

## Children's residential services inspection report

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



<b>Name of region:</b>	South	
<b>Centre ID:</b>	372	
<b>Dates of inspection:</b>	20 and 21 July 2015	
<b>Number of fieldwork days:</b>	2	
<b>Lead inspector:</b>	Sharron Austin	
<b>Support inspector(s):</b>	Eva Boyle Jennifer Healy	Ruadhan Hogan
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<b>Inspection ID:</b>	726	

## About monitoring of children's residential services

The Health Information and Quality Authority (the Authority) monitors services used by some of the most vulnerable children in the state. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in driving continuous improvement so that children have better, safer services.

The Authority is authorised by the Minister for Children and Youth Affairs under Section 69 of the Child Care Act, 1991 as amended by Section 26 of the Child Care (Amendment) Act 2011, to inspect children's residential care services provided by the Child and Family Agency.

The Authority monitors the performance of the Child and Family Agency against the *National Standards for Children's Residential Services* and advises the Minister for Children and Youth Affairs and the Child and Family Agency.

In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

- **assess** if the Child and Family Agency (the service provider) has all the elements in place to safeguard children
- **seek assurances** from service providers that they are **safeguarding children** by reducing serious risks
- **provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **inform** the public and **promote confidence** through the publication of the Authority's findings.

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

The Authority has decided to carry out a number of themed inspections during 2015 which will specifically look at how behaviour is managed in residential centers. The purpose of the inspections is to take a closer examination of how behaviours that challenge are managed in these settings as well as identifying what approaches and models are most effective.

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

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

## 1. Inspection methodology

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

During the inspection, the inspectors evaluated the:

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

The key activities of this inspection involved:

- the analysis of data
- reviewing local policies and procedures and minutes of various meetings
- reviewing 10 children's case files
- meeting with four children
- meeting with the interim resident manager and Regional Lead
- meeting with seven centre staff including two unit managers
- telephone interviews with seven external professionals, including social workers, social work team leader and guardian-ad-litem
- telephone interviews with five parents
- observation of the day-to-day life in the centre.

## **Acknowledgements**

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

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

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

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

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

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

Children's residential services are managed nationally by a Director of children's residential services and four interim regional managers. These regional managers line manage nine service managers, who in turn manage the individual residential centres.

This centre was situated in the South region of the Child and Family Agency.

### **2.2 The Centre**

The centre was located on a large campus style facility which provided a range of services to young people and families. Three residential units provided care for up to 15 boys aged 12 to 16 years on admission. The centre was located on the outskirts of a large town. Additional facilities on campus included an on-site school, a two-bed roomed cottage which was used as an independent living facility for young people aged 16 years and over, a sports complex, administration buildings, and extensive grounds which were used for various activities e.g. soccer pitches and horse stables. The centre had a facility to provide accommodation for family visits

The centre provided residential care for up to 15 boys aged 12 to 16 on admission whose safety and care needs could not be adequately met within the community. The statement of purpose had been revised to reflect the approach taken to its practice. The model of service delivery was based on an attachment and trauma approach which aimed to provide children with as many opportunities to undergo reparative experiences through relationships with staff and the programmes offered to them. At the time of the inspection, there were 13 children living in the centre and two day pupils on the centre register.

### 3. Summary of inspection findings

Children who are placed in residential centres often endure a range of difficult experiences in their early years of life. They may be distressed and display behaviours that challenge those who care for them in these settings. The Child and Family Agency has statutory responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. Children in residential care require a high quality service which is safe and well supported by social work practice.

During this inspection, inspectors focused solely on how the needs of children who display behaviours that challenge are met. The inspection looked at the individual needs of children in this regard, how effective the service was in meeting those needs and the leadership provided by managers in managing this issue. The main resource for meeting these children's needs is through the interventions and interactions provided by staff members. For these inspections, judgments are made against each standard solely in relation to behaviours that challenge.

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

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

- No standards were exceeded
- Four standards were met
- Three standards required improvement
- significant risks were identified in relation to none of the standards.

The service was child centred and the needs of children with behaviour that challenged were met. The development of positive relationships between staff and children through an attachment and trauma informed approach to its practice was at the core of the model of care provided. Inspectors observed appropriate interaction with children which was warm and respectful even when faced with behaviour that challenged.

The approach taken by the centre in delivering the service to children was grounded in the Child and Family Agency approved model of behaviour management and an attachment and trauma based model of care. Managers and staff interviewed outlined that this was achieved through individual work, life space interviews and placement planning meetings.

The governance and management structure was good. The regional manager and acting resident manager managed an experienced staff team which supported the overall service delivery. There were mechanisms in place to monitor the quality of responses to challenging behaviour so as to ensure a consistent and safe approach to

working with children. Staff and managers demonstrated sufficient knowledge and practice in safeguarding and child protection.

Staff were knowledgeable about the emotional and psychological needs of the children in their care. There were good care planning and review processes in place and care files demonstrated the inclusion of children and their families within these processes. Each child had an allocated social worker who visited regularly. There was good attendance by social workers at key meetings in relation to children.

Children's rights were reflected in centre policies and in practices. The level of consultation with children in relation to their behaviours was good. Regular house meetings were held with the children and their opinions and views were sought on aspects of their care. Practice in relation to children's right to privacy and bodily integrity was generally good; however, the practice of night checks did not fully promote this.

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

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

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

<i>National Standards for Children's Residential Centres</i>	Judgment
<b>Theme 1: Child-centred Services</b>	
<b>Standard 4:</b> Children's Rights	Requires Improvement
<b>Theme 2: Safe and Effective Services</b>	
<b>Standard 5:</b> Planning for Children and Young People	Requires Improvement
<b>Standard 6:</b> Care of Young People	Meets Standards
<b>Standard 7:</b> Safeguarding and Child Protection	Meets Standards
<b>Theme 4: Leadership, Governance and Management</b>	
<b>Standard 1:</b> Purpose and Function	Meets Standards
<b>Standard 2:</b> Management and Staffing	Requires Improvement
<b>Standard 3:</b> Monitoring	Meets Standards

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

## 5. Findings and inspection judgments

### Theme 1: Child-Centred Services

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

### Summary of inspection findings under Theme 1

The service was child centred, and children were facilitated to exercise their rights by staff. There were systems in place to ensure good quality communication and consultation with children and families. The management of complaints was good. Children's right to liberty and free movement was promoted. Practice in relation to children's right to privacy and bodily integrity was generally good; however, the practice of night checks did not support this.

### Children's rights

Children's rights were respected and promoted. Children who spoke with inspectors were aware of their rights and had been given sufficient information about them. Staff interviewed spoke about rights in relation to complaints and external advocacy support and were clear about their role in the overall promotion of rights. Care files reflected the inclusion of children and families in decision-making processes where appropriate and demonstrated the support provided to use advocacy and guardian-ad-litem services. Parents interviewed told inspectors that information in relation to rights was discussed with them and their child as part of the admissions process. They confirmed that children's rights were respected and promoted by staff and spoke positively about staff in the centre.

Staff promoted children's right to liberty and free movement and managed behaviour generally without the need to use coercive or restrictive practices.

Centre policy and practice generally acknowledged children's right to privacy and bodily integrity; however, the practice of night checks did not support this. These checks were a long standing, historical practice whereby a staff member would check that each boy was in his room frequently throughout the night. Children who spoke with inspectors said that these checks woke them occasionally during the night. There was little or no evidence to support that this was a risk based practice as opposed to a routine procedure. This was noted with the acting resident manager at the end of the inspection.

The level of consultation with children in relation to their behaviours was good. A review of care files found that children were spoken with in relation to their behaviours through key work sessions, house meetings and life space interviews following

particular incidents. The level of consultation with children in the care planning and review processes was good. Parents interviewed confirmed that they were invited to meetings about their child's care and were given opportunities to express their views and opinions. They also said that they were satisfied with the level of communication in relation to the care of their child and how behaviours were managed. Regular children's house meetings were held. A review of the minutes found that group dynamics, behaviours that challenge and house rules amongst other topics were discussed with the children and their opinions and views were sought on these issues.

## Complaints

The centre had a clear complaints policy and procedure in place. Children who spoke with inspectors said they were aware of this and knew who they could make a complaint to. They were also aware of an external advocacy group who visited the centre occasionally. Complaints were held in a central register and the management of complaints was found to be good. A review of the complaints register found that they were clearly recorded, all the appropriate people had been notified and children were generally satisfied with the outcome. Seven complaints had been made by seven children in the previous 12 months. A review of these found that each had been dealt with in a timely manner. No complaints had been made in relation to the use of physical intervention or the management of behaviour that challenged.

## Judgment against standard, in respect of behaviour that challenges

Standard	National Standards for Children's Residential centres	Judgment
<b>Standard 4:</b> <b>Children's Rights</b>	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.	Requires Improvement

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

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

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

Children admitted to the centre were appropriately placed at the time of their admission; however, there had been one unplanned discharge shortly after admission due to behaviours that placed them and others at risk. Children received the emotional and physical care they required on a day-to-day basis. Care planning and review processes were in place for each child which were complemented by appropriate risk management plans. Child protection concerns and missing from care procedures were managed appropriately.

### **Admissions and discharges**

The centre had a robust admissions process with all applications being processed by an admissions team comprising the resident manager, deputy director, centre psychologist, care managers and a local area social work team leader. The admissions process allowed for a collective pre-placement assessment of need including the impact for the child being placed. The process once a child was accepted was thorough, with parents, children and their social workers being invited to a pre-admission meeting, and to visit the centre prior to formal admission. These pre-placement visits were actively encouraged by the centre. The centre accepted referrals from across the country for males aged between 12 and 16 years of age. Twelve admissions team meetings had taken place to date in 2015. The centre had received 34 applications for a placement in the previous 12 months of which 10 children were admitted to the centre.

The acting resident manager and staff reported that pre-admission information was provided as part of the admissions process which indicated any history of behaviours that challenged. Children who met with inspectors said that they were given sufficient information about the centre, including what was expected in relation to behaviour and how it would be managed. Each understood the reasons for being in care.

With the exception of one case, each child was discharged from the centre in a planned manner. One child was discharged from the centre within the first week of their placement. A review of this child's care file found that this child had successive breakdowns of foster care placements prior to admission and had a history of risk taking and complex behaviours. Managers and staff told inspectors that from the point of admission, this child presented with significant behaviours that challenged. The level of which resulted in a number of other children resident being removed from the centre for their safety and wellbeing. Such was the level of presenting behaviours from the onset of the child's admission that management held the view that a continued

placement was neither viable nor safe. The child was subsequently discharged to a more appropriate secure placement.

A review of this child's placement was undertaken following the unplanned discharge by the resident manager, centre psychologist, social work team leader, school principal amongst other members of staff and management in the centre. One of the key findings was that there had been a time delay between the initial application for admission and the actual admission to the centre of approximately three months. An update to the application should have been requested that would indicate any change to circumstances for the child or significant events/incidents that would have occurred in the interim. The general consensus of the review group was that based on the information originally submitted there was nothing in the application that on review could have indicated the extreme behaviours presented on admission which led to a short placement and unplanned discharge. The acting resident manager told inspectors that updates would be asked for in future based on the above finding. This is good practice.

### **Assessment and care planning**

The admissions process allowed for a collective pre-placement assessment of need so as to establish the needs and presenting behaviours and if they could be met by the centre. This was demonstrated in the social work reports and care records on file. However, this only provided a baseline of behaviours that challenge which continued to be assessed and reviewed throughout the placement. Inspectors reviewed various assessments and plans for each child which included care and placement plans, individual crisis management plans (ICMPs), absence management plans and risk assessments. The information provided contributed to guiding staff in their response to challenging behaviours and other crises. However, not all were found to be up-to-date.

Each child's placement was subject to a care planning and review process. A review of care files found that generally care plans were comprehensive, and based on assessed need, with clear roles, responsibilities and timeframes outlined. However, a number of these were not evident on file and were not up to date. Reviews were undertaken in compliance with the standards and regulations and demonstrated consultation with children, parents and other professionals. The files demonstrated the children participated in their reviews and completed review forms. Minutes of placement review meetings recorded the child's input at the meeting. Inspectors also found that the care plan and placement plan review processes evidenced improvements in a number of children's behaviours that challenged since their admission with a decrease in the number of adverse events. This is a positive outcome for a number of children.

Each child had an allocated social worker who visited regularly. There was good attendance by social workers at key meetings in relation to children. Social workers interviewed told inspectors that staff responded appropriately to the presenting needs and challenges and they were kept informed of all significant or adverse events in relation to the respective child in care. Care files reviewed demonstrated good coordination and consultation with all relevant personnel.

## Quality of care

The children received the emotional and physical care they required on a day-to-day basis. Central to this was the centre's recognition of the impact on each child of their life history and experiences prior to admission. The development of positive relationships between staff and children through an attachment and trauma informed approach to its practice was at the core of the model of care provided. Staff interviewed understood the model of care and could evidence this in practice. Some parents and external professionals told inspectors that there had been improvements in the well being of their respective child since their placement in the centre. Inspectors observed appropriate interaction with children which was warm and respectful even when faced with behaviour that challenged. Records reviewed showed that children had access to a centre based psychologist and onsite nurse as well as appropriate external support services such as general practitioners (GPs), addiction counsellors, family support and outreach services.

The model of service delivery was based on an attachment and trauma approach which aimed to provide children with as many opportunities to undergo reparative experiences through relationships with staff and the programmes offered to them. Inspectors found that practice was in line with this approach. Staff interviewed were knowledgeable about the objectives of the service and were experienced in the model of care being provided. Derived from its attachment and trauma informed model of care, the centre provided a range of programmes that created opportunities for children to gain insight into their previous traumas and life experiences. The centre also provided a combination of supportive, therapeutic, educational and recreational activities tailored to each child and their specific needs. A full-time senior counselling psychologist provided clinical oversight on programmes in place for the children and contributed to staff training and development in the model of care provided. The progress of each child's placement was measured through ongoing, regular placement meetings and child in care reviews which was evidenced in a review of care files. At the time of inspection the mix of children in the centre was reported as appropriate and did not pose too many challenges for the staff team.

The centre had a clear policy on the management of behaviour which gave clear guidance to staff in appropriate responses and/or techniques in managing behaviour. A ratings system operated in the centre that offered children desirable rewards for attempts at positive behaviour. The centre operated on the basis that achievement of reward through behaviour offered a valuable experience for a child. Individual programmes to address a child's presenting difficulties and needs worked in tandem with the ratings system. There was evidence that this system was regularly reviewed by the centre, and that children's views were sought during these reviews. Social workers told inspectors that they believed the ratings system was effective in managing children's behaviours and that children responded well to it. Inspectors found evidence that any incidents of bullying were clearly reported and dealt with in an effective and timely manner. The children who met with the inspectors were very clear about the ratings system and said that it was a fair system. Inspectors were told by managers that the centre was introducing a new model of behaviour management and that training had commenced with approximately one third of the staff to date with the remaining staff to be trained by early 2016. This new model reinforced positive

behaviour and enhanced existing behaviour management practices. Through interviews with a number of staff who had received the training, it became evident that by the time all staff were trained in this new approach, some staff would require refresher training given the timeframe between the training modules. This was noted with the managers at the end of the inspection to consider a different implementation plan for the new training programme to enhance the management of behaviour.

Restrictive practices were used as a last resort. There had been 11 instances of physical intervention involving five children in the previous 12 months. A review of this information found that they were carried out appropriately in line with policy and procedure and for the shortest time frames and in response to behaviours that challenged. Monthly significant event review group meetings attended by the resident manager, centre psychologist and care managers were held. A review of the minutes of these meetings found that a number of significant events were discussed in detail which included any instance of physical intervention. Where issues were identified, these were noted and actions identified to address same. Inspectors saw links between findings of these review meetings and changes or amendments to policy and/or practices. The inclusion of an external person to the centre as part of this review group should be given serious consideration so as to ensure accountability and transparency.

Information submitted to the Authority prior to the inspection indicated that there had been 222 significant event notifications in the previous 12 months. A review of this information onsite found that the centre records non-negative events as well as adverse events which relate to behaviours that challenge. The inspectors found that approximately 34% of the overall figure related to non-negative events. Examples of which included charity events, birthdays, sporting events and educational awards. This demonstrated that children were achieving positive outcomes. This information required separate recording to other significant or adverse events so as to ensure the individual achievements were clearly recognised and celebrated.

### **Child protection and safeguarding**

Practices were governed and directed by national and regional policies and procedures in line with Children First (2011) and child protection concerns were reported appropriately. All staff had received training in relation to the reporting of concerns or allegations of abuse. Managers and staff interviewed were aware of their responsibilities for the reporting of child protection concerns to the social work department. Managers and external professionals confirmed that safeguarding measures were appropriately put in place to address risks for children as they arose.

The centre complied with the requirements set out in the joint protocol with the Gardai in relation to children missing from care. All the relevant people were promptly notified when a child went missing from care, including parents and social workers. There were 10 incidents of children being absent from the centre in the 12 months prior to the inspection. Absence management plans were drawn up prior to admission as part of the collective pre-placement assessment of need and staff and managers made every effort to follow appropriate procedures and risk management protocols to manage any absences.

Staff were vigilant in their efforts to protect children against bullying. Inspectors found through interviews with staff and children and a review of care records that bullying behaviour was not acceptable and individual incidents of bullying were addressed effectively and in a timely manner.

Staff and managers interviewed said that there was an open culture to express concern or challenge each other's practice and they had knowledge of the protected disclosure policy in place in the centre.

There was a comprehensive child protection policy in the centre, which was in line with Children First 2011. Records in relation to child protection reports were well organised documented and reviewed. There was evidence that learning was promoted in relation to issues that arose. The centre had nominated child protection officers. Inspectors found that in some instances children may have been interviewed by more than one person in relation to a child protection concern. Multiple interviewing of children should be kept to a minimum.

Seven child protection reports had been completed in the 12 months prior to the inspection of which three were still under investigation. A review of the standard report forms found that concerns were appropriately reported. Two of the reports had been appropriately referred to the Garda Ombudsman. The inspectors reviewed the particular significant event forms linked to the reported child protection concerns and were satisfied that the matter was reported appropriately and that the centre and the children involved are awaiting a response from the Garda Ombudsman.

### **Judgment against standard, in respect of behaviour that challenges**

<b>Standard</b>	<b>National Standards for Children's Residential centres</b>	<b>Judgment</b>
<b>Standard 5: Planning for Children and Young People</b>	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.	Requires Improvement

<b>Standard 6: Care of Young People</b>	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.	Meets Standards
<b>Standard 7: Safeguarding and Child Protection</b>	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.	Meets Standards

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

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

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

There was an effective governance structure in place with clear lines of authority and accountability. There were some systems in place to report risks but there was no risk register and there were mechanisms in place to monitor the quality of responses to challenging behaviour.

#### **Statement of purpose**

The centre had an up-to-date written statement of purpose and function that accurately reflected the service provided. It clearly identified the number, age range and gender of children that it could provide care to. The statement of purpose had been revised to reflect the approach taken to its practice. The model of service delivery was based on an attachment and trauma approach which aimed to provide children with as many opportunities to undergo reparative experiences through relationships with staff and the programmes offered to them. Inspectors found that practice was in line with this approach. Staff interviewed were knowledgeable about the objectives of the service and were experienced in the model of care being provided.

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

There was an effective governance structure in place with clearly defined lines of authority and accountability. Children's residential services had come under a new national management structure since May 2015. The centre had a new interim resident manager since the 1 July 2015 who reported to a regional manager. The interim resident manager was experienced, skilled and had management training and coaching. He was supported by five care managers as part of the overall management team. The interim resident manager and care managers provided good direction and leadership to the staff team in all aspects of the care provided, particularly in addressing challenging behaviours. This was confirmed by staff and external professionals interviewed who confirmed that managers were responsive to the needs of children and staff. Staff were clear on their roles and responsibilities and were held to account by the interim resident manager and regional manager of the service.

There were some systems in place to report risks but there was no risk register. This meant that there was no formal system of capturing and analysing centre-wide risks so that they could be managed, controls put in place and trended for quality improvements in a systematic way. The regional manager told inspectors that the national children's services team were looking at this so as to have a common understanding of an

assessment format and to put in place a risk register. Serious and adverse events were appropriately managed and reported. This was confirmed by a review of centre records, monitoring officer's reports and through interview with external professionals. Managers and staff interviewed demonstrated a good knowledge of risk associated with the provision of care. Monthly centre significant event review group (CSERG) meetings were held to review significant events and associated risks. These were attended by the resident manager, centre psychologist and care managers. There was no independent external person in this group in the interest of transparency and objectivity. Minutes of a SERG meeting held in March 2015 noted the need for an external person; however at the time of the inspection this was still outstanding. Minutes of these meetings showed that discussions took place in relation to each event and noted where physical intervention was carried out. The findings of this review group demonstrated that recommendations in relation to policy and practice as well as amendments to individual crisis management and placement plans for respective children were made. Inspectors found evidence on a review of a number of files and other centre records that actions were followed up on foot of the findings of the review group.

There were some systems in place to monitor the quality of responses to challenging behaviour. This was achieved through regular review of individual crisis management plans, significant event reviews, ongoing liaison and formal meetings with the Gardai and social workers. These review systems and supporting records were evident during the inspection. The centre was monitored by a Child and Family Agency monitoring officer who had carried out several monitoring visits to each unit in the previous 12 months as well as a follow up monitoring visit to one unit in January 2015. Managers informed the inspectors that a different monitoring officer had been assigned recently and had visited the centre as part of an introduction to the service. Inspectors reviewed a number of reports completed by the monitoring officer. The main findings in these reports outlined that managers and staff had appropriate strategies in place to address the needs of the children in relation to behaviours that challenged. The latter report in January 2015 showed that positive developments had been made with children and challenging behaviours had stabilised.

### **Sufficient staff and skill mix**

The centre was sufficiently resourced to meet the needs of the young people requiring a service at the time of inspection; however there were a number of staff vacancies. The number of whole time equivalent posts was 69.62. This comprised 44.31 social care staff which included managers, social care workers, night supervisors, a psychologist, a nurse and a pastoral care staff. There were also 23.31 ancillary staff which included administration, household and maintenance staff.

The care staff team were appropriately qualified and experienced in the provision of interventions required to meet the needs of children they cared for which was confirmed by managers and external professionals interviewed. Over the previous 12 months 19 staff had left the centre for various reasons. A breakdown of this figure showed that 10.5 staff were reassigned to an Outreach service in the community following the closure of one residential unit and the remaining either retired or resigned. One staff member was on leave due to injuries sustained at work.

## Supervision and support

Supervision for staff which was supported by the Child and Family Agency supervision policy was provided on a regular basis. Unit managers provided supervision to staff members. The interim resident manager was to take over the supervision of the unit managers from his predecessor in September 2015 as there was still a transition phase in process between them. The regional manager provided supervision to the interim resident manager. The inspector reviewed a sample of supervision records and found that records were maintained in line with the policy and incidents of behaviour that challenged were regularly reviewed during supervision. The quality of supervision was reported as good by those interviewed. However, an agency staff member reported that they had not received formal supervision since commencing in December 2014. This was brought to the attention of the interim resident manager during the inspection for follow up. There were links between supervision and performance development and professional development plans were found on the files reviewed. Arrangements were in place to support staff in emergency situations and outside working hours. Managers told inspectors that support had been offered to the staff member on leave due to injuries sustained at work. Team meetings were held regularly and this supported staff in the management of behaviours that challenge.

## Training

Staff received appropriate training in relation to behaviours that challenge. Training records provided to inspectors showed that staff were provided with full training and/or refreshers related to the approved model of managing behaviour, child protection, fire safety and risk assessment amongst other training modules to support them to care for young people with behaviours that challenge. A training needs analysis had been undertaken in 2014 which identified the needs of the staff teams in each unit. Managers and staff told inspectors that a new model of managing behaviour was being introduced to complement the existing model which aimed to develop positive behaviour so that it systematically overwhelmed and displaced the challenging behaviour. A third of the staff team had received the new training to date with the remainder of the training to be completed by March 2016.

## Judgment against standard, in respect of behaviour that challenges

Standard	National Standards for Children's Residential centres	Judgment
<b>Standard 1: Purpose and Function</b>	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.	Meets Standards

<b>Standard 2: Management and Staffing</b>	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.	Requires Improvement
<b>Standard 3: Monitoring</b>	The Health Service Executive <sup>1</sup> , for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.	Meets Standards

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<sup>1</sup> Formally the Health Service Executive at time of writing Standards, now these functions are the responsibility of the Child and Family Agency.

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

<i>National Standards and Regulations for Children’s Residential Centres</i>
<b>Theme 1: Child-centred Services</b>
<p><b>Standard 4: Children’s Rights</b></p> <p>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.</p>
<b>Theme 2: Safe and Effective Services</b>
<p><b>Standard 5: Planning for Children and Young People</b></p> <p>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.</p> <p><i>Child Care (Placement of Children in Residential Care) Regulations, 1995</i>  <i>Part IV, Article 23 Care Plans</i>  <i>Part V, Articles 25 and 26 Care Plan reviews</i>  <i>Part III, Article 8 Contact with families</i>  <i>Part IV, Article 24 Supervision and visiting of children</i>  <i>Part IV, Article 22 Case records</i>  <i>Part III, Article 9 Emotional and specialist support</i></p>
<p><b>Standard 6: Care of Young People</b></p> <p>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.</p> <p><i>Child Care (Placement of Children in Residential Care) Regulations, 1995</i>  <i>Part III, Article 11 Provision of food and cooking facilities</i>  <i>Part III, Article 10 Religion</i></p>

## **Standard 7: Safeguarding and Child Protection**

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

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

### **Standard 10: Premises and Safety**

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

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

*Part III, Article 7 Accommodation*

*Part III, Article 12 Fire Precautions*

*Part III, Article 13 Safety Precautions*

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

### **Standard 8: Education**

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

### **Standard 9: Health**

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

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

*Part III, Article 9 Health care*

*Part IV, Article 20 Medical examinations*

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

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

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

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

#### **Standard 2: Management and Staffing**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

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

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

*Part III, Article 6 Staffing*

*Part IV, Article 21 Maintenance of Register*

*Part III, Article 15 Notification of Significant events*

*Part III, Article 16 Records*

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

The Health Service Executive<sup>2</sup>, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

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

*Part III, Article 17 Monitoring of Standards*

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<sup>2</sup> Formally known as Health Service Executive at time of writing Standards, now known as The Child and Family Agency.