

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA South CRC
Centre ID:	OSV-0005119
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0018871
Lead inspector:	Ruadhan Hogan
Support inspector (s):	Tom Flanagan; 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:
01 February 2017 08:30	01 February 2017 18:00
02 February 2017 08:30	02 February 2017 12:30

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

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

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

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

Summary of Inspection findings

The centre was based in a detached three-storey building in a rural setting with a large mature garden to the front of the house. The exterior of the house was for the most part in keeping with surrounding residences. Access to facilities such as public transport, schools and shops and other amenities required the use of a car. The property had been previously registered as a private residential centre.

The centre provides places for three children from the age of 13 to 17 years. The statement of purpose and function stated that its primary purpose was to provide short, medium and long term care for up to three children incorporating outreach support to their families as necessary, care to males aged 14 to 17 years old inclusive who display problematic and specific behaviour, shared care arrangements as determined by a child's care plan and a programme of care that seeks to prepare young people for returning to their families, foster care or independent/supported living as appropriate. At the time of the inspection, there were 2 children living in the centre.

During this inspection, inspectors met with or spoke to 1 child, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke with other professionals including Social Workers.

The centre was last inspected by HIQA in May 2016. Since that time, inspectors found that improvements had been made in the areas of guidance for staff to work with children with specific behavioural issues and up-to-date training in relation to Children First: National Guidance for the Protection and Welfare of Children (2011).

On this inspection, inspectors found that the centre had a pleasant atmosphere which created a homely and welcoming environment for children. Children spoken to during the inspection said that they were happy to live in the centre and got on with the staff team. There was a consistent staffing arrangement in place and staff were facilitated and encouraged to attend training. Staff absenteeism rate was low at 1% and as a result morale in the centre was high. The staff team met the physical and emotional needs of children. There were appropriate systems in place to keep children safe. The systems in place for recording and monitoring of significant events was good. Each child in the centre had an allocated Social Worker. Social work visits were carried out in a timely manner. Statutory care reviews did not take place in a timely manner for one child and care plans had not been fully updated for another. Inspectors contacted the relevant child's Social Worker during the inspection who gave assurances, before the inspection was finished, that these issues would be followed up and rectified.

From a review of records, inspectors found that a child protection notification made to the social work department (SWD) in relation to one child had not been followed up and investigated in line with Children First (2011). Inspectors escalated this issue to the relevant Principal Social Worker and subsequently received a satisfactory response that indicated the matter was being appropriately investigated.

Other issues identified on previous inspections had not been addressed at the time of this inspection. These included securing a long term lease for the premises which at the time of this inspection did not guarantee a permanent location in the long term and had the potential to impact on the needs of individual children if further temporary moves are undertaken.

One child in the centre was not in full time education and inspectors found the centre's routine management plan for this child was ineffective at engaging this child in healthy routines.

Management structures identified clear lines of authority and accountability for all staff and provided good oversight of the service. Inspectors found that the recording of supervision of staff was of poor quality.

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

The centre had systems in place to ensure children knew about their rights and were encouraged and facilitated to exercise those rights. Leaflets and posters were on display in the centre. These outlined information about rights, how to make a complaint and other information about what to expect when staying at the centre. Children told inspectors they were told and understood their rights. Children had the opportunity to visit the centre prior to their admission with their families.

Staff practices facilitated and promoted children's rights. Each child had their own room and bathroom. Staff respected children's privacy and right to bodily integrity by knocking on the door and waiting for permission to enter a bedroom. Children who talked with inspectors said that, for the most part, they felt their privacy and confidentiality was respected. On some occasions, children's phone calls were monitored by staff. This monitoring had been agreed with the child's Social Worker as a precautionary safety measure. Children told inspectors that while they did not like this intrusion, they understood why it was justified.

Children had access to advocacy services. One child had a Guardian Ad Litem (GAL) who met this child regularly. Children said they were aware of advocacy services including an independent agency providing advocacy for children who visited the centre on occasion. From a review of centre files and from speaking with children and the children's Social Worker, children were communicated with in a respectful manner. The centre held weekly house meetings where children could contribute to the running of the centre and could choose activities they liked. The meetings were held regularly and records showed that staff recorded children's views and wishes.

Children had opportunities to participate in decision-making. Children were consulted and encouraged to participate in decision making in their child care reviews. These meetings looked at their care plan and involved the significant people in care planning for a child such as their parents, Social Worker, GAL, centre staff and other professionals. Children told inspectors that they were given the opportunity at these

meetings to ask questions and say what they thought. If they felt overwhelmed, then the centre staff helped them to express their views.

The centre had a policy and procedure for the management of complaints which children were aware of. Inspectors reviewed the complaints log in the centre and found no complaints made since the previous inspection in May 2016. Inspectors spoke with children who said while they knew how to complain, they didn't have a reason to make a complaint.

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 were two admissions and two discharges during the previous 12 months. Children were appropriately placed in line with the centres stated purpose and function and all admissions were in accordance with the admission procedures. Children were given the opportunity to visit the centre before being placed. Discharges were planned and in line with the children's leaving care plan.

A new policy and procedures on admissions to the centre was implemented in July 2017. There were two referral pathways for admission set out in the new policy. Referrals were usually made to a Children's Residential Services (CRS) regional central admissions committee. The admissions committee comprised of centre managers from the region where there were vacancies in the respective centres, a School Principal, a Psychotherapist, the Interim Service Managers and a Social Worker from the local area fostering team. When a vacancy became available, the centre manager contacted admissions committee coordinator to notify them of the vacancy. A referral form was then filled out by a social worker who submitted this, along with relevant reports and assessments to the committee, who decided if the referral was appropriate. The referral form was comprehensive which meant that the centre had good quality and detailed information on a child prior to their admission.

According to the second referral pathway, children who were already in the care of one Tusla residential centre could be transferred to another Tusla residential centre where the transfer served to provide services not available in the originating placement. The transfer process was managed by Interim Service manager and/or the Regional Manager in conjunction with the Centre Manager and social work department. As the admissions committee did not have the opportunity of considering these referrals, there was an increased risk that children admitted by this second referral pathway might not be suitable for admission to the centre.

Children in the centre had an allocated Social Worker. Inspectors contacted the social workers who confirmed that they had visited the child when in the centre greater than specified in the regulations and recorded their visits on social work case notes. One Social Worker confirmed that they visited every two to three weeks. Inspectors were unable to verify visits of social workers in the centre as the records that were reviewed did not show the details of social work visits. The centre held up-to-date records of telephone contact with social workers.

Child in care reviews were not always held for children following their admission to the centre. At the time of inspection, one of the statutory requirements regarding children in residential care had not been met. One child, who was placed in the centre in September 2016 did not have a child in care review within two months of being placed, as outlined in the regulations. The centre management showed records of communication to the relevant social work department requesting that the child in care review be scheduled. This had an impact on the child's placement plan which was not based on accurate, relevant and up-to-date statutory plans. Inspectors contacted the child's Social Worker during the inspection who prioritised the review. Dates were subsequently given to inspectors and the centre before the inspection fieldwork was finished.

Statutory care plans for children in the centre were not up-to-date. One care plan was based on information from the previous year's child in care review. Significant information was required to be updated on this plan. Inspectors were assured that interim plans to manage any potential risk were being met and subsequent plans for the child in care review would address the delay in care planning. The care plan for the other child held brief yet relevant information. This plan had been signed off by the Social Worker and Principal Social Worker. There was evidence that the centre provided feedback to the Social Worker for more up-to-date information to be added to the care plan. At the time of inspection, this updated care plan had not been returned to the centre by the social work department. Inspectors spoke with the Social Worker who gave assurances they would send on the up-to-date care plan to the centre.

Staff completed placement plans for each child which were based on the care plans. A new system of placement plans had been recently introduced. Inspectors review two children's files and found that placement plans and placement support plans on file were of good quality. Specific needs were set out and relevant actions to meet these needs identified.

The centre ensured children's contact with their families or significant others was maintained. Children told inspectors that they had regular contact with parents, siblings, and grandparents where appropriate. Access arrangements were clearly set

out in the care plans and placement plans and staff facilitated this by transporting the children to their family homes. 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.

Inspectors observed that staff interaction with children was appropriate and that they treated them respectfully and warmly. Children spoken with during the inspection said they would go to one of the staff if something bothered them. Each child was allocated a key worker who spent time with the children and provided emotional support. Monthly key worker sessions were written up on children's files. Children also spoke with their parents, families, social workers and significant others for emotional support.

The centre had systems in place to ensure children were skilled and prepared for leaving care. At the time of inspection, all children in the centre were under 16 years of age and were to be referred to an aftercare service when they reached the age of 16 years. The centre conducted independent living skills assessments with children, sometimes before they turned 16, and updated the assessments until they left the centre. Inspectors reviewed the assessments and found they while they were comprehensive, they had not yet been implemented. The Centre Manager told inspectors that the centre practice was to get to know the children before completing the assessments and as children were recently placed in the centre, the assessments had not yet been started.

Children's files were stored safely and securely and arrangements were in place for files of former residents to be archived. There was evidence that the Centre Manager reviewed the files, completed audits and requested staff to complete file records.

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

The children enjoyed leisure activities and were encouraged in their hobbies and interests. The centre had a large garden and separate building with gym equipment. Children hobbies were facilitated in communal areas of the centre. Children told inspectors they were given the opportunity and encouraged to get involved in activities such as horse riding, karting and cinema outings. One child told inspectors they went to a magician show with staff. Children's achievements were appropriately acknowledged as demonstrated in a review of care records, minutes of children's meeting and speaking with children.

When it was appropriate, children had the same opportunities as their peers. They were facilitated in the practice of their religion if they so wished. The staff had sufficient skills

to meet the needs of children with communication challenges or learning difficulties. Children were appropriately dressed.

Children were provided with a nutritious diet while at the centre. There were adequate amounts of fruit and healthy foods available and the meals provided were healthy and nutritious. Children could choose the meals for particular days and ate together along with staff.

The centre had a defined model of care that led how staff engaged with children. The model of care in use in the centre was described as containing five core components; containment, structure, support, involvement and validation. This was supplemented by a number of different approaches for example, collaborative problem solving, trauma models, life space intervention and positive behavioural responses. Staff and managers told inspectors that forming quality relationships with children was also central to this.

Improvements had been made in relation to access to specialist services for children and there were closer working arrangements with psychology services and staff. The statement of purpose and function stated that the centre provided care to males aged 14 to 17 years old inclusive who display problematic and specific behaviour. Inspectors found that the staff team had the specialist skills required to deliver the necessary care so that children's needs could be appropriately met. At the time of the last inspection, there were concerns that staff were not being informed about updates from specialist services that children were engaged with. Staff told inspectors that this had changed since the last inspection as they were routinely updated at team meetings. Centre records also showed that staff were given presentations from a psychology service in relation to each child. Inspectors reviewed this information and found it gave an insightful perspective on children's background, matched child development theories and made recommendations specific to each child.

The centre had policies in place for the management of behaviour, the use of sanctions and the use of restraint. Restrictive practices were not used in the centre. Children had an individual crisis management plan (ICMP) on their file. Inspectors reviewed the plans and found it held brief yet relevant details on children's behaviours. It also detailed specific measures to address these behaviours.

The centre did not effectively manage all behaviours that challenge. Inspectors found the centre's routine management plan for some children were ineffective at engaging children in healthy routines. Inspector reviewed the daily logs and found that, where children were not in full time education, on some days they got into the habit of staying up very late and sleeping late into the day over an approximate two month period. Staff and managers told inspectors that their intention was to form positive relationships and engage children without frequent and direct confrontation so that positive change could be effected. However, in the absence of a more structured environment in the centre, one child lacked routine which impacted on their sleeping patterns. Inspectors raised these concerns with the centre management who said that in response, placement programs were put in place a week prior to the inspection. Inspector reviewed these programs and found them to be brief and lacked creative ways of engaging children. A more robust response was required from the centre to ensure children had structure in line with the centres model of care.

Inspectors reviewed the significant events notifications (SEN's) over the previous five months from when the children who lived at the centre, at the time of inspection, were placed. In total there were 14 SEN's. Eight of these related to episodes of absent without authority from the centre. From a review of the files, there were appropriate measures in place to manage an episode of absent without authority when it occurred. Up-to-date absence management plans were available for staff and records showed that appropriate procedures were followed when a child was absent without authority.

Judgment: Non Compliant - Moderate

Standard 7: Safeguarding and Child Protection

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

Inspection Findings

The safeguarding practices in the centre were robust. The centre had written policies that staff were aware of to ensure a culture of openness and accountability. Inspectors asked the centre staff about applying child protection practice and found they had suitable knowledge and gave appropriate answers. There was also a policy on protected disclosure in place and staff demonstrated an insight into whistleblowing.

The centre used a national safeguarding policy that was in line with Children First 2011: National Guidance for the Protection and Welfare of Children. The Centre Manager was the designated child protection officer. All staff had received up-to-date child protection training. Staff told inspectors they implemented safe care practices and where appropriate reported child protection concerns.

There was one child protection allegation reported in the previous 12 months. Inspectors saw that a standard report form (SRF) was forwarded to the relevant social work department (SWD) from the centre. There was no evidence in the centre that it had been investigated and records did not show the Centre Manager had escalated this issue to the interim Service Manager. Inspectors contacted the Social Worker who said that they had not interviewed the child nor had followed up on the allegation. Inspectors were not satisfied with this response as it was not in line with Children First 2011 and escalated the lack of appropriate response to the relevant Principal Social Worker. A satisfactory response was subsequently received from the SWD which outlined the investigation undertaken and appropriate actions.

Judgment: Substantially Compliant

Standard 10: Premises and Safety

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

Inspection Findings

The design and layout of the centre was in line with the centre's statement of purpose. However, one sofa was tattered and required repair or upgrading.

The centre was homely, had adequate heating and ventilation and the majority of the centre had sufficient natural light. There was a pleasant atmosphere upon entering the centre which emulated a home environment. Children in the centre had ensuite bedrooms and had sufficient space to keep their personal belongings safely. Their communal spaces included a TV/computer games room, separate games room, dining room and kitchen used by all in the centre.

When inspectors called to the centre, access was not secured. The front door was locked and the doorbell was not working. Inspectors accessed the centre through the door at the back of the premises which was unlocked and open. The Centre Manager said that this had been an ongoing issue as persons outside looking to gain access to the centre could not be heard and consequently often came in the back door without permission of staff. The centre did not have closed circuit television (CCTV).

The centre had two cars which were relatively new and were road worthy and legally insured. They were driven by staff who held full driving licences. There were also fully equipped with safety equipment.

Maintenance was completed in a timely manner. The centre had a maintenance log. Maintenance requests were logged by staff and a dedicated staff member took responsibility for sourcing the relevant professional or trades person to fix the respective issue. If the maintenance was over a certain amount, a Tusla person was required to approve this expenditure. Staff told inspectors that the system worked well, was efficient and timely.

There were precautions against the risk of fire in place. However, some of these required updating and closer monitoring to ensure there were in effect at all times. There were sufficient numbers of fire extinguishers and there was evidence that they were regularly serviced. Inspectors reviewed the weekly and daily fire checks log and found it to be well maintained. The emergency lighting was adequate and along with the fire alarms, had been serviced regularly. There were records of fire drills carried out with both staff and children. Fire exit procedures had been clearly displayed throughout the centre. All staff had up-to-date refresher training in fire safety. Inspectors found that one fire door had been disabled so that it was not able to automatically close. Another fire door had a door stopper under which also prevented it from closing automatically. These specific issues had been rectified immediately when reported to the Centre Manager during the inspection. Both the Centre Manager and the Monitoring Officer told inspectors during interviews that outstanding issues with signing a long term lease for the premises prevented upgrading of fire doors throughout the centre.

A long term lease had not been signed for the premises which meant that engagement with fire safety engineers was delayed until the lease was finalised. The service had relocated to the current premises in September 2014. The premises was previously registered as a private residential centre and had a letter from a qualified Architect that stated that all statutory requirements relating to fire safety and building control have

been complied with dated July 2011. Prior to the Tusla residential service moving into the property, a health, safety and fire audit was undertaken and noted that there were three outstanding issues that required remedy in relation to fire doors and other refurbishment requirements. These had subsequently been carried out and was evident during a previous inspection in January 2015. An engineer was due to carry out a visual inspection of the work to certify that the work was completed as required. This had not been completed at the time of the last inspection in May 2016. The Centre Manager told inspectors that this visual inspection by an engineer was still outstanding at the time of this inspection. The Monitoring Officer told the inspector that these issues had been escalated to the Interim Service Manager in order for it to be resolved.

The centre had a health and safety policy and a safety statement. This had been recently signed by all staff.

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

Education was valued by the centre and children were supported to attend school or participate in vocational training. Educational needs were outlined in care plans and placement plans. There was evidence from interviews with staff and the managers of a focus on helping the children to achieve their potential, in terms of educational and training outcomes. There was good communication between the centre, social workers and the respective educational placements as evidenced in the care files. School reports were maintained on file.

Children's educational needs were not consistently met in the centre. One child was in a full time secondary school placement and was supported to attend school by centre staff who accompanied them by public transport and walked the remaining journey in line with their placement plan. Their Social Worker confirmed to inspectors that the child's educational needs were being appropriately met. Educational assessments had been completed for both children. This was evident on file and confirmed during interview with the Centre Manager and Social Worker. Another child had disengaged from their school placement and staff struggled to engage this child in full time education. Centre records showed that staff had sought alternative educational and training placements for this child. However as they were under 16, they were not

eligible for a number of vocational training courses. There was also evidence of an application for home school tuition which had been made two months prior to the inspection. At the time of the inspection, the home tuition had not yet commenced. This impacted on the child as there was considerable delay in meeting their educational needs. There was also a lack of urgency by the centre and the Social Work department to ensure educational activities were incorporated into the daily routine of the child. As a result, this child lacked routine and structure to their day which impacted on their quality of life in the centre.

Judgment: Non Compliant - Moderate

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. Records showed that children had medical examinations upon admission to the centre, by a local General Practitioner. The centre held the children's medical cards on file. Their files contained comprehensive medical records including reports from other health professionals, vaccination history and other medical details. The records showed good external liaison between the centre and outside medical professionals when necessary. Children had access to specialist medical intervention when required. Children were supported in relation to health education programmes such as alcohol/substance misuse and smoking cessation. Staff encouraged children to engage in exercise and to become involved in community activities that promoted a healthy lifestyle. For example, one child was accompanied by staff to school on public transport. This daily trip involved a lot of walking which was in line with the young persons placement plan.

Medicines management practices in the centre were good. Inspectors reviewed the medicines management policy and found it was comprehensive and gave good quality guidance to staff for safe administration of medicines. The medicines management procedure was also inspected. Centre staff showed inspectors how medicines, including controlled and over the counter medicines were ordered, prescribed, transferred, administered and disposed. The centre demonstrated that these procedures and recording of the process were comprehensive, transparent, accountable, had excellent detail, was in line with the centre policy and overall was indicative of good practice. The centre employed a registered nurse as night staff who oversaw this process and conducted audits. Inspectors reviewed the audits and found they were comprehensive and contributed to learning. Children in the centre were prescribed medication and this was managed appropriately.

Judgment: Compliant

Theme 4: Leadership, Governance & Management

Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all

staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

Standard 1: Purpose and Function

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

Inspection Findings

The centre had a Statement of Purpose that had been reviewed and changed since the last inspection. It accurately defined what service was carried out and to whom it was aimed at. The statement adequately defined the statutory and legislative functions and listed the key policies and their availability to staff, children, families and other persons. The purpose and function set out in the statement reflected the day-to-day operation of the centre. The staff and managers at the centre were clear about the purpose and function of the centre.

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

There was an effective governance and management structure in place with clearly defined lines of authority and accountability. A competent and qualified manager was in place that provided clear leadership and governance. He was supported by a Deputy manager and a Social Care Leader. The Centre Manager was line managed by the Interim Regional Manager. The centre manager had been in the position in this centre for one and a half years. He was appropriately qualified and a certificate in management. Staff were aware of their roles and responsibilities and were supportive of each other. Staff told inspectors that the management structure was stable, consistent and provided leadership. This was reflected in the day to day practices in the centre. The centre had a pleasant atmosphere and it was clear that the attitude and leadership of all staff contributed to this. As a result there was a homely atmosphere for children.

Some systems were in place to ensure that the service provided was safe and appropriate to children's needs. However, routine management in the centre required improvement. A number of new national policies had been implemented since the last inspection, such as placement planning processes. At the time of inspection the Deputy Manager was in the process of reviewing and up-dating local centre policies.

The Interim Service Manager had oversight and an active involvement in the centre. He confirmed that he received regular updates and reports from the centre manager. He visited the centre regularly, where he met with staff and monitored records and any issues relating to the premises. A centre governance report system was in use in the centre and was maintained by the Centre Manager. 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 children regarding care and placement planning, risk management planning, education, adverse events, staffing, training and supervision among other relevant areas. This monthly report was submitted to the Interim Service Manager and quarterly returns were submitted to the National office.

The Centre Manager maintained a register of children placed in the centre in accordance with the relevant regulation. Inspectors reviewed the register and found that appropriate details for each child were recorded.

Serious and adverse events were appropriately managed in the centre. Notifications of these events to appropriate persons were consistent, timely and in line with centre policy. The centre manager outlined that he reviewed these reports for factual accuracy before they were issued to relevant persons. Any findings or deficits were communicated to the relevant staff to address before sign off by the Centre Manager.

The centre's administration files were organised and maintained to support the delivery of care and were easy to access during the inspection. A review of these files found that the centre manager monitored the quality of records through a audit template. The audit identified deficits in the quality of the recording. Actions were outlined and records demonstrated where the required changes had been made. These included signing off on particular plans or indicating that a document had been read.

Communication in the centre was effective. Inspectors observed a team meeting and saw good quality child centre discussions. Attendance at the meeting was very good and a separate session on continuous professional development was held with staff.

Finances were appropriately overseen in the centre. The centre used procurement cards to buy day-to-day necessities such as food and fuel for the car. At the time of inspection, eight staff members had allocated procurement cards. The Centre Manager said the remaining staff had been applied for their cards and would be issued to them six months after the application had been made. Inspectors reviewed a sample of procurement card records with the corresponding bank account records and found there were appropriate checks by centre management to ensure purchases were appropriate. The Centre Manager said that external audits of the centres finances had not taken place.

Everyday risks in the centre were being managed appropriately. However, risk management was not adequately developed as documented risks were not rated nor was there evidence they were reviewed. A monthly health and safety risk assessment was being completed and this addressed risks in relation to premises. The centre also had a risk register in use. General risks such as risk of fire, staffing levels and access to the medication cabinet were described on this register. Specific and individual risk assessments for each child were also held on this register. Inspectors found only one of these risks had been rated and many risk had dates for review listed as 'on-going'.

Therefore, there was no evidence that these risks were being reviewed to see if they were still current.

The centre was staffed by professionally qualified staff who were sufficiently experienced to deliver the service. At the time of inspection there were 12.6 whole time equivalent staff posts for the centre and 21 persons employed. At the time of inspection, there were three staff vacancies. The staff absenteeism rate was 1% which was very good. The Centre Manager said that no agency staff were employed. Inspectors reviewed the rota and found that staffing levels were in line with the ratios needed to maintain a safe level of care. The Deputy Manager and/or Social Care Leader was consistently scheduled as part of the rotating shift pattern in place. The staff mix was varied. Inspectors reviewed a sample of staff records and found that they were appropriately vetted by An Garda Síochána, had references, copies of qualifications and details of previous employment.

Staff were supported and suitably supervised by the Deputy Manager and Social Care Leader with responsibility for management. However, the recording of supervision in the centre was poor. The Centre Manager supervised the Deputy Manager and Social Care Leader. The centre manager was supervised by the Interim Service Manager. These records were reviewed and found to have a different template to the one in use in the centre. The quality of these records was good with good quality OF RECORDING OF discussion recorded and appropriate actions with specified timelines and persons responsible. Inspectors reviewed a sample of the supervision records completed by the Centre Manager, Deputy Manager and Social Care Leader. Records had supervision contracts on file and sessions were held regularly and recorded on templates. The quality of discussion on these supervision records were poor. Individual issues were not sufficiently explained and put in context. In addition, actions were often not specified with timelines and persons responsible. The Interim Service Manager told inspectors that while he did conduct an audit of supervision, he did not audit records to ensure the content was of appropriate quality.

Staff training and development was encouraged and facilitated. Staff received a number of mandatory training modules required to meet the needs of the children. The centre had an on-going training programme for all staff. Inspectors reviewed the staff training schedule and found that all staff had received mandatory training including, children first 2011, fire safety, manual handling and in dealing with behaviours that challenge. Staff told inspectors they were encouraged by the centre management to encouraged to attend training in areas that were of interest to them.

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

At the time of the inspection the Child and Family Agency Monitoring Officer had visited the centre in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995 – Regulation 17. Inspectors spoke with this Monitoring Officer who said that they had visited a week prior to the day of inspection. The Monitoring Officer had several methods to ensure the child care regulations were complied with. The Monitoring Officer spoke with staff and children to enquire about their welfare and happiness and told inspectors they were satisfied that outcomes for children were positive and children were generally happy. At the time of writing this report, the monitoring report was still at draft stage.

The monitoring officer told inspectors that, when the centre was temporarily re-located to another building, they visited that building to ensure that it was safe with regard to fire safety measures and that it was suitable for the purpose for which it was being used. The Monitoring Officer said that they had spoken to the Centre Manager and Interim Service Manager about the premises particularly the lease and outstanding upgrade of fire doors.

Judgment: Compliant

Acknowledgements

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