

**Health Information and Quality Authority
Regulation Directorate**

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



Type of centre:	Children's Residential Centre
Service Area:	CFA DNE CRC
Centre ID:	OSV-0004172
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0021217
Lead inspector:	Catherine Vickers
Support inspector (s):	Erin Byrne

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:

31 July 2018 09:00

To:

01 August 2018 16:00

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

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

Actions required

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

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

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

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

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

This centre is a statutory mainstream residential children's centre in the Dublin North East region. At the time of inspection there were both boys and girls, between the age of 12 and 18 years resident, who required medium to long term residential care. The centre was operating from a large detached building with ample garden and parking space and was within walking distance of all necessary amenities. At the time of the inspection, there were 4 children living in the centre.

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

In addition inspectors spoke 2 social workers, 1 aftercare worker and the monitoring officer.

The children in the centre were provided with good quality care. Children's rights were promoted and their voices were heard. Staff encouraged and supported children to participate in decision making about their lives. Children were encouraged to pursue and develop their talents and interests. The approach to care in the centre had a therapeutic focus in terms of the communication and building of relationships between children and staff and there was strong emphasis on providing emotional support for children. Children spoken with were positive about the centre and identified staff members with whom they had good relationships with and felt supported by. Children's complaints were dealt with however, it was not always clear in the records if complaints had been resolved to the satisfaction of the complainant.

Care plans and placement plans were up-to-date and the children's goals were reviewed regularly. There was good communication between the staff of the centre, other professionals and children's families. Access for children with their families was strongly supported and facilitated by staff.

Children were safe living at the centre. All of the children had an allocated social worker and appropriate measures were in place to safeguard and protect them. All child protection concerns in the last 12 months had been adequately resolved however, it was not clear in the child protection log if these concerns were closed by the social work department or remained open.

Education was valued and promoted at the centre. At the time of the inspection all four children had appropriate educational plans in place.

While the centre had undergone recent refurbishment and was decorated and furnished to a high standard, there were ongoing maintenance issues in the house.

While there was an experienced staff team at the centre, there was an insufficient number of full-time staff. Gaps in staffing were filled by agency staff and efforts were made to ensure that the centre used the same agency staff when needed in order to provide consistency for the children. Staff were supported by the centre manager who provided good leadership. Gaps identified in management systems included, for example, some areas of risk management, the frequency and quality of staff supervision, training and the effectiveness of some centre audits.

Inspection findings and judgments

Theme 1: Child - centred Services

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

Standard 4: Children's Rights

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

Inspection Findings

Children's rights were respected and promoted in this centre. Children were informed about their rights during their admission process. Children who spoke with inspectors said that they were aware of their rights. Inspectors spoke with children's family members who said staff respected and promoted the rights of children. Social workers who spoke with inspectors said that children's rights were promoted and that the centre provided a child centred service.

Children's right to privacy was respected. Each young person had their own bedroom and the centre had sufficient communal space for children to spend time together or be on their own if they wished.

Staff who spoke with inspectors demonstrated a good knowledge of children's rights. Records showed that staff supported children on a daily basis to exercise their rights through regular opportunity led discussions and one-to-one sessions. Children were encouraged and supported to pursue their own individual interests and have a choice about what activities they participated in. Parents said their children were supported and encouraged by the centre to speak up and have their voice heard.

Children's opinions were sought and valued and contributed towards the daily running of the centre. A therapeutic community approach to care was used in the centre and a feature of this was community meetings for children. Community meetings dealt with issues around group living and allowed children have a say in decisions in the house which affected them. The meetings served a practical and therapeutic purpose and provided a forum for children to take responsibility for their actions and the impact they had on others. Children had the option to call a community meeting at any time and the meetings were also scheduled by staff. Inspectors reviewed minutes of these meetings and found there was active participation of children.

Children attended their child-in-care reviews and records showed they were supported

by their social workers and the staff team to prepare for these reviews and have their voices heard. Children spoken with said that they felt listened to at their reviews. Inspectors saw evidence that children were informed about their right to access information held about them and that they were supported by staff to do so upon request.

Complaints were well managed in the centre however, there were some gaps identified in the recording of complaints. The centre was guided by Tusla's national policy on complaints 'Tell Us'. Children were informed about the complaints procedure on their admission to the centre and were provided with ongoing support in relation to making complaints. Children and parents who spoke with inspectors said they were clear about how to make a complaint. There was a complaints log held in the centre and this showed that there were two complaints made in the previous 12 months. However, inspectors found a complaint on a child's file which was not included on the complaints log. Records of individual complaints clearly documented that children's concerns were addressed and responded to, individual work with children was carried out and appropriate efforts were made by staff to resolve complaints. Complaints were appropriately notified to relevant parties as required. However, it was not clear in the log or complaint records how long it took for complaints to be fully resolved or if they had been resolved to the satisfaction of the complainant. The centre manager said that the staff team were due to attend an information session on the 'Tell Us' procedure in September 2018.

Judgment: Substantially Compliant

Theme 2: Safe & Effective Care
Services promote the safety of children by protecting them from abuse and neglect and following policy and procedure in reporting any concerns of abuse and/or neglect to the relevant authorities. Effective services ensure that the systems are in place to promote children's welfare. Assessment and planning is central to the identification of children's care needs.

Standard 5: Planning for Children and Young People
There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. This plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

Inspection Findings

Admissions to the centre were well managed. Clear and comprehensive pre-admission collective risk assessments were completed in consultation with children's social workers and the centre manager. Inspectors reviewed pre-admission risk assessments and found that they were of good quality. They assessed all relevant risks and benefits of the placement, the potential impact of the risks on the child and other residents and the

actions needed to manage each risk. Transition plans were put in place for each child deemed suitable for admission. Children were provided with age appropriate information describing aspects of the centre. However, the information in the centre welcome booklet was basic and did not contain sufficient information about house rules. Each child was allocated a key worker upon admission. There was one new admission to the centre in the 12 months prior to the inspection. The children currently living at the centre were appropriately placed.

There was one discharge from the centre in the 12 months prior to the inspection and this took place in a planned way, when the young person moved on to an appropriate aftercare service.

All children had allocated social workers and records showed that they visited children in line with regulations. Children who talked to inspectors said that they were satisfied with the frequency of social work contact. Social workers who spoke with inspectors said children received a good standard of care in the centre. They said that staff kept the social work department updated about the progress of children. Social workers said that staff were proactive in ensuring that the needs of children were met.

Child-in-care reviews occurred in line with regulatory requirements and children and their families were invited to participate in these. Up-to-date child-in-care review minutes were found by inspectors to be held on children's care files. Records showed that children were prepared for their child-in-care reviews by their social workers and centre staff. Children who talked to inspectors said that they were supported to put their views forward at these meetings. Records showed that children highlighted areas of their care that they were dissatisfied with, for example, in relation to access arrangements.

Children had up-to-date care plans on their files and many aspects of these were of good quality. However, while the care plans reviewed contained good details about children, two did not have clear timeframes for actions identified and others were not signed by relevant parties. Inspectors saw evidence of the centre requesting care plans from the social work department when they were delayed.

Aftercare planning for young people was of good quality. One young person residing in the centre had recently turned 18 years old. They had an allocated aftercare worker and a comprehensive aftercare plan was in place. An aftercare assessment of need had been carried out. Records showed that an appropriate aftercare placement and a course for further education was identified and secured. A transition plan was in place for this young person to move to their new accommodation on a phased basis in the coming month. Inspectors spoke with an aftercare worker who said the centre staff were of great support to this young person in terms of their move on from the centre.

Staff supported and encouraged children in the development of independent life skills on a day-to-day basis. Children kept their rooms tidy and were responsible for doing their own laundry. However, while children could make themselves snacks in the house, they did not regularly participate in the preparation or cooking of meals as part of the development of their independent living skills.

There were placement plans on file for each child and these were up-to-date and of

good quality. They contained clear short-term and long-term goals for children for example in relation to their health, education, emotional and psychological needs and family relationships and access.

Staff were very supportive of access for children with family and friends in line with the arrangements set out in children's care plans. Records showed that family members visited the centre as appropriate and that children were facilitated to meet with them outside the centre. The staff team provided transport for access when required. Where children were dissatisfied with access arrangements, records showed the centre staff contacted the social work department to discuss this. The centre facilitated extra access at times when the social work department did not have the resources to do so. Inspectors talked with some family members who said that were satisfied with the access arrangements in place and said they knew they were welcome to visit the centre. Social workers said that staff were very proactive in facilitating access and in advocating for children's rights to regular access. Social relationships with friends and peers were encouraged and promoted. Children were supported to see their friends and participate in group activities with other children living in the centre.

Children were referred to appropriate external services according to their needs including mental health and therapeutic services. Children's attendance at external services was recorded in their files. Records showed that staff engaged with social workers and other external professionals in relation to the physical and emotional needs of children. A consultant psychotherapist attended meetings with staff on a monthly basis in order to guide staff on how to respond to the needs of children.

Centre records were of good quality and managed in accordance with legislation. Children's records reviewed contained all relevant documentation including a copy of their birth certificate and care order. However, inspectors found some information about children held on other children's files. This was brought to the attention of the centre manager and was rectified. Records were detailed, legible and well organised. Children's files were held securely and there were appropriate systems in place in relation to archiving.

Judgment: Substantially Compliant

Standard 6: Care of Young People

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

Inspection Findings

Children received good quality care in the centre. Staff members made attempts to encourage children to engage in hobbies and to try new activities. Children were consulted about interests they had and staff would then go about sourcing these activities in the local community, for example, dancing, swimming and basketball. Where children refused to attend these activities, staff would endeavour to find

alternative areas of interests for children. During the inspection, inspectors observed children being taken on outings to leisure facilities by staff. Staff members spoke positively about children's talents and potential.

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

Children participated in meal planning and were offered a nutritious and varied diet on a daily basis. Children had input in relation to choosing the weekly menu. Records showed that when children told staff they were not satisfied with the options of food on offer, they were invited to participate in grocery shopping and to choose foods of their preference. Staff said that children were always invited to engage in meal times in the centre but that they often chose not to. Records showed that some children were displaying issues with food and their diet was inadequate. There was some reference to children's food consumption in the daily logs. However, given the current concerns, the records of this were not sufficiently comprehensive. While the centre manager said that this issue was being monitored by staff, the method and details of monitoring was not clear in the records.

Achievements and special occasions were acknowledged and celebrated at the centre. A child who spoke with inspectors said that they a birthday party was held for them in the centre and that their family members attended this.

The approach to care in the centre placed a focus on therapeutic communication between children and staff with the keyworking relationship as the foundation. Children who spoke with inspectors spoke positively about staff, in particular their keyworkers. Children said they felt comfortable living in the centre. Inspectors observed staff and children interacting and found that staff treated children in a respectful and caring manner. Records showed that regular one-to-one and key working sessions were carried out with the children and that they were emotionally supported by staff on an ongoing basis.

The centre had a model of behaviour management in which staff were trained and this was used in conjunction with a therapeutic approach to care. Practices in place for the management of behaviour included staff considering the underlying causes to inappropriate behaviours and supporting children to manage their emotions and behaviour in a therapeutic way. The effects of early childhood trauma and individual attachment styles were considered in this approach. The staff team were guided by a consultant psychotherapist in their approach to understanding and supporting children. This psychotherapist attended monthly meetings with staff to provide advice and guidance in relation to particular behaviour and issues arising for children.

There were plans in place for each child to guide staff on how to respond to any event or crisis that may occur such as individual crisis management plans (ICMP's) and individual absence management plans (IAMP's). There were currently no significant behaviours that challenged. The centre manager and staff identified self-harm as the main behaviour of concern and said that children were provided with emotional support around this. Inspectors found that staff responded to individual incidences appropriately and supported children to reflect on their behaviour.

Absences were currently not an issue at the centre. There had been one incident of a child missing from care in the previous 12 months. This incident was managed well by centre staff and appropriately followed up with the child. There was a written policy and procedure for staff to follow when children were absent without authority from the centre. Each child had an individualised absence management plan (IAMP) which was reviewed and updated as required.

There was a sanctions log in the centre, however, there were no sanctions recorded in this. The centre manager said that they do not use sanctions in the centre as their focus is to support children to reflect on and manage their own behaviour through opportunity led discussions, keyworking and community meetings. Records showed that children were asked at a recent community meeting if they agreed with the opinion that sanctions were not used in the centre and they agreed with this. Records of community meetings and individual keyworking showed children's behaviour being discussed with them.

Restrictive measures were in place in the centre. Alarms were placed on children's bedroom doors and room searches occurred if required. The centre manager informed inspectors that the centre viewed the use of bedroom door alarms as a child protection system and not as a restrictive practice. This potentially meant the use of alarms would not be reviewed to the level required of restrictive practice measures, which should be the least restrictive and in place for the shortest time possible.

There was a written policy in relation to room searches which guided staff. One room search had taken place in the previous 12 months. Inspectors found that the room search was appropriately used and was in response to an identified assessed risk. Room searches were well monitored by the centre manager. Children were informed when a search took place and were present during the search of their room where possible.

The centre manager said physical restraints were not used in the centre. There had been no physical restraints used in the previous 12 months.

Judgment: Substantially Compliant

Standard 7: Safeguarding and Child Protection
Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

Inspection Findings

There were good safe care practices in place. Safeguarding and child protection concerns were effectively managed and there was good collaboration between children's social workers, families and other external professionals as required.

There was evidence of a timely intervention in response to any circumstances that gave rise to a threat to the safety of the children. For example, multidisciplinary discussions involving the social worker, Guardian ad Litem and members of staff were convened. Safety plans were developed for children following incidents which gave rise to

protection concerns. Inspectors reviewed one such safety plan and found it to be practical, appropriate and proportionate to the presenting risks. The staff team also completed individual work with children that addressed presenting needs or behaviours and encouraged their self-protection. A bully free environment was promoted within the centre. Inspectors saw from a review of records and documentation where incidents occurred between residents that they were encouraged by centre staff and the centre manager to resolve these issues collaboratively through discussion and mutual agreement.

Staff members told inspectors that they felt comfortable to highlight concerns about the staff team and to the centre manager. There was an ethos of open communication which encouraged staff members to express opinions or concerns openly amongst each other and with the centre manager.

Staff were trained in Children First (2017) National Guidance for the Protection and Welfare of Children and knew how to manage child protection concerns. The centre manager was the designated liaison person and all concerns in the centre had been reported as required in line with Children First. Four child protection referrals had been made during the 12 months prior to inspection. Inspectors reviewed records of these concerns and found that they were dealt with appropriately and resolved. Records showed that the centre manager was proactive in contacting the social work department about information in relation to any follow up actions. The centre manager made efforts to obtain confirmation from children's social workers that child protection concerns could be officially closed in centre records once they had been resolved. Despite these efforts, confirmation from social workers about the closure of three child protection remained outstanding. This meant that child protection concerns remained open in centre records for prolonged periods. Records showed that there was an agreed system in place for escalating this issue between the centre management team and the social work management team. However, this escalation process had not been implemented.

Social workers told inspectors that they were in regular contact with the centre and all relevant information was relayed to them. They received reports in relation to significant events including child protection concerns and they were satisfied that children were well cared for. Social workers had been consulted in drawing up plans which kept young people children safe such as crisis management plans and absence management plans.

A young person living in the centre had recently turned 18 years of age. Inspectors found that appropriate safeguarding measures were put place which considered the fact that there was now a young adult living in a children's residential centre for a short period of time. This issue had been risk assessed and appropriate control measures were put in place.

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

Inspection Findings

The premises were suitable for the residential care of children and were in keeping with their stated purpose. The house had gone through extensive refurbishments in the previous 12 months during which time the centre was relocated to a different premises. The centre now presented as well kept and decorated and furnished to a high standard. There was a welcoming and pleasant atmosphere in the centre. There was adequate lighting, heating and ventilation as well as cooking and laundry facilities. Children had their own bedrooms and there was space in the house to provide them with a place to have quiet time or to meet with their family and social workers in private. There were appropriate indoor and outdoor play facilities for children which were age appropriate.

There were ongoing maintenance issues which became evident on a walk around the centre. Staff showed inspectors a hole in a downstairs ceiling due to a leak. There was a maintenance log in the centre which documented each maintenance request made by the centre manager including details of the request, the response by maintenance and the date of completion. While some maintenance requests were resolved in a timely way, it was not always clear in the log if other requests had been completed, for example, in relation to pipes and radiator valves. The centre manager said that some of the recent requests for maintenance were still outstanding as a larger maintenance job was required. The centre manager said that one of the showers in the centre was not operational due to leaking. While there were other working showers in the centre, this was a cause of inconvenience to children. Inspectors saw ongoing efforts made by the centre manager to have these issues addressed but there continued to be delays in larger pieces of maintenance work being completed.

On a walk around the centre inspectors saw that there was an uncovered and exposed copper tank and pipes in the hot press which were extremely hot and posed a potential risk of burns to children and staff. Inspectors brought this to the immediate attention of the centre manager who immediately addressed the issue and put appropriate safety measures in place. This involved warning children and staff about the risk, turning off the hot water system to allow the cylinder to cool and ensuring the door of the press was locked. The maintenance department was also contacted immediately to replace the lagging jacket as a matter of urgency.

There was an up-to-date health and safety statement in the centre. A health and safety audit had recently been carried out which identified any potential hazards in the house and areas which required maintenance.

There were effective fire safety systems in place. The centre had a fire safety register which contained all required information and a member of staff was the allocated fire safety officer. On a walk around the centre, inspectors found that fire safety equipment was in place and appropriately maintained. Daily fire safety checks were consistently carried out by staff and records were up-to-date. Fire safety checks were completed on a quarterly basis by a qualified fire safety contractor. The fire safety register indicated that lighting checks should be carried out on a weekly basis however, there were gaps

in the frequency of these checks.

Fire and evacuation training was completed by staff and children however, records showed that there were issues with some children choosing not to participate in fire drills. For children who chose not to participate, there were personal emergency evacuation plans in place which documented staff intervention with children to assist in their education of fire safety. Appropriate actions were taken, for example, children were walked through the fire drill without the alarm. This issue was risk assessed and contained on the centre risk register.

While the centre had an evacuation plan, it did not have an emergency plan which contained relevant contact numbers or alternative accommodation in the event of an emergency.

Centre records and observation of the centre vehicles showed that they were clean, taxed, insured and serviced.

There were effective practices and procedures in place for the storage of medication. Medication was stored in a locked cabinet and there was evidence that medication was returned to the pharmacy as appropriate.

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 and training was valued at the centre and staff encouraged and supported children to attend their educational placements. It was the summer holidays at the time of the inspection. All four residents at the centre were linked in with appropriate education and training including mainstream school placements and other alternative educational placements. Inspectors reviewed two education support plans for children and these identified concerns, strengths, required supports and intervention strategies in order to support and maintain educational placements. A social worker said that where there were difficulties with a child's attendance at school, staff were very proactive in supporting and encouraging re-engagement, communicating with school staff and sourcing homework for the child. Where educational placements broke down, staff were committed to sourcing appropriate alternative educational placements for

children.

Records showed that staff had ongoing and consistent communication with school personnel and attended meetings in relation to educational placements. There were copies of school reports and examination results on children's files. Individual work was carried out with children in order to encourage and promote their engagement in full-time education.

Inspectors spoke with family members who said staff were supportive of children's attendance at school and that children's educational needs were met in the centre. Children who were spoken with said that they were aware they could approach staff members for support with their homework at any time.

Judgment: Compliant

Standard 9: Health

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

Inspection Findings

Inspectors found that children's health was well taken care of. Children had timely access to their own general practitioner (GP) and other services that were identified for them, such as mental health services as required. Children had access to ancillary health services, such as dental and optometry. Medical records gave a clear indication of the health problems that were arising for individual children and there was evidence on files of medical issues being followed up appropriately.

Children's health issues were clearly documented and well managed. Children's medical histories and conditions were clearly outlined in their care plans and inspectors found that children's health needs were discussed and reviewed during team meetings with clear follow up on actions evident. While all children did not have immunisation records on their file, records showed that efforts had been made by staff to obtain them from GP's and the social work department.

Children who had the capacity were responsible for managing their own health appointments, prescriptions and administration of medication. Records showed that children were supported by staff to address all aspects of their health needs. Young people preparing for leaving care were supported to learn all the skills required to manage medication in the future.

The were systems for the management of medication in place. Medication was managed by staff and all medicines were stored securely in a locked cabinet. Records of the administration of medication were maintained on children's files. Where required, over-the-counter medicines were kept for individual children and were in date. Inspectors reviewed medication management records and found that there was an effective system for reconciling and checking medication stocks. The records of medication administration were well maintained. However, inspectors found that the administration of some medication did not correspond with specific dosage instructions.

This could potentially result in the medication not being fully effective.

Children were appropriately supported in relation to health education. Inspectors saw a number of one-to-one conversations between staff and children on topics related to their health and wellbeing. Staff encouraged children to engage in exercise and to become involved in community activities that promoted a healthy lifestyle.

Judgment: Substantially Compliant

Theme 4: Leadership, Governance & Management

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

Standard 1: Purpose and Function

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

Inspection Findings

The centre had recently updated its statement of purpose and function. It was drawn up by the centre manager in consultation with the alternative care manager and included a date for review. The statement of purpose specified the nature of the service, the model of service delivery, the approach to care and the basis in legislation. It described the centre's role as a mainstream residential service which incorporated a therapeutic focus of work. It outlined the key elements of the care approach. A child friendly version of the statement of purpose was available.

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

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 structure in place with clear lines of responsibility and accountability. The centre was managed on a full-time basis by a qualified and experienced manager. Since the previous inspection, a decision had been made to

employ a deputy manager in order to provide support to the centre manager. In recent months, there had been a turnover of two deputy managers who each worked at the centre for a short period of time. A new deputy manager was now in place with a view to being a long-term arrangement. The centre manager was line managed by the alternative care manager who reported to the regional manager for residential services. The centre manager provided good leadership to staff and staff said they felt supported in their roles. The centre manager advised that informal on-call arrangements were in place whereby the centre manager, the alternative care manager or an identified social care leader member of staff would be available to staff for guidance outside of working hours.

There were systems in place to provide oversight of the performance of the centre but they were not always effective. A centre governance report provided a basic system of monitoring the effectiveness of the centre by external managers. This report gave an overview of children in the centre, centre risks and staff issues. The alternative care manager also visited the centre and met with children and reviewed care practices. Records showed that the centre manager had oversight of care practices in the centre on a day-to-day basis and they routinely reviewed children's files, centre registers, significant event notifications and other documentation. The centre manager had a system of audits in place, for example, in relation to supervision, medication management and health and safety. While some of these audits provided a good system of oversight, others were not as effective. For example, while an audit was carried out on supervision practice, the deficiencies identified by the centre manager in relation to the frequency of supervision had still not improved.

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

There were systems in place for the management of risk in the centre but there were gaps identified. The centre had a risk register which recorded and rated risks in the centre such as, self harming behaviour and failure of children to evacuate for a fire drill. Risk assessments were carried out for each identified risk with appropriate control measures in place. Entries on the risk register were appropriately updated and reviewed by the centre manager. Alarms were used on all children's bedroom doors. Use of these alarms in the centre was assessed as a risk in and of itself. However, these alarms are in fact a control, put in place to manage a potential risk to a child. As a result, the risk in question was not clearly identified or recorded on the centre's risk register. The centre did not identify or assess the risk posed to each individual child which warranted an alarm being placed on their respective bedroom doors.

There were appropriate systems in place to record, report and review significant events. There was a significant events register held in the centre and inspectors found that there had been 43 significant events in the previous 12 months. Records showed that significant events were well managed and notified to all relevant parties. Significant events were reviewed at both a local and regional. In-house significant event reviews took place in order to reflect on events and make decisions about a further course of action or whether to refer it to be reviewed at a regional level. Inspectors saw evidence of significant events being reviewed at a regional level and that suggestions were accepted by the centre.

The centre was under-resourced and relied on agency staff. There was a team of experienced staff who had worked at the centre for some time. However, while the centre required 12 full-time members of staff, they were currently operating at eight. This staffing deficiency was supplemented with agency staff. Efforts were made to ensure that the same members of agency staff were used in order to provide consistency of care and a stable environment for children. Inspectors reviewed the staff rota and found that it did not record staff members full names and was not clearly legible in parts. Some entries on the rota were crossed out with pen, it was not always clear which members of staff were on shift and which were agency staff.

Inspectors reviewed a sample of staff files. Garda vetting and references were not on file as they were held centrally in another location. The centre manager had recently submitted applications for updated Garda vetting for nine staff members. The central unit received this information on staff Garda vetting and informed the centre manager of the outcome of this vetting. Much of the information held on staff files was not recent or up-to-date, for example, in relation to training attended. The centre manager acknowledged this and said that she had plans to update staff files and make them more current.

Staff had supervision contracts on file, however, not all of these were signed or dated as appropriate. The frequency of supervision was not in line with policy or as per the agreement in the supervision contracts. Despite a new supervision schedule being drawn up in March 2018, the frequency of supervision continued to be insufficient. When supervision did take place the records were not of a good quality. There was often a very brief record of discussion and no evidence that discussions about children took place. Some records did not contain actions or timeframes for completion of actions.

There were systems in place for good communication in the centre. Team meetings held at the centre had good attendance by staff. Minutes showed that team meetings were used as a forum to discuss topics such as the children, significant events, feedback from significant event review group meetings, child protection concerns, maintenance and summer activities for the children. Records showed that there were other effective systems in place to communicate across the team including at handover meetings and through the use of the handover book, communications book and daily logs.

The staff team engaged in on-going training and inspectors reviewed training records for staff members. Staff received up-to-date mandatory training such as Children First, manual handling, fire safety and medication management. While all staff had attended training in behaviour management techniques, some staff members required refresher training. The majority of staff attended training in First Aid however, three staff members still required this training. A formal training needs analysis had been carried out to inform the training programme in the centre. It identified that training such as I.T skills, report writing, self-harm and working with the families of young people would be beneficial for the team. A plan was in place to conduct individual training audits every 12 months. Inspectors found that staff training needs were discussed on an ongoing basis at managers meetings and team meetings.

Judgment: Non Compliant - Moderate

Standard 3: Monitoring

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

Inspection Findings

The centre was monitored by a Child and Family Agency monitor who carried out routine visits to assess the service against the National Standards for Children in Residential Care and Child Care Regulation (1995). The Child and Family Agency Monitoring Officer visited the centre in the 12 months prior to this inspection. A monitoring report was provided following this and was dated 15th February 2018. During their visits, the monitoring officer met with children and staff, accessed information and quality assured the children's files. The monitoring officer found that the centre had made progress in addressing actions from a previous published HIQA inspection in 2016.

Inspectors spoke with the monitoring officer who reported that they found that children were well cared for and safe in the centre. Inspectors found that the centre had implemented several of the recommendations of the monitoring officer for example, in relation to updating the statement of purpose, discussion with children about sanctions, scheduling a visit from EPIC and developing personal emergency evacuation plans for children. This inspection also found that some gaps in the service identified by the monitoring officer remained outstanding, for example, in relation to staff supervision, training and the need to update the children's information booklet. The monitoring officer said they consistently received and reviewed required notifications from the centre.

Judgment: Compliant

Acknowledgements

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

Action Plan

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

Action Plan ID:	MON-0021217-AP
Provider's response to Inspection Report No:	MON-0021217
Centre Type:	Children's Residential Centre
Service Area:	CFA DNE CRC
Date of inspection:	31 July 2018
Date of response:	20 September 2018

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

Theme 1: Child - centred Services
Standard 4: Children's Rights
Judgment: Substantially Compliant

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

A complaint on a child's file was not included on the complaints register.

It was not clear in the records how long it took for complaints to be fully resolved.

It was not clear if complaints had been resolved to the satisfaction of the complainant.

Action Required:

Under Standard 4: Children's Rights you are required to ensure that:
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.

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

- The complaint that was not included on the Register has now been added to the

Register.

- The Complaints Register has been updated to show the date when the complaint was fully resolved.
- The complaints register will be amended to include a section to capture the young person's level of satisfaction with the outcome of the complaint.

Proposed timescale:
30/09/2018

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 5: Planning for Children and Young People
Judgment: Substantially Compliant

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

The information contained in the centre welcome booklet was basic and did not contain sufficient information in relation to house rules.

Not all care plans had clear timeframes for actions identified or were signed by relevant parties.

Children did not regularly participate in the preparation or cooking of meals as part of the development of their independent living skills.

Action Required:

Under Standard 5: Planning for Children and Young People you are required to ensure that:

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

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

- The centre manager in consultation with the young people will develop a more comprehensive centre welcome booklet.
- The centre manager will liaise with relevant Social Workers to ensure that care plans contain clear timeframes and are fully signed. If the updated care plans are not furnished to the centre within two weeks the centre manager will escalate the matter to the social work team leader, if this is not successful then the centre manager will be escalated to the alternative care manager who in turn will raise the matter with the principal social worker.
- Food preparation and cooking will be included as part of all Aftercare Preparation work for young people.

Proposed timescale: 31/10/2018	Person responsible: Centre Manager
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Theme 2: Safe & Effective Care
Standard 6: Care of Young People
Judgment: Substantially Compliant

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

It was not clear in the records how the diets of children displaying food issues were monitored.

The use of bedroom alarms were not viewed as a restrictive measure and potentially would not be reviewed to the level required of such measures.

Action Required:

Under Standard 6: Care of Young People you are required to ensure that: Staff relate to young people in an open, positive and respectful manner. Care practices take account of young people's individual needs and respect their social, cultural, religious and ethnic identity. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

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

- A discussion was held at the team meeting on 5/09/2018 as to how best capture the required information. A template will be devised and used by the staff team to monitor and record the diet of the young person.
- An individual risk assessment has been completed for each young person regarding the use of any restrictive measures in the centre. These risk assessments will be updated at a minimum of once a month and each time a young person is admitted to the centre. The risk assessments will be conducted in a manner to ensure that the door sensor system is utilised in the least restrictive manner possible and for the shortest duration necessary.

Proposed timescale: 01/09/2018	Person responsible: Centre Manager
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Theme 2: Safe & Effective Care
Standard 7: Safeguarding and Child Protection
Judgment: Substantially Compliant

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

Records of child protection concerns remained active for prolonged periods as the centre manager awaited confirmation from children's social workers that these concerns could be closed.

Action Required:

Under Standard 7: Safeguarding and Child Protection you are required to ensure that:

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.

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

- The centre manager has made contact with all relevant social workers to request confirmation that these concerns can be closed. If the confirmation is not furnished to the centre within two weeks the centre manager will escalate the matter to the social work team leader, if this is not successful then the centre manager will be escalated to the alternative care manager who in turn will raise the matter with the principal social worker.

Proposed timescale:
30/09/2018

Person responsible:
Centre Manager

Theme 2: Safe & Effective Care
Standard 10: Premises and Safety
Judgment: Non Compliant - Moderate

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

There were delays in some maintenance works being carried out.

There were gaps in the frequency of some fire checks.

There was no emergency plan in the centre.

Action Required:

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

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

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

- The maintenance list has been reviewed and updated and forwarded to the maintenance department. If there is a delay in getting the requests responded to by the maintenance department, the centre manager will raise the issue with the maintenance department. If the issue is not resolved within 14 days the matter will be escalated by the Centre Manager to the Alternative Care Manager, who in turn will raise the issue with the Maintenance Manager.

- The dates for the fire checks have been recorded into the daily diary and are also included in the handover book. The fire officer will review monthly with oversight from the centre manager.

- An emergency plan has been developed and was review and discussed at the team meeting on 5th September 2018.

Proposed timescale:
01/09/2018

Person responsible:
Alternative Care Manager

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

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

Not all children had immunisation records on their file.

The administration of some medication did not correspond with specific dosage instructions.

Action Required:

Under Standard 9: Health you are required to ensure that:
The health needs of the young person are assessed and met. They are given information and support to make age-appropriate choices in relation to their health.

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

- The Keyworkers will continue to liaise with Social Workers to obtain immunisations records. If the records are not received by the end September 2018 the centre manager will request the information from the social work team leader. If the information is not received by end October 2018 then the matter will be escalated to the Alternative Care manager who will in turn raise the matter with the Principal Social Worker.
- The current recording system has been streamlined and adapted to allow for a much clearly record of administration of medications.

Proposed timescale:
31/10/2018

Person responsible:
Centre Manager

Theme 4: Leadership, Governance & Management
Standard 2: Management and Staffing
Judgment: Non Compliant - Moderate

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

Centre audits varied in terms of their effectiveness.

The use of bedroom door alarms was risk assessed when the use of these was in fact a control measure rather than a risk.

Not all risks were clearly identified on the risk register.

The centre did not assess the risk posed to each individual child which warranted an alarm being placed on their respective bedroom doors.

Only eight staff members were operational when 12 members of staff were required for an effective staff rota.

The staff rota did not record staff members full names.

It was not always clear on the staff rota which members of staff were on shift and which were agency staff members.

Information held on staff files was not recent or up-to-date.

Supervision contracts were not all signed or dated as appropriate.

The frequency of supervision was not line with policy.

Supervision records were not of a good quality.

Some mandatory training remained outstanding.

Action Required:

Under Standard 2: Management and Staffing you are required to ensure that: The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

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

- All audits will generate an action plan which will record the action required, the person(s) responsible for the tasks and a clear time frame for completion.
- The Social Care Manager, in conjunction with the Alternative Care Manager, is undertaking a review of risks in the centre to ensure that all risks have been identified and placed on the risk register. The Social Care Manager will ensure that all risks are reviewed and updated monthly.
- The centre manager will ensure that any use of the bedroom door alarm system as a control measure is as a result of an identified and assessed risk specific to a young person. Where such a risk assessment indicates the use of the bedroom door alarm system, the risk assessment will be conducted in a manner to ensure that the system is utilised in the least restrictive manner possible and for the shortest duration necessary. The risk assessment and the associated control measures will be reviewed at a minimum of every month and upon admittance or discharge of a young person.
- A national policy governing the use of restrictive practice will be developed as part of the new national suite of policies and procedures for CRS. The new national policies are scheduled to be in place by end 2nd quarter 2019.

- There is ongoing recruitment at National Level and it is planned that all vacancies will be filled by the end of 4th quarter 2018.
- The roster has been updated to contain staff member's full names.
- The roster has been updated to identified staff member and agency staff members.
- The centre manager has commenced the process of updating all staff files to contain only relevant and up to date information.
- All supervision contracts will be signed within the next 6 weeks.
- There are now 3 supervisors in place to ensure that supervision time scales are in line with policy.
- A record summarising the main points discussed in supervision will be maintained by the supervisor. There will be a clear indication of who is responsible for actions to be undertaken, with specified time-scales as appropriate.
- A Training Plan is in place. Timescales are identified for completion of all Mandatory Training over the next 6 months.

Proposed timescale:
31/03/2019

Person responsible:
Director of CRS, C&FA