedure in place for admissions and discharges but this had not been revised since 2010. The centre did not have a local policy. The centre's statement of purpose broadly outlined the criteria for admission to the centre. All referrals to the centre were made through the local Child and Family Agency resource panel with the involvement of the alternative care manager and the centre manager. There was evidence that individual and collective risk assessments were undertaken prior to each admission to assess the suitability of the centre to meet the young person's needs and the potential impact of the young person's admission on the other young people living in the centre. The centre manager and staff reported that they received adequate information about young people before their admission. There were no emergency admissions to the centre. Young people told inspectors that they felt they had received enough information about the centre and that they had visited with their family before admission. The centre manager reported that young people were discharged from the centre in a planned and person-centred way, with good inter-agency working to support the move. There was one discharge in the previous twelve month period.

One of the young people on the centres register had disengaged from the centre and was refusing to return to stay in the centre. On the day of inspection the young person was reported as a missing child in care and had intermittently been staying with family before that. Over the preceding four month period, there was evidence that regular risk assessments, strategy meetings and joint Garda meetings had taken place to discuss the young persons safety and to determine if the placement remained suitable. Consideration had been given to a special care placement previously but this had been rejected as there was not enough evidence that the young person would benefit from the therapeutic intervention of special care.

Inspectors noted that one of the young people admitted to the centre did not present with the substance misuse issues of the other three young people living in the centre. However, there was evidence that a detailed risk assessment had been undertaken involving the young person's social worker, alternative care manager and centre manager where it was deemed that the placement should proceed with sufficient staffing to supervise the young people and alert staff to any concerns. At the time of inspection, this young person had settled well into their placement and had not become involved in any anti-social behaviour or substance misuse with the other young people.

### **Assessment and care planning**

Statutory requirements in relation to the young people were being met although, one of the young people did not have an allocated social worker at the time of this inspection. This young persons case was being overseen by a social work team leader. There was evidence that each of the other young people were visited by their social workers in line with regulatory requirements. There were comprehensive assessments of need on file for each of the young people. There was evidence that care plans and statutory reviews were well managed and complied with statutory requirements. Care plans reviewed by inspectors were up to date and comprehensive. Young people, parents staff members and relevant professionals participated in the care planning and review process. Inspectors reviewed detailed placement plans on young people's files which were deemed to be effective in improving outcomes for three of the four the young people. These improvements included a reduction in drug misuse and antisocial behaviour for two of the young people, who had a history of such issues and smoking cessation for a third young person. For the fourth young person, although their placement plan had been reviewed on a regular basis, inspectors considered that the placement had not been suitable for the young person for some time, as it was evident that she/he had progressively disengaged from the service over the preceding three month period and for this young person the placement plan had not improved their outcome.

## Quality of care

The centre was run by an experienced manager and team of staff who endeavoured to provide the young people with the emotional and physical care that they required. Young people's emotional and psychological needs were appropriately assessed. A range of community supports and services had been advocated for and sourced to meet the young people's complex needs in terms of substance misuse and anti-social behaviour. Inspectors found that young people were not always willing to engage with these services despite efforts of staff. Each of the young people had two named key workers assigned and the young people spoke positively about their relationship with key workers. There was evidence of detailed key working sessions – planned and opportunity led, undertaken on young people's files.

Staff were observed to interact respectfully, warmly and appropriately with the young people. One of the young people had recently achieved success in an examination which had been acknowledged and celebrated in the centre. Young people told inspectors about a number of leisure activities that they engaged in which were facilitated and supported by staff.

There were effective systems in place to manage complex behaviours. Three of the young people had displayed behaviour that challenges in the year prior to inspection which in many cases was associated with their drug misuse issues. These included unauthorised absences, substance misuse, aggressive and assaultive behaviour towards staff and peers. Overall, inspectors found that the young people received the support and care that they required. The centre had called An Garda Siochana to assist them in the management of behaviour on a number of occasions in the previous twelve month period. The use of the Gardai for this purpose was closely monitored by the centre manager to ensure each incident was necessary and proportionate. Records showed that each young person had individual behaviour management plans in place which were regularly reviewed and updated and provided clear guidance to staff on how to respond. Staff were trained in an approved method for managing behaviour, had received specific training and were knowledgeable about providing care for young people with complex needs associated with drug misuse. Records showed that there was a reduction of incidents of specific behaviours for two of the young people which showed that responses taken were effective for these young people. The centre manager and staff told inspectors that physical restraint was not used in the centre.

There were agreed sanctions in place for the young people. Inspectors found that these were proportionate and related to the presenting behaviours. Examples included a reduction in pocket money or allocation of a household chore.

Three of the young people had a history of drug misuse. This impacted on the ability of staff to meet the young people's needs. One young person's emotional and physical care needs were not being met by the centre as the young person was refusing to return to the centre and was reported as a missing child in care on the day of inspection. (Discussed further below under section on child protection).

Young people were provided with a nutritious and varied diet. Young people told inspectors that they enjoyed the food in the centre and that they often assisted staff to prepare meals. It was evident that young people's preferences were taken into account when planning and preparing meals. Inspectors observed that a range of healthy food was available for young people in sufficient quantities. Staff in the centre prepared meals and were found to be knowledgeable about nutrition. Inspectors observed that meal times were positive and social events.

There was evidence that young people were prepared and supported for leaving care and adult life. Two of the young people had an after care worker assigned. The young people had an after care plan in place at different stages of development and implementation which young people were involved in developing. Young people told inspectors how they prepared some meals, cleaned their rooms and undertook laundry duties.

Young people's records were found to be of a good quality and managed in accordance with legislation. Inspectors reviewed detailed records, which were well organised, accessible, up-to-date and contained the majority of information required by legislation. However, there were some items missing, for example birth certificate and care order in one child's file. The majority of records were observed to be signed and dated but, there were a small number where this was missing. Filing systems followed best practice procedures for filing archiving transfer and secure storage of records. An external company was used for archiving of records. There was evidence that the centre manager and deputy manager routinely monitored daily records and various other reports prepared by staff. However, there was limited stand alone audit of the records to ensure that record keeping supported the delivery of quality care to the young people.

## **Family and friends**

Young people were enabled to maintain positive relationships with their parents, siblings and significant others. There were two sitting rooms where young people could meet with their families. Young people told inspectors of occasions where family members had joined them in the centre for meals. There was evidence that staff had encouraged and facilitated visits by arranging transport for family members. It was evident that a number of the young people had family and friends within the local

community which assisted them to maintain positive relationships with them. The location of the centre in the country was a concern for some of the young people but they told inspectors that staff were always willing to give them a lift to meet family or friends or, if they wanted to walk that high visibility jackets were provided.

### **Child protection and safeguarding**

Policies on child protection, safeguarding and protected disclosures were in place and all staff had completed training in Children First: National Guidance for the protection and Welfare of Children, (2011). A number of child protection notifications had been sent to the social work department and practice was found to be in keeping with Children First.

There were appropriate measures in place to safeguard and protect young people from abuse while in the centre. There was evidence that two of the young people who had a history of substance misuse and antisocial behaviour had engaged in more positive behaviours in the preceding three month period. However, care practices were not sufficient to ensure the safety of one of the young people who had disengaged from the centre and was a missing child in care at the time of this inspection.

This young person had a history of substance misuse, criminality and antisocial behaviour. Over the preceding three month period the young person had progressively disengaged from the centre and their engagement in risk taking behaviour outside of the centre had escalated. The young person had numerous unauthorised absences from the centre. There was evidence that staff had made efforts to engage with the young person who had access to professionals external to the centre and to family members. There were no child protection concerns for the young person, in respect of his/her family. There was evidence that regular interagency meetings involving An Garda Síochána were held. During periods when the young person was not present in the centre, staff maintained at least daily phone contact with him/her to establish the young person's well being and to try and persuade them to return to the centre. In the previous three week period staff from the centre had met with the young person outside of the centre, on eight occasions.

Subsequent to the inspection, the centre manager informed inspectors that the young person continued to refuse to return to live in the centre. It had been established that the young person was intermittently staying with family members or other friends at three different addresses. The young person's social worker informed inspectors that consideration was being given to alternative placements for the young person and to support him/her to live with the relative which she/he was living with at the time of report writing. As the young person continued to regularly go missing from the care of adults and engage in antisocial behaviour and drugs misuse he/she was considered to

be a young person at risk. The centre manager reported that revised risk assessments and risk management plans had been put in place in collaboration with An Garda Siochana, the young persons social worker, the area manager, alternative care manager and centre manager. Daily phone and where possible one to one contact was being maintained with the young person via their mobile phone by the centre staff and or the young person's social worker.

## **Health and safety**

The design and layout of the centre was in line with the statement of purpose and met the needs of the young people living there. The centre was homely and well-maintained with suitable heating, lighting and ventilation. The centre had policies and procedures in place relating to health and safety and had an up-to-date safety statement dated January 2015. There was a designated health and safety representative and a health and safety audit had been undertaken in June 2015. A number of staff had received first aid training. The centre was adequately insured. The centre had two cars which were suitably insured. One of the cars was in the garage on the day of inspection but the inspectors noted that the other car was suitably maintained.

Overall, there were adequate precautions in place for the prevention of fire and suitable means of escape. Inspectors observed prominently displayed signage and procedures for the safe evacuation of young people and staff in the event of fire. All staff had received fire safety training and were knowledgeable about what to do in the event of fire. There was written confirmation from a certified engineer that the building complied with fire safety and building control requirements. Suitable fire safety equipment was in place and there was evidence that it was serviced at regular intervals. However, inspectors noted that two fire extinguishers(in the laundry/ boiler room) had not been serviced for a prolonged period and this was brought to attention of the centre manager. Records showed that fire drills were undertaken on a regular basis. However, no record was maintained of who participated. Hence it was not clear how long it had been since each of the staff and or young people had engaged in a fire drill.



### **Theme 3: Health and 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.

### **Summary of inspection findings under Theme 3**

The health and educational needs of young people were not met in all cases. The staff and supervising social workers endeavoured to ensure that necessary supports and or resources were in place to meet the young people's assessed needs. Medical records were maintained but were not comprehensive for some of the young people. The educational achievements of the young people were acknowledged and celebrated. However at the time of this inspection two of the young people were not engaged in any educational or work programme.

### **Education needs**

Not all of the young people received appropriate education and support in order to maximise their potential. The out door pursuits programme (TOPS) was located on the site of the residential centre and provided an outreach service to the area. A number of the young people had engaged with the programme. The education coordinator for the Dublin North East area was based in the centre and assisted staff to source education programmes.

One of the young people living in the centre was in full time education and doing well. A second young person was in a part-time work position in a local business. However the remaining two young people were not engaged in any educational or training programme. Inspectors found that staff proactively tried to support the young people to remain in or return to education, training programmes and or community support programmes so as to assist them to reach their educational potential. Two of the young people's drug misuse issues negatively impacted on their capacity to engage. There was evidence that various training programmes had been sourced for the young people with

their agreement. However, subsequently the young people failed to engage in the programmes.

## **Health needs**

Young people had timely access to a general practitioner, treatment, therapies and specialist services, although on occasions some young people chose not to attend despite the support and encouragement of staff. A number of the young people had received a medical examination prior to or on admission. From speaking with staff and review of records it was evident that a healthy life style including a healthy diet and exercise was encouraged in the centre. There was evidence that health education regarding smoking, alcohol/ substance misuse, sexuality and relationships had been provided to the young people by their key workers in key working sessions. Comprehensive medical records were not maintained for some of the young people.

There were written operational policies in place relating to prescribing, storing, administration, review and disposal of medications, which was in accordance with current guidelines and legislation. Inspectors found that staff adhered to appropriate medication management practices. There were no controlled drugs being used in the centre.

There was evidence that a healthy lifestyle was promoted in the centre. Young people had access to a well equipped exercise gym located in a building to the rear of the centre. Meals provided were nutritious and balanced. Young people reported that they enjoyed the meals prepared for them. There was evidence of detailed individual work undertaken by key workers with young people about healthy eating, keeping fit, sexual health, substance misuse and smoking cessation. One of the young people had successfully engaged in a smoking cessation programme. There was evidence that two of the three young people who had a history of substance misuse, had significantly decreased their drug misuse over the preceeding three month period.

## **Theme 4: Leadership, Governance and 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.

### **Summary of inspection findings under Theme 4**

The centre was well managed and overall the staff team delivered high-quality care to the young people. While management systems ensured that risks were well managed, the quality assurance system in place required improvement. The statement of purpose and function did not adequately reflect the service delivered.

#### **Statement of purpose**

There was a written statement of purpose which described the service provided as a mainstream residential unit but did not adequately describe the model of service delivery. Over the preceding number of years the centre had on an ongoing basis been caring for young people with serious addiction problems. Hence the service delivered, in meeting these young people's needs was not adequately reflected within the statement of purpose.

#### **Management structures and systems**

There were effective management and governance structures in place which identified clear lines of authority and accountability. The centre was managed by a competent and suitably qualified manager who was supported by a deputy manager. The centre manager reported to the alternative care manager who in turn reported to the regional manager. Staff told inspectors that the manager was very approachable and provided them with strong leadership and support. Young people spoke fondly of the manager as being "fair" and "always there to listen to them". Records showed that team meetings were productive and concentrated on the delivery of quality care to the young people. Decisions were clearly recorded but there was not always evidence that young people were informed of outcomes of decisions that affected them. The centre manager acknowledged that young people would be spoken with after team meetings but that this was not always recorded.

The centre maintained a register of children placed in the centre which met the majority of the requirements of the regulations. However, inspectors noted that it was not accurate in a number of cases. For example, a young persons date of birth was wrongly recorded and two young people had been entered in the register twice.

The centre had a system in place to identify and assess risks related to young people and health and safety issues. Together, these risk assessments provided the centre with a local risk register. The alternative care manager and centre manager told inspectors that there was a regional risk register. Centre risks were reviewed at the regional and quality committee that met monthly. Inspectors reviewed evidence which showed that centre risks relating to young people had been escalated to senior managers. This was confirmed by the alternative care manager. At the time of this inspection, one of the young people in the centre was missing from care and at risk. This is referred to under the child protection section in Theme 2. At the time of report writing this young person had refused to return to the centre and was intermittently staying with family. Whilst not with family this young person was at risk. The centre manager and social worker reported that the young persons risk assessment and risk management plan had been revised to attempt to manage the risk.

The alternative care manager and centre manager told inspectors that there was no defined budget for the centre. The centre manager said that there were funds to cater for day to day expenses such as those related to food and activities but everything else was managed at a senior manager level. It was reported that due to changes in national management structures of residential care that work was ongoing in relation to establishing and providing each centre with its own budget.

There were some monitoring systems in place but these required improvement to ensure practice was consistently safe, effective and of good quality. The Child and Family Agency monitoring officer, had undertaken an inspection in the centre each year for the past four years. There was evidence that the centre manager and deputy manager routinely signed off on a range of operational records, including daily records, placement plans, significant event notifications and behavioural support plans. However, an audit of the content of files had not been undertaken. Inspectors noted that a number of items were missing from files. For examples, birth certificates, care orders and signatures and dates on some documents. Formal audits of care practices were not routinely undertaken.

The alternative care manager told inspectors that she received regular reports from the centre about the young people and their progress and data about all significant events. The centre manager reported that the alternative care manager visited the centre on a regular basis and was accessible by phone in between times.

## **Recruitment**

Staff members were recruited in accordance with legislation, standards and policies via the national recruitment process. Inspectors reviewed a sample of staff files and found that staff had been recruited and vetted in accordance with the recruitment policy. Garda checks had recently been updated in a number of staff files reviewed but a small number of staff had not been vetted for a prolonged period. The centre manager reported that this was in process. There were no new staff recruited to the centre in the past 12 months.

## **Sufficient staff and skill mix**

There were experienced and committed staff in place to deliver the service. However, not all staff members were qualified. Inspectors reviewed staff rosters and noted that there was an appropriate skill mix in terms of experience and qualifications on each shift. The centre staff team had been working together for a long period of time which created a stable environment for the young people and a consistent way of working within the team. This was confirmed by one of the young people's social workers. There was a low level of absenteeism and agency staff had only been used once in the preceding 12 month period. The centre manager and deputy manager were found to have the appropriate skills and experience to manage the centre. Through interviews and review of files, inspectors found that two staff members were not qualified. The centre manager reported that these staff members were being encouraged to attain a qualification and that funding was available.

## **Supervision and support**

Staff were supported and supervised appropriately. Supervision undertaken was found to be of a good quality which was supported by the centres supervision policy and trained supervisors. Inspectors reviewed records of staff supervision with the centre manager which occurred on a four to six week basis and was of a good quality. The frequency of this supervision was in line with the centres policy. However, inspectors noted that the centre manager's supervision with the alternative care manager was not being undertaken within the frequency stated in the centres policy.

## **Training**

Staff received sufficient training to meet the needs of the young people residing in the centre. Records showed that staff were trained in core competencies such as fire safety, behaviour management, child protection and health and safety. Other training had been provided to staff relating to caring for young people who misuse drugs. There was evidence that a training needs analysis had been undertaken.

## Appendix 1 – Standards and Regulations for Children’s Residential Services

### ***National Standards and Regulations for Children’s Residential Centres***

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

#### **Theme 2: Safe and Effective Services**

##### **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.

##### ***Child Care (Placement of Children in Residential Care) Regulations, 1995***

*Part IV, Article 23 Care Plans*

*Part V, Articles 25 and 26 Care Plan reviews*

*Part III, Article 8 Contact with families*

*Part IV, Article 24 Supervision and visiting of children*

*Part IV, Article 22 Case records*

*Part III, Article 9 Emotional and specialist support*

##### **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.

##### ***Child Care (Placement of Children in Residential Care) Regulations, 1995***

*Part III, Article 11 Provision of food and cooking facilities*

*Part III, Article 10 Religion*

## **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.

## **Theme 2: Safe and Effective Services**

### **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.

#### ***Child Care (Placement of Children in Residential Care) Regulations, 1995***

*Part III, Article 7 Accommodation*

*Part III, Article 12 Fire Precautions*

*Part III, Article 13 Safety Precautions*

## **Theme 3: Health and Development**

### **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.

### **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.

#### ***Child Care (Placement of Children in Residential Care) Regulations, 1995***

*Part III, Article 9 Health care*

*Part IV, Article 20 Medical examinations*

## ***National Standards and Regulations for Children's Residential Centres***

### **Theme 4: Leadership, Governance and Management**

#### **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.

#### **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.

#### ***Child Care (Placement of Children in Residential Care) Regulations, 1995***

*Part III, Article 5 Care practices and operational policies*

*Part III, Article 6 Staffing*

*Part IV, Article 21 Maintenance of Register*

*Part III, Article 15 Notification of Significant events*

*Part III, Article 16 Records*

### **Theme 4: Leadership, Governance and Management**

#### **Standard 3: Monitoring**

The Health Service Executive<sup>1</sup>, 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.

#### ***Child Care (Placement of Children in Residential Care) Regulations, 1995***

*Part III, Article 17 Monitoring of Standards*

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<sup>1</sup> Formally known as Health Service Executive at time of writing Standards, now known as The Child and Family Agency.