

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA DNE CRC
Centre ID:	OSV-0004170
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0025218
Lead inspector:	Catherine Vickers
Support inspector (s):	Niamh Greevy

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:
23 October 2018 09:00	23 October 2018 17:00
24 October 2018 09:00	24 October 2018 17:00

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

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

Actions required

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

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

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

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

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

Summary of Inspection findings

The centre was a large semi-detached house located in an estate in North West Dublin that provided accommodation for up to four children. It was close to local amenities such as schools, shops and public transport.

The centre included a self-contained annexe that had previously been used to provide independent living accommodation for young people. This annexe was not in use by a young person at the time of this inspection and there were no further plans for such an admission. At the time of the previous inspection, the centre was operating from two locations. As this young person was discharged, the second location was not in use by the centre.

There was a statement of purpose and function in place for the centre that showed it provided medium- to long-term residential care for up to four young people aged between 12 and 18 years of age. 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, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke with two social workers as part of the inspection.

Children told inspectors that they were well cared for in the centre. Children were aware of their rights and knew how to make a complaint if they wished to do so. They said that staff treated them well and consulted them on decisions about their lives.

Children received good quality care in the centre. All children had allocated social workers who met with them in line with regulations. Care plan reviews were held within the required timeframes and care plans were of good quality. However, it was not clear in the records if all children had attended their child in care review meeting. Young people were supported to develop independent living skills in preparation for leaving care and were at the centre of their aftercare planning.

Sanctions and restrictive practices were used in the centre and they were found to be proportionate. Education was valued by the centre staff and children were encouraged to reach their educational potential. Children's health needs were assessed and children had access to health and specialist services as required.

Children living in the centre were kept safe. Child protection concerns were appropriately notified and escalated to relevant parties. The majority of child protection concerns in the centre had been closed by the time of this inspection but some remained open for significant periods of time due to Garda involvement. The centre was in the process of addressing this issue.

There was a high number of significant events in the 12 months prior to inspection. These were appropriately recorded, reported and reviewed.

The centre was well managed on a day-to-day basis by a centre manager with the support of a deputy centre manager. The management structure in place provided clear lines of responsibility and accountability. There were recent changes to the staff team and there was currently a good mix of skill and experience which supported the team to respond to the identified needs of children. The team was supplemented by the use of agency staff. The centre endeavored to ensure that the same agency staff members were consistently used in order to provide stability for the children.

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

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

Inspection Findings

Children's rights were respected and promoted by staff in the centre. Each child received information about their rights upon their admission. Children told inspectors that they were aware of their rights and family members who spoke with inspectors said that children's rights were respected. Staff demonstrated a good knowledge of children's rights and supported each child during one-to-one sessions and at children's meetings, to exercise these rights. Although children knew they had the right to access their information, they chose not to do so.

Children's opinions were sought and valued and they contributed to the daily running of the centre. Children had recently participated in decisions about buying new furniture for the house. They were encouraged and supported to pursue their individual interests and had a choice about what activities they participated in.

Children's meetings occurred regularly within the centre and the children generally attended. The meetings provided children with the opportunity to express their views about various aspects of their care, to address dynamics between the residents and to make general requests. Inspectors reviewed the minutes of these meetings and found evidence that children's views were taken on board by staff and that the requests they made were followed up. However, the minutes of these meetings were brief and did not contain much detail of discussions that took place.

Children's right to privacy was respected. Each young person had their own bedroom and the centre had sufficient communal space for them to spend time together or to be on their own if they wished. Efforts were made to link children with independent advocacy services and they had the choice to avail of these services or not.

Complaints were well managed in the centre. The centre was guided by Tusla's national policy on complaints 'Tell Us'. Children were informed about the complaints procedure on their admission to the centre and were provided with ongoing support in relation to

making complaints. Children and family members who spoke with inspectors said they were clear about how to make a complaint. There was a complaints log held in the centre and this showed that there were four complaints made in the previous 12 months. Records of individual complaints clearly documented that children's concerns were addressed and responded to, individual work with children was carried out and appropriate efforts were made by staff to resolve complaints. Complaints were appropriately notified to relevant parties as required.

Judgment: Compliant

Theme 2: Safe & Effective Care

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

Standard 5: Planning for Children and Young People

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

Inspection Findings

Admissions to the centre were well managed. Pre-admission collective risk assessments were completed in consultation with children's social workers and the centre manager. Inspectors reviewed pre-admission risk assessments and found they gave good consideration to the risks and needs of children being admitted to and currently living in the centre. Transition plans were put in place for each child deemed suitable for admission. Children were provided with appropriate information about the centre prior to their admission. There were two new admissions to the centre in the previous 12 months and the children who were currently living at the centre were appropriately placed.

There was one discharge from the centre in the 12 months prior to the inspection. This discharge was unplanned and was in response to significant risk to the child, which became apparent to the centre and social work department over the course of the placement. The centre manager said it was the decision of the social work department to end the placement and find a more suitable one for the child. The centre carried out a review of this unplanned discharge which provided an opportunity for staff to reflect on this experience. It was identified from this review that there was no need for changes to the centre's current practice. The centre manager was clear about the reasons for the discharge and the actions taken to ensure the safety of all children living at the centre at that time. The centre manager said the the centre continued to

maintain contact with the child who was discharged as an additional support to the child.

All children had allocated social workers and records showed that they visited children in line with regulations. Some children who talked to inspectors said that they were satisfied with the frequency of social work contact. However, one child said they were dissatisfied with the length of time it took their social worker to return their calls. Social workers who spoke with inspectors said that they had good communication with the centre and that staff provided regular updates about children.

Care plan reviews occurred in line with regulatory requirements and minutes of these meetings were held on children's individual care files. While children were routinely encouraged and supported to attend their reviews, attendance at these meetings needed to be recorded for all children. Records did show that family members attended these reviews.

Children had up-to-date care plans and the care plans reviewed by inspectors were of good quality. They contained detailed and specific actions to address areas of need and recorded people responsible, and clear timeframes for each action. Not all care plans were signed by relevant parties.

Placement plans were developed for each child and were reflective of their care plans. They were of good quality, up-to-date and contained clear actions identified for the centre to meet children's needs. Centre placement progress reports clearly identified progress and developments made.

Children were actively supported by staff to maintain positive relationships with their families and other significant people in their lives. The staff team facilitated access visits and they had regular contact with the children's family members. There was sufficient space in the centre for children to have their family and friends over to visit and this was supported and encouraged. Family members who spoke with inspectors said they felt welcome to visit the centre.

There was an appropriate system of aftercare planning in place for young people. One young person in the centre was due to turn 18 years old in the coming month. They had an allocated aftercare worker and an assessment of their needs was carried out. An aftercare plan was established in collaboration with the young person based on their wishes. The centre attempted to ensure there were adequate support arrangements in place for when this young person left their care. An appropriate educational course and financial payments were put in place. Preparation for independent living was part of their aftercare plan and this was a focus for the centre at the time of the inspection.

Staff supported and encouraged children of all ages in the development of independent life skills on a daily basis. Children were encouraged to keep their rooms tidy and they were responsible for doing their own laundry.

Children were referred to appropriate external services according to their needs and this included mental health and therapeutic services. Records showed that staff engaged with external professionals to ensure that children availed of appropriate and effective supports.

Children's care files were factual, well organised and legible. Filing systems were appropriately maintained and there was action taken where there were gaps in these files. There was a good system in place to archive files related to children who had left the service.

Judgment: Substantially Compliant

Standard 6: Care of Young People

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

Inspection Findings

Children were well cared for in the centre. Staff members spoke positively about children's talents and potential. Children were encouraged and supported to develop their talents and pursue their interests, for example in dancing and hairdressing. The children had access to a range of leisure and recreational activities of their choice.

Each child received a basic rate of pocket money and an allowance for clothing. They were facilitated to buy clothes in line with their tastes and preferences.

Children said they liked the food available in the centre and that they had input into meal planning. Staff said that they linked in with children every week about grocery shopping and planning for meals. Inspectors observed mealtimes as being a positive and social event and saw children spending time together in the kitchen with staff. Children's daily logs showed that they had a nutritious and varied diet, but meal planning and children's participation in this, was not evident in centre records.

Achievements and special occasions were acknowledged in the centre, such as birthdays and educational achievements. Inspectors observed children decorating the house for Halloween. Staff said that they kept in touch with former residents and that they were welcome to come and visit the centre. During the inspection, inspectors observed that a former resident did visit with their child.

Children spoke positively about staff and said they got on well with them, and in particular, their keyworkers. Children said they felt that the staff listened to them and that they would approach staff members if they had a problem. Inspectors observed staff and children interacting and found that the staff treated children in a caring manner. Records showed that regular one-to-one sessions were carried out with children and that they were emotionally supported by staff on an ongoing basis. Inspectors spoke with family members who said they felt their children were consistently well cared for.

Behaviours that challenged were managed well in the centre. Children presented with a range of behaviours that challenged including aggression, property damage, absences

from the centre and engaging in risk-taking behaviours while in the community. The centre had a model of behaviour management in which staff were trained. There were various plans in place for each child to guide the staff team on how to respond to any event or crisis that may occur. They included placement support plans, individual crisis management plans (ICMP's) and individual absence management plans (IAMP's). Inspectors found that these plans were reviewed regularly. The staff team were guided by a psychologist in their approach to understanding and supporting some children in relation to their complex needs.

There was a period in the previous 12 months where there were significant difficulties with risk-taking behaviours and negative peer influences and relationships. These incidents were managed, notified and escalated to relevant parties appropriately. Strategy meetings were held with social workers and Gardaí with input from a psychologist, in order to come up with comprehensive plans to manage the risk to the children involved. Individual work was carried out with children following events to support them to manage their emotions and reflect on their behaviour. Plans were put in place by the social work department to find a suitable alternative placement for a child when it was agreed by all parties that the level of risk could no longer be managed in the centre. While the number of incidents of risk-taking behaviour reduced when the mix of young people in the centre changed, this type of behaviour continued to be an issue and was being addressed and managed appropriately by the staff team.

Incidents of children missing from care were well-managed. Each child had an absence management plan which was implemented by the staff team and all absences were notified in line with centre policy. Children were reported missing to An Garda Síochána as appropriate. Ongoing efforts were made by staff to locate and maintain contact with children who were absent from the centre without permission and to return them safely. The staff team carried out risk assessments and identified risks that children were exposed to whilst unsupervised in the community. Inspectors saw evidence of good quality individual work being carried out with children following their absence, to reflect on what led up to them going missing. Staff liaised with families and other professionals on an ongoing basis in order to promote the safety of children who went missing from care.

Sanctions were in place in the centre and these were well recorded on children's files. Inspectors found that house rules and sanctions were clearly established with children during the admissions process. Sanctions records documented the reasons for each sanction and the details of the sanction applied. The centre manager had oversight of each sanction record and commented on the appropriateness of sanctions used. Inspectors found that sanctions used were proportionate and well recorded.

Restrictive practices were used in the centre, such as the use of bedroom door alarms, room searches and physical restraints. Bedroom door alarms were used in the centre in the previous 12 months. The centre manager said that the use of these alarms was reviewed as a restrictive practice and they had recently ceased using them as they were not required for the current children. Review of this practice was not well recorded in the centre and as a result, the management of this restrictive practice lacked transparency. Room searches were appropriately used and were in response to identified risks. Children were informed of the rules around room searches upon their admission to the centre. Physical restraints had been used by staff on two occasions in

the previous 12 months. Inspectors found that the use of physical restraints in these incidents was appropriate and was recorded and reported adequately.

Judgment: Substantially Compliant

Standard 7: Safeguarding and Child Protection

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

Inspection Findings

There were effective systems in place to safeguard children and protect them from abuse. Safeguarding and child protection concerns were effectively managed and there was good collaboration between children's social workers, families and other external professionals as required. There was a protected disclosures policy and staff interviewed were aware of this. Staff told inspectors that a member of the management team were always accessible to discuss any concerns.

Staff implemented safe care practices and there was a good level of supervision of children. There were arrangements in place for staff to know where children were at all times and to keep in contact by phone when they were out of the centre. Keyworking and one-to-one sessions were carried out with children in relation to keeping themselves safe. Staff were aware of the safeguarding issues in relation to social media and children's access to technology and this issue was risk assessed with control measures put in place. Children told inspectors that they felt safe living in the centre and that they would go to a staff member if they had a problem. Social workers who spoke with inspectors said they felt that children were kept safe by the centre staff.

There was a system in place to report child protection concerns to social work departments and to make notifications to other professionals. The centre manager was the designated liaison officer and was aware of their responsibilities in relation to child protection. All staff had received up-to-date training in Children First (2017). Staff understood their responsibilities as mandated persons and were aware of how to respond to incidents of abuse or allegations.

There were 25 child protection concerns reported in the year before the inspection. A significant number of these concerns were in relation to a small number of children. Child protection concerns were well recorded in a child protection and welfare log and on children's files. All child protection concerns were dealt with and appropriately followed up by the centre and social workers and escalated to relevant parties. The majority of child protection concerns were closed. However, five concerns remained open for a number of months. The centre log noted that that these concerns remained under Garda investigation. However, the centre had taken all necessary steps that they could in relation to dealing with these child protection concerns and had implemented safety plans. The centre manager said that they intended meeting with the alternative care manager to discuss closing concerns to the centre which were managed, but remained open to another agency.

An Garda Síochána (police) vetting was in place for all staff.

Judgment: Compliant

Standard 10: Premises and Safety

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

Inspection Findings

The centre was spacious and decorated to a high standard. On a walk around the centre, inspectors found it was well maintained and in good condition. There was adequate lighting, heating and ventilation as well as cooking and laundry facilities. Children had their own bedrooms and there was adequate communal space in the house. There was a welcoming and pleasant atmosphere in the centre.

Inspectors reviewed the centre's health and safety statement and found that it was up-to-date and centre specific. A health and safety folder was held in the centre which recorded potential centre risks. Health and safety audits were carried out by the alternative care manager which identified any potential hazards in the house and areas which required maintenance.

There was a maintenance folder in the centre which contained copies of emails sent to the maintenance department and documented if and when each job was completed. While some maintenance requests were resolved in a timely way, several requests remained outstanding for significant periods of time with no explanation for delays. Inspectors found that in some circumstances, the centre made repeated requests for specific maintenance issues to be followed up. In these instances there was no indication of timeframes for resolution.

There were effective fire safety systems in place in the centre. There was an allocated fire safety officer for the centre. There was a fire safety register which contained all required information about fire safety checks. Daily checks and monthly inspections of fire fighting equipment were carried out. There were weekly tests of emergency lighting. Emergency lighting and fire alarms were tested on a quarterly basis by a qualified fire safety contractor. On a walk around the centre, inspectors found that fire safety equipment was in place and appropriately maintained. Regular fire drills were carried out. Records of planned fire drills showed which staff members and children participated in the fire drill. However, as records of unplanned fire drills did not record who participated, it was not evident in the records if a new resident had yet participated in a fire drill. The deputy centre manager assured inspectors that all children had participated in fire drills, including a new resident.

There was a formal up-to-date emergency plan available which outlined steps to be taken in the event of an emergency which required evacuation from the centre.

The centre vehicle was appropriately taxed and insured and copies of up-to-date staff

drivers licences were found to be in place.

There were effective practices and procedures in place for the storage of medication and medication was stored safely in a locked cabinet.

Judgment: Substantially Compliant

Theme 3: Health & Development

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

Standard 8: Education

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

Inspection Findings

Education and training was valued by centre staff and they encouraged and supported children to attend their educational placements. All children living at the centre were engaged in appropriate educational placements. The educational needs of children were assessed and additional supports were in place as needed. Staff helped facilitate children to remain in schools in their community of origin where feasible. Records showed that staff had ongoing and consistent communication with school personnel and attended meetings in relation to educational placements. There were copies of school reports and examination results on children's files.

Individual work was carried out with children in order to encourage and promote their engagement in full-time education. Family members and social workers who spoke with inspectors said that staff were supportive of children's attendance at school and that children's educational needs were met in the centre. One young person was supported and encouraged to gain part-time work experience in a career area of interest.

Where there were issues with non-attendance at school, staff worked closely with the child and continually endeavoured to get them to attend school each day.

Judgment: Compliant

Standard 9: Health

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

Inspection Findings

Children’s health needs were met and the children had timely access to general

practitioners, opticians and dentists. Medical records gave a clear indication of the health problems that were arising for individual children and there was evidence on files of medical issues being followed up appropriately. Where there was a delay in children accessing treatment, inspectors found this was due to children's refusal to attend appointments. Staff were proactive in encouraging children to attend their appointments and rebooking appointments when necessary. Immunisation records were held on files and the centre manager said they were satisfied that immunisation records for all children were up-to-date.

Children were supported to engage in healthy lifestyles. The staff team encouraged the children to eat a nutritious diet and to exercise. Staff engaged children in individual work relating to their health, for example, sexual consent and contraception.

There were systems for the management of medication in place, however some of these required improvement. There was a medication management policy which provided guidance in relation to the prescribing, administration and storing of medication. Medication was managed by staff and all medicines were stored securely in a locked cabinet. Inspectors reviewed medication management records and found that there was an effective system for reconciling and checking medication stocks.

The majority of medication prescribed for children was administered on an 'as required' (or PRN) basis. One child was prescribed a specific medication to be taken on an on-going basis. However, their G.P. later told staff that this medication was not required when their condition had improved. As a result, written prescription information did not match with records of medication administration.

Judgment: Substantially Compliant

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

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

Inspection Findings

The centre had an up-to-date statement of purpose and function which specified the nature of the service and referred to key policies that guided centre practices. The statement outlined that it could cater for up to four young people aged between 12 and 18 years who are in medium to long-term residential care, as well the possibility of an

additional young person in transition to independent living. National policy states that children 12 years and under should not, other than in exceptional circumstances, be placed in residential care. The age range for the centre needed to be adjusted to come in line with this policy.

At the time of inspection, the centre was operating in line with its statement of purpose and all the children living at the centre were appropriately placed.

The statement of purpose and function was signed by the centre manager, alternative care manager and interim regional manager.

Judgment: Substantially Compliant

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 an effective governance structure in place with clear lines of responsibility and accountability. The centre was managed on a full-time basis by a suitably qualified and experienced manager who had been in the role since 2001. The centre manager was well supported by a deputy manager, who was also very experienced in their role. The centre manager was line managed by an alternative care manager who reported to a regional manager for residential services. Leadership in the centre was strong and staff said they felt supported in their roles. There was an informal on-call system in place provided by the centre manager and deputy centre manager to offer support to the centre outside of office hours. Although this was a sustainable arrangement, it needed to be formalised.

There were systems in place to provide oversight of the performance of the centre and they were being developed further. A monthly centre report provided a basic system of monitoring the effectiveness of the centre by external managers. This report gave an overview of information about children and staff in the centre. The alternative care manager regularly visited the centre and reviewed care practices, and also conducted audits in relation to health and safety issues. The alternative care manager reported to the centre on their findings and these were acted on.

The centre manager and deputy manager monitored care practices in the centre on day-to-day basis and they routinely reviewed and signed off on records such as child protection notifications, risk assessments, significant events and sanctions. A system of audits was in place within the centre, including audits in relation to children's files, medication management, supervision and training, however these varied in quality. Audits of supervision and children's files were effective in identifying gaps with issues identified subsequently being rectified. However, while medication management and training audits identified areas for improvement, they did not result in the necessary changes to practice. The centre manager was currently involved in the development of a new system of centre audits and the plan was for this to be rolled out the following

year. This new system was in draft form at the time of this inspection.

There were effective communication systems in place. There were daily handover meetings, a handover book, daily logs and regular team meetings. The centre manager and alternative care manager attended regional management team meetings and information from these was fed back to staff. Inspectors observed a handover meeting where key decisions for that day were discussed. Team meetings were held consistently with good attendance. Inspectors reviewed the minutes of these and found that children's needs were discussed and actions agreed on. However, team meeting minutes did not always reflect the follow up of previous actions agreed or decisions reached.

The centre maintained a register of children who lived in the centre. This was reviewed by inspectors and was found to meet the regulations. The register included required details including places of discharge for past residents and details about archived files.

There were effective systems in place for the management of risk in the centre, but an area for improvement was identified. The centre had a risk register and risk assessments were carried out in relation to risks to children and environmental risks. Each risk was rated and reviewed with control measures in place. There were clear procedures in place to escalate risk if necessary and inspectors reviewed several risks which had been appropriately escalated and responded to by external managers. In addition, staff risk assessed circumstances on a day-to-day basis to support decision making. Risk assessments were generally thorough and of good quality. Risk assessments had been carried out in relation to the use of sensors on children's bedroom doors. They identified the use of these sensors as a risk in itself, when in fact they should be a control measure put in place to respond to an identified risk. As a result, these risk assessments did not identify the actual risk the centre was trying to mitigate. Risk assessments were not carried out on each child for whom door sensors were required. At the time of this inspection, the use of these sensors had recently ceased but there was a lack of transparency in centre records as to why this was the case.

There were appropriate systems in place to record, report and review significant events. Inspectors reviewed the significant events register and found there were 177 significant events in the previous 12 months. Records showed that significant events were well managed and notified to all relevant parties. Appropriate actions were taken to attempt to reduce this high number of significant events. Significant events were reviewed at both a local and regional level.

There were recent changes to the staff team in order to respond to the identified needs of children. There was currently a good mix of skill and experience on the team. Due to some staff members being on long-term leave, the team was supplemented by the use of agency staff. The centre endeavored to ensure that the same agency staff members were consistently used in order to provide stability for the children. Inspectors reviewed the staff rota and found that there was a sufficient number of staff scheduled for shifts on a daily basis. However, the rota lacked detail in relation to the time period and staff names.

Inspectors reviewed a sample of staff files and found that they were well maintained

and contained the information required. Garda vetting and references were not on file as they were held centrally in another location. The central unit were responsible for managing the updating of staff Garda Vetting and there was a system in place to inform the centre manager of updates to staff vetting. The centre manager held a log of the dates staff had received vetting.

Staff received regular supervision but the timeframes were not always in line with policy. When there were delays in supervision taking place, the reasons were recorded. Staff had supervision contracts on file. Supervision records were of good quality and contained clear actions, the person responsible for each action and timeframes. This provided a good level of accountability for individual practice.

The staff team engaged in on-going training, however, some gaps were identified. Inspectors reviewed training records for staff members and found that while the majority of staff had received mandatory training in areas such as fire safety, manual handling and First Aid, some staff had either not received the training or had not received the appropriate refresher course. All staff had up-to-date training in Children First. Staff received additional training in order to enhance their skill set in areas such as youth participation and motivational interviewing. Inspectors found that training needs were discussed on an ongoing basis at team meetings and supervision. A formal training needs analysis was carried out and identified the need for further training in social media, the risk register and placement planning tools. There were also plans for the team to engage in training on a specific model of care being used in the centre.

Judgment: Substantially Compliant

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

The centre was monitored by a Child and Family Agency monitoring officer who carried out routine visits to assess the service against the National Standards for Children in Residential Care and Child Care Regulations (1995). The Child and Family Agency Monitoring Officer visited the centre on two occasions in the 12 months prior to this inspection and reported on their findings. These monitoring reports were dated 29th November 2017 and 16th August 2018. During their visits, the Monitoring Officer met with children and staff, accessed information and reviewed the children's files. The Monitoring Officer found that the centre had made progress in addressing actions from the previous published HIQA inspection in February 2017. The Monitoring Officer found that the centre provided a good level of care to children and that risk was well managed.

Judgment: Compliant

Acknowledgements

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

Action Plan

This Action Plan has been completed by the Provider and the Authority has not made any amendments to the returned Action Plan.

Action Plan ID:	MON-0025218-AP
Provider's response to Inspection Report No:	MON-0025218
Centre Type:	Children's Residential Centre
Service Area:	CFA DNE CRC
Date of inspection:	23 October 2018
Date of response:	21 December 2018

These requirements set out the actions that should be taken to meet the National Standards for Children's Residential Services.

Theme 2: Safe & Effective Care Standard 5: Planning for Children and Young People Judgment: Substantially Compliant
The Provider is failing to comply with a regulatory requirement in the following respect: It was not clear in records if all children attended their care plan reviews. Not all care plans were signed by relevant parties. Action Required: Under Standard 5: Planning for Children and Young People you are required to ensure that: 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. Please state the actions you have taken or are planning to take:

- The centre manager has written to the relevant social work team leaders on 17/12/18 requesting fully completed and signed care plans for the young people. If the updated care plans are not furnished to the centre by 11th January 2019 the centre manager will escalate the matter to the alternative care manager who in turn will raise the issue with the principal social worker. If the care plans are not received by 4/2/19 the alternative care manager will escalate the matter to the regional manager who in turn will raise the matter with the area manager.

- In future, where there is any deficiency in the quality of care plans provided to the centre, the young person's keyworker will write to the assigned social worker to request a copy of the documentation. If the documentation is not received within 10 working days, the social care manager will raise the matter with the social work team leader. If the documentation remains outstanding after a further 5 working days, the social care manager will escalate to the principal social worker. If the documentation remains outstanding after a further 10 working days, the alternative care manager will escalate the matter to the regional manager who will in turn raise the matter with the area manager.

Proposed timescale:
04/02/2019

Person responsible:
Alternative Care Manager

Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

Review of the practice of the use of bedroom door alarms was not well recorded in the centre

Action Required:

Under Standard 6: Care of Young People you are required to ensure that: 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.

Please state the actions you have taken or are planning to take:

- The centre manager will ensure that the use of the bedroom door alarm system as a control measure is as a result of an identified and assessed risk specific to the young person.

Where such a risk assessment indicates the use of the bedroom door alarm, the risk assessment will be conducted in a manner to ensure that the practice is utilised in the least restrictive manner possible and for the shortest duration necessary. The risk assessment and the associated control measures will be reviewed at a minimum of every month and upon the admittance or discharge of a young person.

Proposed timescale:
01/01/2019

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

Some maintenances requests remained outstanding for significant periods of time.

Records did not reflect that all children had participated in a fire drill.

Action Required:

Under Standard 10: Premises and Safety you are required to ensure that:

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.

Please state the actions you have taken or are planning to take:

- The outstanding maintenance issue will be resolved by 22/2/19. In future if there is a delay in getting the requests responded to by the maintenance department, the centre manager will raise the issue with the maintenance department. If the issue is not resolved within 14 days the matter will be escalated by the centre manager to the alternative care manager, who will in turn raise the issue with the maintenance manager.
- The young person participated in a fire drill on 20/12/18. The health and safety audits will now include a check to ensure that all young people have participated in a fire drill as per policy and that detail of young people who participate in fire drills are recorded.

Proposed timescale:
22/02/2019

Person responsible:
Centre Manager

Theme 3: Health & Development
Standard 9: Health
Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

Some written prescription information did not match with records of medication administration.

Action Required:

Under Standard 9: Health you are required to ensure that:

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.

Please state the actions you have taken or are planning to take:

- The centre manager will review the medication management policy and the implementation of the policy with the staff team on 22/1/19.

Proposed timescale:
22/01/2019

Person responsible:
Centre Manager

Theme 4: Leadership, Governance & Management

Standard 1: Purpose and Function

Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose was not in line with national policy in stating that it caters for children from the age of 12 (which should only be in exceptional circumstances).

Action Required:

Under Standard 1: Purpose and Function you are required to ensure that:
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.

Please state the actions you have taken or are planning to take:

- The centre manager in conjunction with the alternative care manager will review the statement of purpose and function on 21/1/19.

Proposed timescale:
21/01/2019

Person responsible:
Alternative Care Manager

Theme 4: Leadership, Governance & Management

Standard 2: Management and Staffing

Judgment: Substantially Compliant

The Provider is failing to comply with a regulatory requirement in the following respect:

Centre audits varied in quality.

Team meeting minutes did not always reflect the follow up of previous actions agreed or decisions reached.

Risk assessments in relation to the use of alarms on bedroom doors identified the use of these alarms as a risk in itself, when in fact it was a control measure.

Risk assessments had not been carried out in relation to the use of alarms on bedroom doors for each individual child.

The decision to cease the use of sensors on bedroom doors was not clearly recorded.

The staff rota did not record details about the date and staff member's names.

The frequency of supervision was not always in line with policy.

Not all staff had received up-to-date mandatory training.

Action Required:

Under Standard 2: Management and Staffing you are required to ensure that: 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.

Please state the actions you have taken or are planning to take:

- A new audit tool, which can be used by the alternative care manager and the centre manager, will be introduced on 30/01/19. Any audit conducted will have a clear record indicating the SMART actions identified; the name of the person responsible, and, clear timeframes for supervision. Audits will remain a standing item on the team meeting agenda.
- The centre manager will ensure that team meeting minutes accurately record the review of previous action agreed or decisions reached.
- The centre manager will ensure that the use of the bedroom door alarm system as a control measure is as a result of an identified and assessed risk specific to the young person.
- The centre manager will ensure that any use of a restrictive practice is as a result of an identified and assessed risk specific to the young person. Where such a risk assessment indicates the use of a restrictive practice, the risk assessment will be conducted in a manner to ensure that the practice is utilised in the least restrictive manner possible and for the shortest duration necessary. The risk assessment and the associated control measures will be reviewed at a minimum of every month and upon the admittance or discharge of a young person.
- The staff rota will be amended on 18/1/19 to include full details of dates and the staff members' full names.
- A schedule of supervision is now in place to ensure that supervision is provided as per policy. If supervision is cancelled then the supervisor will schedule supervision within 10 working days.
- The centre manager will liaise with workforce development to ensure that mandatory training is received by 30/9/19.

Proposed timescale:
30/09/2019

Person responsible:
Regional Manager