

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA South CRC
<b>Centre ID:</b>	OSV-0004189
<b>Type of inspection:</b>	Announced Full Inspection
<b>Inspection ID</b>	MON-0019461
<b>Lead inspector:</b>	Patricia Sheehan
<b>Support inspector (s):</b>	Rachel McCarthy

## **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:
11 April 2017 09:00	11 April 2017 15:30
12 April 2017 08:30	12 April 2017 15:30

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

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

### Actions required

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

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

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

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

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

## Summary of Inspection findings

The centre was located on the north side of a city in a single story building in a residential area. The house had a paved area to the front and a large back garden and the exterior of the house was in keeping with the surrounding residences.

The centre provided medium to long term care for four male children up to the age of 17 years. The statement of purpose and function said that its primary purpose was to provide a structured, caring and supportive environment for children living outside the family home. 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, 2 parents, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

The centre was last inspected by The Authority in June 2016. At that time there had been considerable disruption to established management structures which had been on

going since November 2015 and interim measures were in place to manage this disruption. Since the last inspection, inspectors found that management of the centre had stabilised and improvements made in many areas such as senior management oversight, children's rights, staffing numbers, training and the premises.

Children were appropriately admitted to the centre and facilitated to pursue their hobbies and interests and provided with emotional support. Constructive and warm relationships between children and staff promoted positive behaviour. Every child had a social worker and measures were in place to safeguard and protect children but improvements were required in meeting all of the statutory requirements. Children were aware of their rights, treated with respect and consulted about decisions.

A number of improvements to the premises made it more suitable for its stated purpose. Although not all refurbishments had been completed, overall it was more homely and better maintained.

The centre had sufficient information regarding the health and educational needs of the children. Staff and social workers ensured that the necessary supports and resources were in place to meet the children's needs in these areas. Medicine management practices had improved but routine audits to ensure safe practice were not carried out.

The actions published separately to this report outline the improvements that are required.

## 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 told inspectors that they were aware of their overall rights and that general information about the centre had been provided to them. Inspectors reviewed the information available in the revised children's handbook and found it to be satisfactory. There was a policy regarding accessing information in place and children knew they could see their records but had not wanted to do this to date. An initiative introduced in December 2016 was one of the social care workers taking on the extra role of Children's Rights Officer. There was evidence of meetings with the children on items such as the complaints procedure, the role of the Ombudsman for Children and the role of the keyworker

Inspectors found that the level of consultation with the children was adequate. Social workers and staff confirmed that children were invited to attend their review meetings and make their views known. Children said, however, that they did not feel their views were reflected in decisions made. Children's views and opinions were sought about the running of the centre and children told inspectors that they were consulted about aspects of day-to-day living. Records showed that house meetings were held weekly and children's attendance and views were recorded and there was evidence that issues were addressed. Observations, interviews with staff and children and written key work sessions demonstrated a good level of consultation with children about important issues in their lives.

Children had their own bedroom and staff told inspectors of the ways they preserved the children's privacy and dignity. Children confirmed that their privacy was sufficiently protected. For example, children were not disturbed if their bedroom doors were closed and had keys to those doors for additional privacy. Inspectors observed that children had mobile phones and made telephone calls in private. Each child had two key workers with whom they could communicate on personal matters. Parents told inspectors that their children were treated with dignity and respect.

Children said they had access to advocacy services including an independent agency

providing advocacy for children who visited the centre on occasion. Each child had received a pack from the advocacy agency explaining their rights and a poster was displayed with further contact details. There was also evidence of a youth advocacy programme working directly with some of the children. Two children had a Guardian Ad Litem (GAL) who met with the child regularly. Children exercised choice in areas such as the food and meals they liked and the activities they participated in. Inspectors observed that communication with children was respectful.

The children spoken with informed inspectors that they were aware of how to make a complaint. There was a centre policy on complaints and guidance for staff on how to manage complaints. Staff interviewed were aware of the complaints procedure and informed inspectors that the children primarily used the house meeting format if they had any issues in the centre. Two complaints had been logged since the last inspection. Both were managed appropriately and the children informed of the outcome.

**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**

There had been one admission to the centre in the ten months prior to the inspection. The procedures in place for admissions were followed and inspectors found that the children were appropriately admitted to the centre. Procedures in place regarding admissions ensured that the current placements were suitable and safe. Care files reviewed demonstrated that sufficient information contained in referral forms and care history were given to the centre prior to a child’s placement. There was evidence of the centre manger requesting further information from the social work department prior to admission. A regional admissions committee met to review referrals and decide on the most suitable placement. Staff said that adequate information about the children prior to their admission was provided. Staff and managers described children’s placements and how their needs were being met. Social workers confirmed the placements were appropriate and children said they understood the reasons for their admission. Staff were aware of any therapeutic intervention programmes in place and supported

children's participation. Children were given the opportunity to visit the centre before being placed. One Guardian ad litem told inspectors how a child's needs were catered for during the admission process with a lot of consideration given to making a good match followed by visits prior to the admission and a welcoming staff presence.

There had been two discharge in the 12 months prior to the inspection. Inspectors reviewed the end of placement meeting minutes and found that children were discharged in a planned manner. There was evidence of planning with social workers prior to discharge and discussion about the placements to ensure what worked well and what could be improved.

Every child had a social worker although for two of children their social worker had recently changed. The centre held up-to-date records of telephone contact with social workers. Social workers confirmed to inspectors the frequency of their visits which were in line with regulations but inspectors were unable to verify these visits as the records reviewed did not show the details of social work visits. One child's GAL told inspectors that the child had complex needs and required more visits from the social worker. Some children said that their social worker only came to the centre if there was an issue.

Assessments of need were completed as part of the care planning process and for three children there were up-to-date care plans on files reviewed although they were not signed. For one of these children, inspectors could not determine the specific plan in place and the lack of a clear plan was confirmed by staff. The social worker was able to assure inspectors following the inspection that an appropriate plan was in place. One child's care plan was overdue by two months but the social worker and staff confirmed that a strategy meeting was scheduled within two weeks of the inspection to progress the planning for this child who was preparing to leave the centre. Staff said that statutory reviews took place but the minutes of such reviews were not always in the files and it was not possible therefore to see the decisions and recommendations made. One social worker said that she was finding it difficult to locate the review minutes. For one child where his review was two months over due there was evidence on file of the staff emailing the social worker requesting a review. Children and parents confirmed participation in care planning and review processes but said they were unsure if they got a copy of the care plan.

Inspectors reviewed placement plans and found that they were adequate with evidence of children's views sought by their keyworker prior to placement meetings. However, such plans were not completed in line with the national placement plan policy. The centre manager said that staff had now completed the relevant training and a start date of 6 April 2017 with a three month implementation period had been established to comply with the policy.

Planning and preparation for children leaving care required improvement. While the centre promoted independent living skills such as doing laundry, making appointments and opening bank accounts, staff interviewed were concerned about the lack of specific transition plans at the time of inspection, especially for one child about to leave care. The children had both been referred to the after care service in line with national policy. One of them had an allocated after care worker but there was no evidence of a leaving care plan in place although the child told inspectors he was aware that staff were currently working on an independent living plan for him. The social worker updated



inspectors with the proposed leaving care plan and explained that the child's engagement with after care planning had been poor and that this had delayed finalising the plan. The centre manager was in the process of escalating to the regional manager the issue of the other child without an after care worker.

Children were supported to maintain relationships with their families and in the main were placed within their own community. Where there were exceptions to this, inspectors reviewed the context and found any exceptions to be in the child's best interests. Family access arrangements were in place and met children's needs and inspectors observed staff facilitating the children to go on family visits. Parents told inspectors that they were kept well informed about their children and were encouraged to visit the centre. Children could also contact their families or significant others by phone. When children's contact with their family was restricted due to risk, inspectors found that the reason had been explained to children.

Observation by inspectors of interactions between staff and children indicated good quality relationships. Parents and social workers said that they found relationships were good and that the children were well cared for by the staff team. Interviews with staff and children demonstrated that staff provided support to meet children's emotional needs. Every child had two keyworkers and there was evidence in files that keyworking sessions, both formal and informal, were carried out since the last inspection. The young person set an agenda for the session when it was a planned event and there was good discussion with clear actions outlined. Children interviewed were happy for the most part with their keyworkers. A senior psychologist within the Child and Family Agency provided support to the children and attended a staff meeting once a month so that the staff team could be supported in the provision of consistent care to the children. Inspectors saw that guidance from the psychologist was sought sometimes before staff approached any sensitive issues with the children. At a shift handover meeting, inspectors observed that staff discussed the behaviour and feeling that each child was displaying over the shift and options were explored of ways to help overcome these emotions.

Children's files were stored safely and securely and arrangements were in place for files of former residents to be archived. Overall records were of reasonably good quality but there was no evidence of regular oversight of files by the centre manager. The centre manager told inspectors that this responsibility had been delegated to a social care leader and was a work in progress at the time of the inspection.

**Judgment:** Non Compliant - Moderate

#### **Standard 6: Care of Young People**

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

### **Inspection Findings**

Children had opportunities for leisure activities and were encouraged in their hobbies and interests and facilitated to attend tournaments. Children described recent outings they had enjoyed and told inspectors about the individual opportunities they had to engage in various interests. Children had a choice of activities, as evidenced by a review of daily logs and other records. It was Easter holidays from school and there were planned activities such as fishing and beach outings. The children stated that they have activities every Thursday night and the staff were very supportive around this.

Children's achievements and significant events were appropriately acknowledged and there was evidence in emails between staff and social workers of pride in accomplishments achieved. Staff members spoke positively about children's talents and capabilities. It was evident from observing the unit that there was a relaxed atmosphere in the house and the children stated that staff in the unit were good and very helpful.

Children received a basic rate of pocket money and received a sufficient allowance for clothing. Children were facilitated to buy clothes in line with their tastes and preferences. Inspectors observed that children were well dressed on the days of inspection.

Food was varied and the children told inspectors that the food at the centre was good. Inspectors saw that fridges and food cupboards held a variety of food and fruit. Inspectors observed that meal times were positive social events. Children sometimes chose to cook for themselves to promote the development of independent living skills.

Staff told inspectors that none of the children currently living at the centre had behaviour that challenged. There was no rewards log in the centre and the centre manager advised inspectors that rewards/ achievements were logged in the daily notes. There were consequences for negative behaviour with sanctions recorded in daily logs and the children understood the behaviour expected of them. Inspectors found that there was a focus on positive relationships between staff and children. Care staff were observed to interact respectfully, warmly, and appropriately with children. Social workers confirmed that staff used relationships well to promote positive behaviour. Staff gave examples to inspectors of how they were alert to signs of bullying or racism among the children and how this was managed.

Staff were trained in Tusla's approved approach to crisis intervention as part of the behaviour management model in place. Individual crisis management plans were completed and inspectors found that the planned interventions to manage behaviour were adequate but they were not kept up-to-date monthly or after significant events in line with centre policy. Parents were satisfied with how behaviour was managed. Inspectors reviewed the significant events register and found that there had been no restrictive practices during the ten months prior to this inspection. The centre manager confirmed that there had been no restrictive practices or the assistance of An Garda Síochána (Ireland's National Police Service) sought to manage behaviour. Inspectors saw that there had been 34 significant events for the ten months prior to this inspection and found that these events were notified appropriately to all the relevant people and were well managed. Staff met with children to review incidents as appropriate and recorded when such a review was not necessary.

There had been no missing from care incidents and individual absence management plans were in place and staff followed policies and procedures when children left the centre without permission. There had been 12 incidents relating to the four children being absent without authority in the ten months prior to this inspection. Social workers were satisfied that these incidents were well managed.

**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**

Staff had a good understanding of child protection and were knowledgeable of the national policies and procedures in line with Children First (2011) when responding to allegations and concerns for children in residential care. A national guidance note on child protection was implemented by the staff team. There had been no child protection reports completed in the ten months prior to this inspection and the centre manager confirmed that there had been no such concerns. Records showed that all staff were now up-to-date in Children First (2011) refresher training.

Staff implemented safe care practices to ensure that the individual needs of children were met and that children were safeguarded. Children had their own mobile telephones and could be contacted by staff when out of the centre. Children spoken to said that they felt safe in the centre. Social worker's interviewed were satisfied that they were appropriately notified of concerns affecting the safety and/or welfare of the children resident in the centre. Parents reported that they found the service safe.

Staff were aware of the protected disclosure policy and said that if they had any concerns about the care practice of a colleague they would report it to the centre manager.

**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**

Some of the deficits in the premises had improved in the ten months since the last inspection. This had been an area of significant risk in terms of meeting children's needs and suitability for its stated purpose. While children's bedrooms remained without en-suite facilities, the number had been reduced to four and a small games room created to increase the communal space. New couches and a dining table and

chairs had been purchased and there had been general refurbishment including painting, replacement of windows and outside guttering. Issues with the heating had been resolved. As a result, the premises were more homely and better maintained and this was confirmed by staff and the children's Guardian Ad Litem.

The centre manager told inspectors that key areas remaining for improvement were upgrading of the kitchen in addition to the corridor and kitchen flooring, the bedroom floors and bathrooms. The children spoken with said that one shower was not sufficient for the four of them. The staff office required redesigning and while the garden shed had been cleared out to accommodate a boxing bag the decking in the garden and the football posts remained in a poor state of repair. The centre manager said that the decking work was to start within the next few months and the children confirmed they were planning to assist with the redesign. Inspectors reviewed the 2017 minor capital request submitted by the manager which included all the remaining areas of improvement although the service manager confirmed that it was not yet approved. Inspectors noted that the extremely unpleasant smell which was of concern in the previous inspection continued and barking dogs in the neighbourhood were a disturbance. The centre manager detailed to inspectors all the avenues that had been explored to try and remedy this situation to no avail. Inspectors found that despite cleaning schedules the centre was not sufficiently clean. Staff said that a deep cleaning as an initial step would make it easier to maintain overall cleanliness. Inspectors found that a log had been introduced to track maintenance requests and maintenance issues were addressed.

The centre was adequately insured and two new vehicles were suitably equipped and insured. However, the health and safety statement was not up-to-date and records showed that staff were not up-to-date with first aid and manual handling training which is addressed further under Standard 2.

There were a number of precautions against the risk of fire in place. There were procedures in place to ensure a safe evacuation and exit signs with the means of escape unobstructed. Records were kept which included details of regular checks of equipment and quarterly fire drills. Staff and children confirmed to inspectors their participation in fire drills and their knowledge of what to do in the event of a fire. Annual fire safety training was provided with the most recent in February 2017. A fire safety register was in place and there was adequate fire equipment but records of the servicing of such equipment were not up-to-date. The servicing of the fire alarm was also out-of-date and the centre manager gave assurances that these equipment servicing deficits would be immediately addressed. A date of April 20 was duly provided after the inspection. There letter of confirmation from a certified engineer that the centre complied with fire safety and building control requirements was dated 2008 and the manger said that no structural changes had taken place since then.

**Judgment:** Non Compliant - Moderate

### **Theme 3: Health & Development**

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

life.

### **Standard 8: Education**

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

#### **Inspection Findings**

Children were supported to attend school and encouraged to complete state examinations and participate in further education or vocational training. There were three children in full time education and one child who was being encouraged to pursue a vocational course and seek employment. The social worker and staff confirmed to inspectors the various efforts made from a number of professionals to engage this child in his education over a long period of time.

Educational needs and how these needs were being met were outlined in care plans and placement plans. There was evidence from interviews with staff of a focus on helping the children to achieve their potential, in terms of educational outcomes. Staff discussed behaviour in school at key working sessions. All children spoken to felt that the staff supported them with their education and this was confirmed by parents. One child's GAL told inspectors that staff at the centre were exceptional in supporting education of that particular child.

There was evidence on file of good communication and engagement between staff and the educational placements. Some children were continuing in their educational placements that had been in place before admission. Educational assessments were reviewed by inspectors and there were attendance and school reports on file showing progress. Weekly reports were received from the schools.

Educational or vocational achievements were valued and inspectors saw records and certificates of achievements on children's files alongside state examination results.

**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 care needs were assessed and met and a healthy lifestyle promoted. Medical records were maintained for each child and health care needs were incorporated into the placement plans. Inspectors reviewed children's files and found that a medical examination on admission was completed for each child. While in the centre, children had access to a General Practitioner, ancillary health services, such as dental and optometry, and specialist services to meet individual needs. There was

evidence of good communication with professionals, for example, within occupational therapy and mental health services.

A healthy lifestyle was promoted in the centre. Inspectors spoke with children and reviewed the daily logs and found that there was evidence of many suitable activities with children participating in sports and hobbies. Key working sessions evidenced that staff encouraged children to exercise, keep a healthy diet and the importance of stopping smoking. The centre was a smoke free setting and facilitated access to health education programmes on topics as required. Inspectors observed such a programme being held in the centre on sexual health.

At the last inspection medicine management practices had required improvement. There was a centre 2015 medication policy relating to the prescribing, storing, administration and disposal of medicines and staff demonstrated knowledge of the policy and procedures. Records of prescriptions were now maintained on file and the administration record was legible, up-to- date, dated and signed. It was complete with the exception of recording the route by which the medicine was administered. For children going on home visits a medication log and form for parents to complete had been introduced to capture the medication given and returned between family members and the centre. There were clear records kept of the stock of over the counter medications and medication was stored securely in the staff office. The centre manager had received training in the safe administration of medication but training for the staff team had not yet taken place. Only one medication audit to ensure safe practice had been completed since the last inspection but an action plan following this audit had not been developed or implemented.

**Judgment:** Non Compliant - Moderate

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

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

#### **Standard 1: Purpose and Function**

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

#### **Inspection Findings**

The centre had a Statement of Purpose that had been reviewed and updated since the last inspection. It described the service provided to four children between the ages of 13 and 17 years of age and the the model of service delivery. The statement defined the statutory functions and listed the key policies in place to guide practice. It reflected

the day-to-day operation of the centre.

Inspectors observed that staff practices and the care provided in the centre were in line with the statement of purpose and function.

**Judgment:** 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**

Inspectors found that management structures, which had been in a state of considerable disruption and change at the last inspection, had stabilised. A centre manager had been appointed on a fixed term contract basis pending the filling of the post on a permanent basis by way of a national competition. The service manager said that the review of historical governance issues which had been subject to internal audit work was not fully completed. He gave assurances to inspectors that more robust management systems now in place regarding both financial and governance oversight and improved accountability mitigated against the risk of such issues reoccurring.

The centre was managed by a competent manager who had considerable experience in social care and provided good leadership. There was good communication between the manager and staff. However, the manager was in post on an interim basis, did not hold any certificate in management and there was no deputy manager to actively support him. The centre manager said that he was scheduled for an internal managers course and had completed training on managing staff. The Child and Family Agency Monitoring Officer had recommended on his last monitoring visit that a robust system of support was implemented to support the centre manager.

Up-to-date policies were available electronically or in hard copy and inspectors saw staff signatures on key policies to indicate they had been read. Staff who were interviewed were aware of their roles and responsibilities and the line management structure. The minutes of weekly team meetings reflected agenda items such as updates on the children and requests arising from the children's own meetings as well as staffing and the premises. There were initials of staff who had read the minutes; however, the minutes were hand written and difficult to read in some instances.

There were governance systems in place to ensure oversight of the centre. There was a complete register of children placed in the centre, files were well maintained and inspectors found that there was adequate financial oversight of receipts and bank statements. The service manager had oversight of the monthly governance reports relating to staffing, the risk register and data regarding the children provided to the regional office. The centre manager considered the level of support from the service manager was very good and there was some evidence of quality assurance of files by the service manager. The service manager provided inspectors with an overview of a national quality assurance initiative comprising three strands of self assessment to



ensure the safety and effectiveness of services. He said that this self assessment was about to begin with the aim of completion by the end of 2017.

Inspectors examined the risk register and the eleven risks recorded on it which were risk rated, such as staff injuries preventing safety interventions and admissions where impacting on other children. Control measures taken and the additional controls required were recorded and a risk register catalogue maintained. Inspectors reviewed a comprehensive national risk management policy which the centre manager said had become operational in January 2017. However, no training had been provided in regard to continued development of risk registers in accordance with the new policy although the service manager said training on all new policies was in development. As a result some risks, such as the on going smell and excessive disturbance from barking dogs in the neighbourhood, were not on the register and showing a date of regional escalation and additional controls required. The centre manager and staff told inspectors that the continuing practice of a sleepover staff being alerted by a buzzer to children leaving their rooms during the night was a long standing practice based on the risk of children going into each other's rooms. However, this risk was also not on the risk register and the control measures were not subject to review. Staff told inspectors that children had to leave their rooms at night to use the bathroom and this was confirmed by the children.

Inspectors reviewed the register of significant events and found they were well recorded and appropriately managed and a timely notification system was in place. An incident management policy and procedure was in operation and clear terms of reference for the centre's serious incident review group developed to ensure that learning from incident reviews was operationalised. There had been on serious incidents since the last inspection. The service manager told inspectors that his review of significant events and accountability to the regional manager was part of the quality assurance mechanisms.

Staff files were not available in the centre due to a new regional process being implemented which required files being moved to another location. The centre manager gave assurances based on the most current governance report that staff were recruited and vetted according to the recruitment policy although one staff member required their vetting to be updated as it was 10 years old. This had been an outstanding matter since the last inspection and had not been addressed. The service manager gave assurances to the inspectors that with the recent introduction of electronic vetting this would be immediately rectified. A small number of staff did not have any specific qualification and the service manager said that the human resource team were tasked with a plan to address this but there was no definite date for completion.

There was a consistent and established staff team with a system of shift leaders in place and one of the child's GAL said that the team were very experienced, supportive of a multi-disciplinary approach, and very open to other professionals input. Staff handovers were observed to be comprehensive. The centre manager was introducing a shift evaluation initiative to encourage and record reflective practice. Inspectors reviewed the staffing rotas and saw that the staffing compliment had improved since the last inspection. Both the centre manager and service manager said that the matter of some staff being medically unable to carry out safety interventions was managed by attention to staff rotas and input into the admissions process. The service manager told



inspectors that there were 16.5 whole time equivalent posts; two management roles, one housekeeper, four social care leaders and nine and a half social care worker posts. There was one social care worker vacancy, which had been approved to fill and a panel formed, and the deputy manager was on unauthorised leave. At the last inspection, the regional manager informed inspectors that the practice regarding staff sleepovers was under review. However, inspectors found that the practice continued whereby if one of the two sleepover staff was awoken by a child during the night, their shift the following morning would be reduced if possible. Records of this time off in lieu were seen by inspectors but staff said that the lack of night staff impacted detrimentally on rosters and caused a lot of strain and frustration. The service and centre managers told inspectors that the need for night staff had been discussed at regional level but with national staff rotas currently in development the matter had been delayed. There was no date established for specific night staff to be deployed .

Supervision arrangements had improved since the last inspection and the service manager confirmed that this had been a priority. Supervisor and supervisee training had been delivered and a new recording system was in place and supervision records evidenced that this was being adhered to and used effectively. Actions were agreed following supervision meetings but in the majority of files reviewed it was not evident who was responsible for the action and when it was to be completed. The comprehensiveness of the supervision record varied depending on the supervisor.

Training had also improved since the last inspection. Training records were captured on the governance reports and a training needs analysis had been completed followed by a planning meeting with the Workforce Learning and Development unit in October 2016. There was evidence that all staff had been updated on Children First (2011) training, placement planning, the approved method of crisis intervention and fire safety training. However, mandatory training in manual handling and first aid was not up-to- date and the centre manager said that a national initiative on first aid was being developed but not deliverable for possibly another 12 months.

**Judgment:** Non Compliant - Moderate

### **Standard 3: Monitoring**

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

### **Inspection Findings**

The centre was monitored by a Tusla monitoring officer who carried out routine visits to assess the service against National Standards for Children in Residential Care and Child Care Regulation (1995). The monitoring officer met with managers, staff and children during visits. HIQA had received one monitoring reports from the monitoring officer since the last inspection in June 2016. The most recent monitoring inspection occurred in December 2016 and inspectors reviewed the most recent report and spoke with the monitor.

The monitor had observed good practice and positive interactions between staff and the children. Feedback from social workers, staff and children indicated that they were satisfied with the care being provided in the centre. Some required actions from the June 2016 inspection by The Authority were outstanding at the time, for example, improvements to the premises. Sustained support from the service manager to ensure full implementation of actions and better recording of supervision were recommendations of the monitor.

**Judgment:** Compliant

### **Acknowledgements**

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