

Health Information and Quality Authority Regulation Directorate

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



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| Type of centre: | Children's Residential Centre |
| Service Area: | CFA South CRC |
| Centre ID: | OSV-0004191 |
| Type of inspection: | Unannounced Full Inspection |
| Inspection ID | MON-0017760 |
| Lead inspector: | Sharron Austin |
| Support inspector (s): | Caroline Browne |

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:

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| From: | To: |
| 03 August 2016 10:00 | 03 August 2016 18:00 |
| 10 August 2016 09:30 | 10 August 2016 19:00 |

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

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

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

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

Summary of Inspection findings

The centre was based in a detached one storey purpose built building on ample grounds in the suburbs of a city. It had easy access to all facilities within the locality. The centre provided short, medium and long term care placements for up to four girls under 18 years of age. A semi-independent apartment formed part of the building. This living space comprised adequate, yet small living space for one young person who had progressed to being able to manage a level of independence or required to be in such a space. At the time of inspection there were two girls living in the main residential centre and one girl in the semi-independent apartment.

The aim of the centre as outlined in their statement of purpose was to provide a safe place for children and to work meaningfully with children and their families. Valuing the concept of group living as an important catalyst for change, the model of care described a therapeutic environment and positive behavioural support approaches alongside the Child and Family Agency approved approach to crisis intervention. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, 1 parent, 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 spoke with two of the children during the inspection and spoke with one parent and two social workers after the inspection. One child had been admitted to the centre since the previous inspection in June 2015. At the time of inspection there were two girls living in the main residential centre and one girl in the semi-independent apartment.

Children were appropriately admitted and their physical and emotional needs were met by staff in the centre. Children were aware of their rights, were treated with respect and were consulted about decisions. Each child had an allocated social worker and two of the children had been referred to an aftercare service and were allocated aftercare workers. The management of care planning and review processes was good. However, decisions and recommendations from child-in-care reviews and updated care plans were not evident on all files.

The model of care in place had improved outcomes for children and saw a reduction in the number of significant events and restrictive practices. While both children who met with the inspector described their different care experiences, both could see the benefits of their time in the centre and their interactions with staff. They were encouraged to pursue their hobbies and interests and achievements and significant

events were acknowledged and celebrated. Safe care practices were implemented and children felt safe living in the centre.

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 required improvement.

The centre was well managed and staffing levels were adequate. A number of systems were in place to ensure there was good communication and accountability but systems for monitoring and auditing practices in the centre required improvements. The premises required some works to be carried out in relation to fire doors and redecoration and funding had been approved for same.

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

There were systems in place to ensure children were fully aware of their rights and children who spoke with the inspector were aware and understood what their rights were. The information booklet provided to each child on admission which outlined their rights and how to exercise them had been reviewed on foot of the previous inspection to include guidelines on the right to privacy. Children had an awareness of how to access their information through the detail contained within the information booklet. Staff were knowledgeable about respecting and promoting rights. The children were facilitated to meet with their social worker, guardian ad litem and advocacy services and this was confirmed by the children and professionals who spoke with inspectors.

The level of consultation with the children was adequate. Children exercised choice in areas such as the food, meals and the activities they participated in. They attended their review meetings and social workers confirmed that they participated in discussions at these reviews and made their views known. Inspectors observed that communication with children was respectful. Children's views and opinions were sought through house meetings and children told inspectors that they were consulted about aspects of day-to-day living. Children's meetings were held weekly but this depended on the willingness of children to participate. Children's attendance and views were recorded. Issues raised by the children were brought to the weekly staff meeting where decisions were made. Observation of a staff meeting found that children's issues were discussed. The minutes of either meeting did not always clearly record the follow up and feedback given to the children.

Complaints made by children were managed in line with centre policy which included an appeals process. Information regarding the right to make a complaint was outlined in the children's information booklet. Children who met with the inspector knew how to make a complaint and what could happen if they were not satisfied with how their complaint was dealt with. Data provided to HIQA by the centre manager reported that 23 complaints had been made since the last inspection in June 2015. Twenty one of these complaints had been closed at the time of inspection, 16 of which were closed to

the satisfaction of the child. A review of the central complaints register demonstrated that one child had made 12 complaints in February 2016 in relation to minor issues, such as laundry, consequences, and toiletries. The records showed that these complaints were dealt with in a timely manner for this child. However, the central complaints log was not consistently maintained from that date so as to track the overall timeliness of the management of complaints.

Judgment: Requires improvement

Theme 2: Safe & Effective Care

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

Standard 5: Planning for Children and Young People

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

Inspection Findings

The procedure in place for admissions into the centre was through a referral system to a central admissions committee (CAC). This CAC considered all referrals to residential care in the area. One child had been admitted to the centre since the last inspection. Staff and managers interviewed were satisfied that the centre was appropriate to meet the needs of the current children living there and had received appropriate information about the children and their needs prior to admission. Children who spoke with the inspector said they understood the reason for their placement in the centre, but one child was unclear as to how long more she would be in the centre. The centre had an age appropriate information booklet which outlined what the centre was about and what to expect.

One child had been discharged from the centre in a planned manner in July 2016. This was the only discharge since the last inspection. Inspectors could not review this child's care file and discharge plan at the time of inspection as the file had been archived in an external secure facility. The centre manager provided the inspector with a copy of the transition and discharge plan for this child after the inspection. Staff spoken with and the record reviewed confirmed that this was a planned ending. As such there had been no unplanned endings since the last inspection. The centre worked well with external agencies and professionals for children leaving the centre which was confirmed by manager, staff and social workers interviewed.

Each child had an allocated Child and Family Agency social worker and a review of care files found that they had fulfilled their statutory requirements. Social work visits were carried out in line with the regulations. There was also evidence on the file of the social worker contacting the child. An agreement had been reached for the transfer of one child's case between service areas who was admitted to the centre in March 2016. At the time of inspection, the child's case had not been transferred, this impacted on the ability of the centre to access a required specialist service in the local area. In the interim, the child had to travel back to the placing area to access this service.

There was no overall assessment of need but this was evident in various records and reports contained on the child's file. There was detailed information, including reports on the children's file, to present an overview of their needs. Care planning and review processes were generally within timescales but decisions and recommendations from child in care reviews and updated care plans were not evident on all files. Placement plans on children's files were generally reviewed within the required timeframes. Care records demonstrated that where required, professionals meetings were held and attended by relevant parties to ensure care planning decisions were being progressed.

Care plans and placement plans were in place and regularly reviewed. The care plans contained relevant information and evidenced that children and families were consulted and contributed to the care plan. The placement plans were based on the care plan and on-going assessments of need and risk. A review of both found that they were comprehensive and clear decision making was recorded. Children and professionals interviewed confirmed participation in care planning and review processes.

Each of the three children residing in the centre had been placed outside of their own community. However, contact and visits with family and friends was encouraged and facilitated by staff in line with the child's care and placement plans despite the geographical distances. This was done through phone calls in the centre, visits with family members and having members of the family visit the centre. Children were permitted the use of mobile phones which meant they could keep in touch with their friends over social media. Children who spoke with the inspector confirmed their contact with family and friends as well as social media connections. The centre had adequate space to ensure children had private space to meet with their families, friends and social workers.

Children's emotional and psychological needs were assessed and met and staff members advocated for services for children. The centre was supported by a senior clinical psychologist as part of the area's child care services and this involved direct intervention work with children, indirect support for children through staff support, attendance at meetings and staff training. Managers and staff interviewed outlined the benefits of being able to access this service for children in response to assessed needs and as a support in their interventions with children. Children received good quality emotional and physical care while in the centre. The model of care in place was reported by staff, managers and external professionals to be beneficial for the children in terms of the management of their behaviour and had improved outcomes for children overall with a reduction in the use of significant events and restrictive practices. Children who spoke with the inspector were able to articulate how the programme worked and the incentives used to help them to manage difficulties and behaviour.

There was evidence that staff consistently attempted to engage with children in a professional manner while maintaining warm and close bonds. Interactions between staff and children were observed by inspectors and found these to be relaxed, respectful and appropriate. Social workers said that the children were well cared for by the staff team. Records of key work sessions with children were not always completed and signed.

Two children were over 16 years and had been referred to an aftercare service in line with national policy. Both had been allocated an aftercare worker. While a review of records demonstrated that preparation for leaving care and aftercare discussions took place with both children and planning processes had begun, there were no formal plans on file. During interview, both children spoke about their understanding in relation to preparing them for independent living, but were not aware of any formalised plan to support them. While both children had met with their allocated aftercare worker, they said they were worried and unsure about their future placements and the plan to support them though it. Staff interviewed spoke about the work and interventions with both and reported that the children were reluctant at times to engage in the work undertaken to support them in preparing to leave care and for future life events. They confirmed that there were no formal transition plans in place for either child. While both children spoke about specific pieces of work being done with them as part of their independent living skills programme, the records to support this were not consistently completed.

Care records viewed by inspectors were organised and contained all information required by the regulations. Children's records were securely held, stored and archived. The centre had restructured their filing system in relation to the care files for children in the centre on foot of an action required from the previous inspection which contributed to more effective care planning.

Judgment: Requires improvement

Standard 6: Care of Young People

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

Inspection Findings

Opportunities for leisure activities, holidays and interests were encouraged for the children in the centre. Children had a choice of activities, as evidenced by a review of daily logs and other records. Children spoke with inspectors about their interests and the opportunities available to them to participate in various activities. Examples of these included attending a teen gym in the locality, swimming, basketball, arts and crafts, cooking, dancing and horseriding. On the first day of inspection, two of the children were on separate outings with staff, one in Dublin and one in Waterford. On the second day of inspection, one child was going on an overnight trip to Kerry to attend a music concert. Each child had a set allowance to purchase clothes and had a choice of where

and what they wanted to purchase. Children's achievements were appropriately acknowledged and reported as demonstrated in a review of care records, minutes of children's meeting and speaking with children.

Nutritious and varied food was available in the centre and children's preferences were taken into account. The children were involved in planning and cooking meals and inspectors observed staff cooking and promoting healthy eating options with them. Children had easy access to snacks and there were adequate amounts of fruit and healthy foods available and the meals provided were healthy and nutritious. Staff and children sat together for meals and were observed by the inspector to be a positive and interactive experience.

Staff were trained in two distinct behaviour management models. The predominant model that operated in the centre since October 2014 was one that reinforced positive behaviour through an incentive programme. The other model was an existing Child and Family Agency approved approach to crisis management. Interviews with staff and managers, observation of staff interactions with children and a review of care records demonstrated knowledge and skill in the provision of care to children. The children who spoke with the inspector outlined their understanding of the model of care and said that the incentive programmes were helping them to manage situations on a daily basis. External professionals interviewed said that the programme was beneficial and could see improvements for children in terms of how staff viewed and approached behaviour management.

Individual crisis management plans (ICMPs) and absence management plans (AMPs) were completed and kept up-to-date. A review of these plans found that the planned interventions to manage behaviour were adequate and they contained the necessary information to ensure a consistent response by staff. The inspector observed good discussion in relation to each child's presenting behaviours in the staff meeting and amendments made to ICMPs and AMPs where required. One child did not require an ICMP at present.

A review of centre records and data provided by the centre manager showed that there was a reduction in the number of incidents of physical restraints from 35 to six (17%) since the previous inspection in June 2015. Managers and staff attributed this to the positive behavioural support approaches undertaken with the children which reduced the need for crisis intervention. While the reduction in the use of physical restraint was an improvement, the use of alarms on bedroom doors was not considered an environmental restraint by staff and no formal risk assessment had been undertaken to support the use of these.

There were 12 occasions where An Garda Síochána were called to support the management of behaviour. The inspector discussed these with the centre manager to understand the rationale for this and found that the decision to contact the Gardai was made following a risk assessment of the individual incidents. The centre manager was satisfied that staff were in control but required specific assistance on those occasions. She said there was no adverse impact for children as a result of Gardaí involvement.

Judgment: Requires improvement

Standard 7: Safeguarding and Child Protection

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

Inspection Findings

Staff implemented safe care practices and worked in partnership with families and social workers as well as other key professionals involved with the child to ensure children were safeguarded. Staff were cognisant of the risks in relation to the children using social media on their mobile phones. Safeguarding measures were outlined in a contract for the use of the mobile phone which was discussed with each child. A copy of this contract was on both care files. Children spoken to said they felt safe in the centre. Child protection concerns were reported in accordance with Children First (2011). Some improvements were noted following the reporting of a concern to the social work department, in that acknowledgements were received by the centre. However, the centre manager outlined that this depended on the respective social work department. The centre manager was the designated liaison person.

There were policies and procedures in place for the protection and welfare of children including a child protection policy, procedures to follow when children absconded or went missing from the centre, bullying and whistleblowing. Staff interviewed had a good understanding of child protection and were knowledgeable of the policies and procedures in place to safeguard children. Social worker's interviewed were satisfied that they were appropriately notified of concerns affecting the safety and/or welfare of the children living in the centre. A review of training records demonstrated that five staff had completed up-to-date training in child protection in April 2016 and the centre manager outlined all staff would be fully updated by October 2016.

There had been nine child protection reports forwarded to the relevant social work department since the last inspection in June 2015. These related to the current three children. Inspectors reviewed the reports on file and found that they were related to individual behaviour concerns and incidents outside of the centre. Five child protection concerns were founded and four were unfounded. An allegation against a staff member in January 2016 was unfounded. The records demonstrated the effective and timely management of the allegation and the investigation undertaken.

Judgment: Meets standard

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 design and layout of the centre presented challenges in the delivery of the service as the building was originally designed as a high support unit and was not conducive to

a more practical, homely environment. The managers and staff had made some improvements to achieve this to date and the centre manager outlined that capital funding to carry out some refurbishment and decoration had been planned and approved, but she was still awaiting this finance to commence the works required. A walk-through of the premises during the inspection found that a number of vacant rooms had become storage rooms for a various amount of items which were effectively 'dumped' and under utilised. Each child had their own bedroom and access to a sufficient number of communal toilet and bathroom facilities. There were two sitting rooms available with comfortable furnishings. The kitchen and dining area were open plan, spacious and bright areas with access to an enclosed courtyard on one side and to a large rear garden on the other side. The premises had suitable heating and ventilation and lighting throughout with the exception of the corridor to the bedroom area which was quite dark. The centre had an apartment facility with its own access door. This was a small but adequate living space for one child who was on an independent living skills programme prior to discharge.

The centre had an up-to-date health and safety statement dated 15 January 2016 and the required policies and procedures were in place. The centre manager could not provide a copy of the centre's insurance at the time of inspection and was following up on this with the national office.

The centre was adequately maintained. A maintenance log was maintained and was reviewed by inspectors. The maintenance log did not always evidence if requests had been followed up and completed. However, staff and management reported that responses to requests were prompt.

The centre had access to three vehicles which were insured, maintained and were equipped with appropriate safety equipment. A car maintenance log book was in place which recorded service and safety checks.

There were adequate precautions in place for the prevention of fire. A fire safety register was in place and there were sufficient numbers of fire extinguishers which were regularly serviced. Service checks were also carried out on emergency lighting with the most recent check completed in July 2016. Procedures were in place to ensure a safe evacuation with displayed signage and exit signs and inspectors found all fire exits were unobstructed and in working order. All staff had up-to-date training in fire safety. A review of training records found that the most recent fire safety training was completed in February 2016 with 12 staff. The external fire services company carried out an inspection of the premises on the 3 February 2016 and recommended that the fire doors on corridors be fitted with magnetic door closers connected to the fire alarm system. The centre manager reported that funding for this had been approved and she was awaiting the funds to proceed. The fire safety register held records of fire drills, fire alarm tests and servicing of fire equipment. Fire drills were carried out regularly and inspectors viewed the records which demonstrated that four drills had been completed to date in 2016. Staff and children confirmed their participation in fire drills.

There was a letter of confirmation from a certified engineer that the centre complied with fire safety and building control requirements, dated 2008 and there had been no structural changes to the centre since that date.

Judgment: Requires improvement

Theme 3: Health & Development

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

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 received appropriate education and were supported and facilitated to attend relevant educational and training placements. Children's files contained school reports, certificates and with the exception of one child, educational assessments were completed. Two children had completed their Junior Certificate examinations and had achieved good results. Both girls who met with the inspector spoke positively about their education and wanted to pursue further education and training opportunities. Educational needs were outlined in care plans and placement plans although the content was very brief in the latter. Recommendations from educational assessments to ensure children were assisted to achieve their potential, in terms of educational outcomes were clear. Care records demonstrated that a number of these recommendations had been progressed and were reviewed as part of the care and placement planning processes. Interviews with social workers and a parent outlined that they were satisfied that educational needs were being addressed and met by the staff in the centre. Managers and staff interviewed reported positive relationships with personnel in the respective educational placements and outlined that one child had attended an awards ceremony to celebrate their achievement in a particular project.

Judgment: Meets standard

Standard 9: Health

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

Inspection Findings

Children's health care needs were appropriately assessed and met and this was incorporated into the care and placement plans. Staff ensured that children had access to relevant health professionals and specialist services where required. A review of children's files evidenced records of medical examination on or prior to admission for each child and visits to the GPs and other specialist health care services. Children had access to a General Practitioner (GP) and ancillary health services, such as dental and optometry. The children who met with the inspector said they had a choice of GP and

could access them when they required. Medical cards and appropriate consent forms were kept on file. Children were supported in relation to health education programmes such as alcohol/substance misuse and sexual health as required and were referred to a local youth health service in the city which offered an independent, free and confidential service to children and young people in the local area. Staff encouraged children to engage in exercise and to become involved in community activities that promoted a healthy lifestyle. One child who spoke with the inspector said that they attended a local teen gym and enjoyed swimming.

Medication was managed by staff and all medicines were stored securely in a locked cabinet. Records of the administration of medication were maintained on children's files. Where required, over-the-counter medicines were kept for individual children in identifiable containers and were in date. However, the record keeping of these products was not sufficiently clear. The centre manager and staff interviewed reported that a guidance document on medication management had been circulated as required reading pending the development of a national policy on the administration of medication. Staff had not received training on the safe administration of medicines to date. However, training was scheduled for the end of the year.

Judgment: Requires improvement

Theme 4: Leadership, Governance & Management

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

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, approved written statement of purpose that set out the service being provided to children. It clearly outlined the model of care provided and the policies and procedures which guided practice. The staff and management at the centre were clear about the purpose and function of the centre and were knowledgeable in the model of care provided. The service was being delivered in line with the statement which outlined the positive behavioural support approaches alongside the Child and Family Agency approved approach to crisis intervention carried out with the children. The statement was in an accessible format in the children's information booklet. Children spoken with were familiar with the statement.

Judgment: Meets standard

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 were management systems in place with clearly defined lines of authority and accountability. Day-to-day operations were the responsibility of a centre manager who reported to the interim service manager. The centre manager had remained in an acting role for a number of years and was supported by a deputy. The interim service manager with line management responsibility for the centre reported to a regional manager. There were no managers available in the centre on the first day of inspection due to planned and unplanned leave. The interim service manager was covering their responsibilities during this absence and was available by phone to staff. Social care leaders on duty were available to inspectors on the first day and provided required documentation as requested. They outlined their role and responsibilities which included shift management and supervision of staff. However, the absence of managers in the centre impacted on the inspection methodology and a decision was made to postpone the second day of inspection until the following week when the centre manager was due back from leave. Staff were aware of their roles and responsibilities and this was reflected in practice observed.

There were systems in place to ensure that the service provided was safe and appropriate to children's needs. Staff stated they were supported by management and that communication was good. The majority of the policies and procedures in place to guide staff practices had been in existence for some time. However, a number of new national policies had been implemented since the last inspection, such as placement planning, smoking cessation policy and the procedure for the safe use of ligature cutters. The centre manager and interim service manager told the inspector that other national policies and procedures were being developed such as a risk management policy and a medication management policy.

The manager maintained a register of children placed in the centre in accordance with the relevant regulation. A review of the register demonstrated that the appropriate details for each child were recorded. The same register had also maintained a record of the movement of children in and out of the centre for a number of reasons, such as when a child went home on overnight family visits, was away on holidays from the centre, among other reasons. While this was good practice in terms of tracking the dates on which a child was absent overnight from the unit and when they returned, the manner in which it was recorded indicated that a child was discharged and admitted on each of these occasions and the particulars pertaining to the individual child were repeatedly recorded. This required improvement to reflect the information pertaining to the reason a child was not resident on a particular date only and should cross reference to the information required by regulation already recorded in the register. The centre's administration files were organised and maintained to support the delivery of care and were relatively easy to access during the inspection.

The centre had clear financial systems in place with oversight by a financial manager from the national office who undertook financial audits and provided training at various levels. The centre used procurement cards to buy day-to-day necessities such as food and fuel for the car, as only a small amount of petty cash was permitted. Approval levels for various cash limits were in place. The interim service manager outlined that all staff were encouraged to apply for access to a procurement card so as to limit the availability of petty cash. However, the centre manager, deputy manager and six social care leaders were the only staff with permission to purchase items using these cards currently. A number of staff did bring this up as an issue as the limited number of procurement cards required advanced planning in some instances so as to ensure access to cash for activities.

There were some systems in place for risk management which included a risk register. Inspectors reviewed the risk register and found that it identified all risks in relation to the centre. It outlined the management of risks with measures in place to mitigate against the risks. The centre manager had recently undertaken a risk assessment of potential ligature hazards in and around the centre. This also included photographs of the identified ligature hazards. A review of this risk assessment demonstrated that a number of other potential ligature hazards noted during the inspection had not been considered and the information pertaining to the number and location of each hazard was unclear. This was discussed with the centre manager and interim service manager who outlined that this would be addressed with immediate effect. Managers and staff interviewed demonstrated a good knowledge of risks posed by the particular needs of each child and significant events were appropriately managed. However, there was no up-to-date risk management policy in place to consistently guide the practice of staff in managing risk. Staff had not received training in the management of risk.

Notifications of significant events to appropriate persons were consistent, timely and in line with centre policy. There had also been an improvement in the recording and notification of significant events to address duplication of paperwork which had been a finding of the previous inspection. There had been 20 incidents of absence without authority, two of which were considered absent at risk and one missing from care. All incidents related to a previous resident. This child's care records were archived externally and were not available during the inspection. The interim service manager outlined that he reviewed significant event records and had on occasion returned these to the relevant author from a quality assurance perspective where more detail or signatures was required. Staff interviewed confirmed this with the inspector. A review of significant event records demonstrated that these records also reflected positive events for a child in the centre, such as attendance at a school awards ceremony for achievement in a particular project.

There was evidence of some monitoring and oversight systems in records reviewed whereby the manager signed off on a number of records that assessed the quality of records and decisions of staff, but this was not consistent. The centre manager told the inspector that while she had good oversight of centre records, she did not undertake any formal file audits to ensure a more robust quality monitoring system. Both the centre manager and interim service manager said that a more comprehensive file audit was not undertaken to ensure record keeping supported the delivery of service. There was no evidence of other audits, for example to ensure appropriate medicine management practices and this was confirmed by the centre manager.

New placement plans, placement support plans and placement plan progress reports were in the process of being rolled out by the national office. At the time of inspection, these were not fully in place. The interim service manager outlined that he would have responsibility for quality assuring these plans so as to improve outcomes for children in the centre.

The introduction of a centre governance reporting system had been implemented since January 2016. This was a comprehensive overview of all aspects of the service completed by the centre manager on a monthly basis which included, data on the young people regarding care and placement planning, risk management planning, education, adverse events, staffing, training and supervision among other relevant areas. This had been developed to support centre managers in the performance of their duties and to ensure service and regional managers were aware of and responded to identified deficits/issues arising in the centres. However, there was no evidence of any response to the reports submitted in terms of risk management, maintenance, absence of care plans, trends and learnings. The inspector was provided with a completed centre governance report for the month of June 2016 by the centre manager. This monthly report was submitted to the interim service manager and regional manager and quarterly returns were submitted to the National office.

Staff were recruited and vetted according to the recruitment policy and Garda vetting had been renewed for a number of staff who had been in the service for a number of years. A review of 10 staff files demonstrated that appropriate references and checks were in place and the majority of staff had the relevant social care qualification. The centre governance report provided to the inspector indicated that five staff (22%) had other relevant qualifications and two staff had no qualifications. A number of staff interviewed were able to outline their experience of induction at the time of commencement. However, staff files did not evidence formal induction and probation processes.

There was adequate staffing in place to meet the needs of the children. During the inspection, inspectors found that there was a sufficient number of experienced and qualified staff on duty to deliver the service as outlined in the statement of purpose. There was consistent staffing in place and staff turnover was low. The staff team comprised 18.43 whole time equivalents which included an acting centre manager, an acting deputy manager, seven social care leaders and 13 social care workers and there was a good gender mix on the team. There were two agency staff in use and two social care worker vacancies at the time of inspection. Both agency staff were used on a regular basis. The centre also had a part-time clerical staff. Inspectors reviewed the rota and found that staffing levels were in line with the ratios needed to maintain a safe level of care. Where possible, a social care leader was consistently scheduled as part of the rotating shift pattern in place.

The centre manager had a degree in healthcare management and demonstrated that she had the appropriate skills and experience for her role. During interview, the centre manager presented as competent, experienced and qualified. She demonstrated knowledge and accountability for the service provided throughout the inspection.

Staff supervision was not carried out in line with policy. Managers and staff told the

inspector that formal supervision was held regularly, every six weeks on average. Supervision of staff was provided by the manager, deputy manager and the social care leaders, each of whom had received appropriate training. A review of seven supervision records found that while individual children were discussed, deficits were found in the frequency, the quality of discussion and evidence of accountable decision making. While discussion in relation to professional development, support and training were evident, there was no evidence of professional development plans to support this.

The centre manager met with the interim service manager for formal supervision on a monthly basis. A new electronic format for the recording of supervision sessions with the manager was in place since June 2016. This format was implemented by the national office for use with managers in the service. A review of the centre manager's supervision records demonstrated evidence of the frequency, decision and actions required, the start and end date for those actions as well as a status update. Continuous professional development was not evident in this format at the time of reviewing the records. The interim service manager outlined that the new supervision record was a rolling format which allowed clear tracking of the sessions carried out.

Staff received a number of mandatory training modules to meet the needs of the children. The training records did not demonstrate all of the mandatory training requirements for children's residential centres. Data provided to HIQA by the centre manager reported that up-to-date training in child protection would be completed by October 2016 and that all staff had received training and refreshers in the management of behaviour and fire safety. Staff interviews confirmed that a number of training sessions had been completed since the last inspection. These included fire safety, child protection, placement planning, significant life events and supervision.

A finding from the previous inspection in June 2015 found that there was no training needs analysis and review of training to inform a service training plan. The centre manager outlined that this was still not in place at the time of this inspection. The interim service manager reported that training modules in relation to the procedure for the safe use of ligature cutters, safe administration of medication, first aid, among other modules would be provided by the end of 2016.

Judgment: Requires improvement

Standard 3: Monitoring

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

Inspection Findings

The centre was monitored by a Child and Family Agency monitoring officer. Changes within the national quality assurance directorate of the Child and Family Agency in April 2016 saw a new monitoring officer appointed to this centre. HIQA had received one monitoring report since the last inspection from the previous monitoring officer dated 28 January 2016. This report looked at three aspects of the service related to

education, health and premises and safety. Inspectors reviewed this report and found it noted positive findings overall. It also had similar findings to this inspection. The standard in relation to premises and safety was not met and actions were required to address the deficits.

Judgment: Meets standard

Acknowledgements

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