

**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 DML CRC
Centre ID:	OSV-0004166
Type of inspection:	Announced Full Inspection
Inspection ID	MON-0017155
Lead inspector:	Una Coloe
Support inspector (s):	Niamh Greevy

Children's Residential Centre

About monitoring of Children's Residential Centre

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

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

The Authority monitors the performance of the Child and Family Agency against the National Standards for Children's Residential Services and advises the Minister for Children and Youth Affairs and the Child and Family Agency. In order to promote quality and improve safety in the provision of children's residential centres, the Authority carries out inspections to:

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

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

From:	To:
30 March 2016 09:00	30 March 2016 18:30
31 March 2016 08:30	31 March 2016 18:00

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

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

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

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

Summary of Inspection findings

The centre was a detached two story house located in a residential area of Kildare. The service provided medium to long term care to five young people from the ages of 13 to 17 years. The area was well served by facilities like schools, public transport and shops. At the time of the inspection, there were 2 children and 1 young adult living in the centre and they will be referred to as young people throughout the report.

During this inspection, inspectors met with or spoke to 1 young adult and 2 children, 3 social workers, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

The centre was suitable for its stated purpose and the young people were cared for in a kind and caring manner. Staff were respectful towards the young people and inspectors found that there were good quality relationships between the staff and the young people. The young people told inspectors that they felt safe in the centre and were cared for appropriately.

Inspectors found that children's rights were promoted and the young people were aware of rights and how to complain if they were not happy. There was effective consultation with the young people and the team treated the young people with respect and promoted their rights to be have their views heard. Complaints were managed and resolved but the recording of outcomes needed to improve.

The care provided in the centre was effective, child centred and individualised according to the needs of the young people. However, inspectors found that some of the statutory requirements had not been met in relation to care plans, visits from allocated social workers and detail contained on placements plans for the young people was not specific enough. The young people were supported to maintain relationships with their families and friends and they were encouraged to visit the service. Admissions and discharges were managed in line with the related policies but there was one young person who had been placed a significant distance from their previous school and this impacted on the educational outcomes for the young person.

Planning and the provision of appropriate aftercare for the young people was not adequate. Inspectors found that there were two young people in the centre who required an aftercare service and this was not provided in a timely manner. This impacted on the capacity of the centre to appropriately discharge young people when they turned 18.

The management of behaviour that challenged was effective and there had been a

reduction in the number of significant events. Significant events were reported as required and there were systems in place to ensure all events were reviewed. Inspectors found that child protection concerns were escalated to the social work department through an internal system as opposed to the procedure outlined on Children First National Guidance for the Protection and Welfare of Children, 2011. The social work department did not always provide a response or conclusion regarding the notifications. There was one concern, which had been reported to the department but this was not reported in line with the centres reporting procedure.

The health and education needs of the young people were met but practices relating to medication management needed to improve.

There was clearly defined management structure and the management team provided effective leadership and support to the team. Management systems were sufficient to ensure the service was safe and monitored regularly. The staff team were competent and skilled and committed to the work with the young people. Most of the training needs of the staff had been met but gaps remained in the provision of training in Children First.

These and other findings are set out in the body of the report.

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.

The service provided was child centred and young people were treated with respect. The young people were aware of their rights and had access to an advocacy service. The young people were actively involved in the running of the centre and participated in their care planning.

Standard 4: Children's Rights

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

Inspection Findings

There was a child centred focus in the centre where children's rights were respected and the young people were treated fairly. The young people were fully aware of their rights and received sufficient information when they were admitted to the service. This included information on rules, boundaries, rights, complaints and how to access their information.

The young people told inspectors that they were aware of their rights and there was evidence of regular and effective engagement with the young people through one to one sessions and collectively during children's meetings. Inspectors observed that their views were reflected in their daily notes and also in their care plans. Young people in the centre were aware of the advocacy service available (Empowering People in Care) and there was documentation in the centre about how to contact this service. Inspectors also viewed records to reflect that young people had met with an advocate and attended an EPIC conference.

Children's meetings took place and this presented as a forum whereby issues arising in the centre were discussed. The meetings were held regularly and ensured a collective decision making space for the young people. Items discussed included individual requests but they also focused on behavioural issues, boundaries and rules within the unit. Inspectors viewed records from a visit from the interim service manager that outlined that the meetings at times lacked structure which was confirmed by staff in the centre. It was evident that the centre manager appropriately addressed this as inspectors viewed minutes of a meeting held recently where themes for the meetings were discussed with the young people. The themes included, for example, aftercare, budgeting and smoking cessation. It was noted that the young people requested information on drug awareness and attempts had been made to source this for the young people. It was evident that the identified issues were followed up with in a timely

way, at staff team meetings, with a plan put in place to address the issues raised. For example, inspectors observed that an electric fire was purchased following a request from a young person to make the centre more homely and a beauty parlour was created in a communal living space following requests for this.

It was evident through discussions with staff and management in the centre that the views and opinions of the young people were valued and due consideration was given to requests. Inspectors observed respectful interactions between the staff and the young people. All of the young people told inspectors that they felt listened to by staff. Some of the young people told inspectors that they were unhappy that the kitchen door was locked at night time. Inspectors found that this had been discussed with the centre manager and appropriate actions were put in place, to address the safety concerns identified with this restriction. A staff member said that this was reviewed during a team meeting which was held on the day of the inspection with a further review required before a resolution could be safely implemented. Inspectors observed a blackboard in the kitchen where the young people had written requests for preferred meals. The young people were encouraged to participate in activities both individually and collectively as a group. Inspectors saw documentation in the files reviewed which outlined that the individual interests of the young people were promoted and group activities occurred such as outings to the cinema, a concert and a recent holiday.

Young people in the centre were able to express concerns and complain about their care. The centre followed the Child and Family Agency guidance on complaints and there was a system for the recording and overview of complaints. Some of the young people told inspectors that they were aware of how to make a complaint and identified individuals that they could talk to if an issue arose. There had been no complaints made to the service in 2016 and there were 3 in 2015. Inspectors viewed the details regarding the complaints made which included complaints regarding behaviour, alleged bullying and the management of a medical condition. Inspectors found that appropriate action was taken in each case to manage the complaint and there was effective follow up with the young people concerned and on one occasion the advocacy service assistive in the resolution. However, the complaint log did not always reflect if complaints had been resolved to the satisfaction of the complainant.

Information on how young people can access their records was contained in the booklet which was given to each young person upon admission. Some of the young people told inspectors that they had read their daily logs. The centre had a formalised system for the recording and storage of information which was safe.

Judgment: Meets standard

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.

Some, but not all of the statutory requirements were in place for the young people in

the centre. The young people were supported to maintain relationships with their families and there was access to emotional and specialised supports when required. Young people were appropriately placed but effective reviews were not carried out following an unplanned ending of a placement. Care plans were detailed to guide the care needs of the young people but some were not signed and not up to date. Placement plans were devised, following care plan reviews but they were not sufficiently detailed to guide the team in their work with the young people. Aftercare services for the young people were not adequate.

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 managed through a central referrals committee and there was a detailed policy and procedure to guide this process. The social care manager and the interim services manager advised inspectors of the assessment process required to determine if a referral was suitable. This included a service delivery test and a duty of care test which incorporated a pre admissions risk assessment. This reflected the centre's policy. Inspectors reviewed the register and there had been three appropriate admissions to the centre in the last twelve months.

Inspectors viewed documentation regarding two young people who had been referred to the centre. Inspectors found that there was sufficient information pertaining to the young people's needs and found that there was a process to request additional information if required. Young people had an opportunity to visit the centre prior to admission and extended day visits and overnight stays over a two week period were required to determine if the placement was suitable. The centre manager advised that the staff team have an opportunity to review some information and input in to the decision to accept a young person. Inspectors found that the staff team had access to the appropriate information and they told inspectors that the young people were advised of when a new admission was due to visit the service. Inspectors heard the social care manager arranging a visit for a prospective child and found that an accommodating and flexible approach was taken to meet the needs of the child.

The young people were generally discharged from the service in a safe and planned manner and staff members told inspectors that ex-residents often visited the centre. There had been two discharges from the centre in the last twelve months, one of which was planned. Inspectors requested a review of the unplanned discharge from the centre and although the centre manager provided a written account of the situation leading to the discharge, the account did not reflect that there was a full review completed. Inspectors found that this was a missed learning opportunity for staff at the centre.

The centre maintained a register of admissions to and discharges from the centre in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995 – Regulation 21.

The three young people in the centre had an allocated social worker at the time of the inspection but the young people experienced numerous changes in their allocated social worker. Statutory visits by a social worker were not consistently met in line with regulations. Inspectors reviewed one case where the young person had experienced four changes to her allocated social worker over two years. The young person told inspectors that s/he had a number of social workers and as a result was unsure of when the next change would be. This impacted on the quality of the relationships between young person and their social workers. A third young person did not require an allocated social worker and his/her case was held by an allocated aftercare worker since the young person's 18th birthday but a principal social worker was monitoring the case in recent weeks. However, the young person had experienced a number of changes of social workers prior to turning 18. For two of the young people, the number of visits from social workers was below the recommended requirements in 2015 but in 2016 the visits had increased and the young people were visited at a greater frequency than required by regulation.

Some, but not all of the young people had an up to date care plan. One young person had an up to date care plan while another did not require a statutory care plan due to his/her age. The third young person was admitted into care in 2014 and therefore, there was a requirement to have six monthly care plan reviews. Inspectors found that the most recent care plan for this young person was held in May 2015 and therefore did not meet the requirements of regulations. The social worker allocated to the case advised inspectors that a care review was due to be scheduled imminently. The care plans were of good quality and it was evident that actions from a previous plan were carried out. However, the plans were not consistently signed by the relevant personnel.

It was evident that care reviews occurred and participation by the young people in the reviews was good. However, there was no care review minutes available for one young person. Inspectors saw an email from the centre manager requesting these minutes. It was recorded that the young people had participated in their reviews and this was confirmed by those who spoke with inspectors. However, it was not documented if the young people or their family members had received a copy of their plans.

Placement plans were in place for each of the young people. These included a placement plan to reflect the care needs and a separate placement support plan which incorporated the risk elements associated with the young persons care. The placement plans were completed following the care plan review but inspectors found that some information was not up to date. For example, the information contained on the education section on two plans was not relevant to the current situation for the young person. Inspectors found that actions relating to a young person's psychological and emotional wellbeing were not documented, though there were identified needs in this area. Actions identified were general and lacked specific details, for example, whether they practised religion. Some actions did not contain a timeframe or who had responsibility to ensure the action was completed. Inspectors found that the staff team completed effective pieces of work with the young people during one to one sessions but it was important that the plans to guide this care were up to date and informed this

work. This was acknowledged by the centre manager.

However, placement support plans were in place for each young person, which were regularly reviewed, to highlight their needs in relation to behaviour management. They included individual crisis management plans, individual absence management plans and incorporated situation assessments when a risk was identified. Inspectors reviewed a range of these plans and found that when interventions were successful and the risks reduced, the plans were updated to reflect this change.

The young people were supported to maintain positive relationships with their families and peers. Staff told inspectors that visits to the centre were encouraged and inspectors found that there was a homely atmosphere in the centre. There was documentation in the files to reflect that the young people's friends had visited the centre and staff members talked with inspectors about the value they placed on positive peer relationships. Such relationships were encouraged and promoted through the young people engaging in activities in the local community including sports and dance clubs. Records were maintained of regular contact with family members and the team facilitated access and provided transport to and from family visits.

There was one young person who was placed outside of his/her community. Following the move, the educational placement broke down which resulted in poor outcomes for the young person. The young person's social worker advised that the decision to place the young person outside of his/her area was decided through the referrals process which occurred before her appointment as social worker for the young person. The centre were proactively addressing this issue and interim measures including the provision of home tuition was in place but the need for this may have been prevented if the s/he was placed in a setting close to her previous school placement.

Young people's emotional needs were actively met through effective interventions by the staff team. Inspectors observed that the staff team were kind and caring in their interactions with the young people. There was evidence of improvements in the wellbeing of the young people since their placement in the centre. Inspectors found that there was a reduction in the number of significant events in recent months. The centre manager reported that this was as a result of the mix in the centre and also from the interventions and relationships between the staff team and the young people. Although there was no identified model of care, the centre manager advised that the team worked on building and strengthening relationships to improve outcomes.

Inspectors saw evidence of regular one to one and key working sessions with the young people and there was an appropriate follow up after a significant issue. Inspectors found that regular key working sessions took place but as outlined earlier, it was important that they were planned according to the individual's placement plan. A social worker reported that the staff team were committed to supporting the young people in developing the skills necessary for independent living.

Appropriate referrals were made for specialist services when required. Some young people may not have always engaged in the service but they were encouraged and supported accordingly. Inspectors found that the team had the support of psychologists in providing for the needs of one young person and there were records of attendance of the psychologist at team meetings.

Planning for young people over the age of 16 was not effective or timely. The aftercare service in the area was not fully resourced to meet the young people's needs. Staff and management in the centre outlined that there were long waiting lists and the service was under resourced. This was confirmed by a social worker. This impacted on the young people in the service and appropriate placements were not sourced in a timely way. This resulted in the young people remaining in residential care for longer than intended which impacted on their rights, independence and future. Although the centre had facilitated an extension to a placement for two young people, this impacted on the nature of the service provided and the service was operating outside of its statement of purpose. There was one adult residing in the centre and another young person due to turn 18 shortly but neither had a secure plan for when they left the service. Both young people told inspectors that they had difficulties with the aftercare system and neither were sure of where they would live following their discharge from the service.

One young person had an aftercare plan but it was not implemented in a timely manner to ensure there were positive outcomes for his/her future. The aftercare plan had not been formalised until February 2016, even though the young person turned 18 in 2015. There was an allocated aftercare worker in place as required but there were significant delays in formalising a plan for this young person. Another young person who was nearly 18 had not been allocated an aftercare worker. A recently allocated social worker was acting in this role and the support offered was effective. However, due to a lack of aftercare planning, the young person had to remain in the centre after s/he was 18. The social worker told inspectors that he applied for an extension to the placement to ensure the necessary supports were in place for the young person to live independently. Inspectors reviewed documentation of an advocate supporting a young person in relation to the lack of aftercare provision. There was a significant difficulty in the delivery of an effective aftercare service.

The young people were supported to gain independence. Inspectors reviewed records of one to one work completed with the young people and found that there was a focus on developing skills for independent living. There was a proactive approach in the centre in supporting the young people around budgeting and cooking for example and inspectors viewed a range of resources to assist the staff in helping the young people to develop a range of skills. Inspectors found that significant events had been discussed with a young person in an age appropriate way with appropriate measures put in place given the age of the young person. However, the young people were subjected to the same processes as children in care, even though they were no longer in statutory care when they reached the age of 18.

Records in the centre were of good quality and managed in accordance with legislation. However, some consideration was required in relation to the retention of records for young people over 18 and their access to these. Records were generally detailed, factual, legible and well-organised but some records were not up to date and some signatures were missing on occasions from care plans and placement plans. Files were audited by the centre manager through her monthly reports and there was evidence that one file was checked by the interim services manager during each supervision session with the centre manager. Files had recently been archived but were easily accessible for inspectors to view.

Judgment: Requires improvement

Standard 6: Care of Young People

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

Inspection Findings

Staff members encouraged the young people to try out new activities and expand their interests. Young people told inspectors about various activities they were involved in, including piano lessons, dancing and football clubs. Inspectors viewed the centres financial records and noted that these activities were funded as required. Staff members spoke positively about the young people's talents and encouraged participation in the activities. Inspectors saw records of a recent concert, which a young person participated in and noted that staff and the other young people attended the concert to support the young person involved. The young people got an allowance for clothing and were facilitated to buy clothing in line with their tastes and preferences.

Food in the centre was nutritious and varied. There was a fulltime cook in the centre but this did not prevent the young people from preparing meals should they wish. Inspectors observed home cooked, healthy and appetising meals available in the centre. Meal times were a positive and social event. Inspectors shared a meal with the staff and young people and observed a relaxed and sociable atmosphere. However, young people did not participate in shopping for groceries as this was completed by a household member of staff.

The service promoted children's rights in a variety of areas including diversity, disability and sexuality. Inspectors reviewed documentation which reflected that one to one work was completed with the young people to promote and help them understand their rights. Placement plans contained actions to help promote the young people's understanding in such areas but inspectors found that the actions were very general. This was noted earlier in the report. However, inspectors found that staff members were open to supporting the young people in relation to their sexuality and engaged in one to one work around relationships and sexual health development.

Placement plans clearly identified the supports required in relation to behaviour that challenged. Inspectors found that routines, risks and needs were documented on this plan as well as individual crisis management plans and individual absence management plans. They were regularly updated for each young person and it was evident that where behaviours subsided, the plan was amended. There had been a reduction in the number of behaviours that challenged in the unit and the number of significant event forms completed reduced significantly. Staff, management and social workers felt that this was a result of the one to one work completed with the young people and also helped to improve their coping skills. Staff told inspectors that the mix of young people in the centre was appropriate and this aided the management of behaviour. Staff were trained in a recognised behaviour management technique and inspectors found that

there were follow up sessions completed with the young people following a significant event. The centre was proactive in arranging a strategy meeting with the social work department when the need arose and there was a proactive approach to addressing difficulties.

Events in the centre of a significant nature were reported through the significant event notification system. The forms contained sufficient information and detailed the actions taken. They were signed by the centre manager and reported to the interim services manager, the monitoring officer, the significant event review group team and the young persons social worker. The team were aware of the national policy for children missing from care but this was not always implemented in accordance with the timeframes required by the policy. Inspectors reviewed a number of missing from care notifications and found that there were occasions when there had been 5 incidents in a 30 day period, which warranted a meeting but this not take place. However, as the number of episodes of missing from care increased, a strategy meeting was convened.

Inspectors reviewed one to one work completed with the young people and there were effective interventions and follow up after significant events. The young people told inspectors that there were no incidents of bullying in the centre which was confirmed by staff members. Inspectors noted that a complaint about bullying was made by a young person who had since left the service and a proactive approach was taken to resolve this issue with increased supervision of the young people, as well as group and individual work to address the concern.

The number of incidents of self harm had been high in the last 12 months. Inspectors reviewed documentation of how these situations were managed in the centre. There was appropriate follow up with medical personnel when required and referrals were made to mental health services to support the young person. The team received support at a team meeting in relation to mental health and the centre manager was cognisant of the impact of such difficulties on both the young people in the centre and the staff team. On one occasion, the centre manager arranged a meeting with the young people's allocated social workers to discuss the impact of a significant event in the centre. Increased staffing levels were put in place when required to ensure young people were monitored in times of heightened concern.

Restrictive practices were used minimally in the centre. The young people told inspectors that they were not happy that the kitchen door was locked at night time. The centre manager advised that this restriction was in place due to safety concerns and inspectors found that a plan to address the issue was in place. A staff member told inspectors that this was discussed at a team meeting which was held during the inspection and it would be continued to be reviewed until the situation was resolved. A sensor monitor was in place but not always activated. There were no waking night staff and if a concern arose, the sensor was activated to alert staff that their presence may be required. There were no physical restraints used in the centre.

Judgment: Requires improvement

Standard 7: Safeguarding and Child Protection

Attention is paid to keeping young people in the centre safe, through conscious steps

designed to ensure a regime and ethos that promotes a culture of openness and accountability.

Inspection Findings

There were measures in place to safeguard and protect the young people from abuse. Staff members were recently trained in Children First National Guidance for the Protection and Welfare of Children 2011 but this training was outstanding for some members of the team. Staff members interviewed were aware of safe care practices and were aware of the procedure to follow should a concern arise about a young person. The young people told inspectors that they felt safe living in the centre but the potential risks associated with young adults living in a children's residential centre had not been effectively responded to.

Inspectors found that there had been 14 referrals of a child protection nature to the social work department in the last 12 months. There was a child protection and welfare log which outlined an overview of concerns escalated but the outcome of the concern was not consistently recorded. Concerns of a child protection or welfare nature were reported to the social work department but the centre used an internal system to report concerns which was not in compliance with Children First guidance. Inspectors found that the centre were proactive in supporting the young people in relation to concerns and there were records of individual work and recommendations from the centre manager for follow up with the young person in relation to issues of note. There were occasions when a strategy meeting took place or a safety plan implemented to address concerns. However, on some other notifications it was not recorded if the interventions required, were completed, including follow up by the Gardaí or a meeting with the social work department.

The recording of the conclusion of concerns required review. There was regular communication with the social work department and records were retained to reflect this but recommendations from the social work department following a referral were not always received in the centre. There was good oversight by a significant event review team in the area and inspectors viewed correspondence with the centre manager requesting such updates. However, the conclusion of the referrals were required and were not retained with the concerns.

Allegations were appropriately managed in the centre but the response from the social work department was not adequately detailed to reflect all of the follow up completed. Inspectors found that the staff team acted on the concern without delay and an investigation took place, as required. The response from the social work department outlined that the issue was resolved and the centre manager told inspectors that the allegation was retracted. However, the report which the inspectors reviewed did not contain sufficient detail to outline the resolution. The centre manager told inspectors that the social worker had discussed the concern with the young person involved but the fact that the young person retracted the statement was not detailed on the report. The centre manager accepted this and stated that she would ensure a comprehensive report was retained in the future.

Inspectors reviewed one significant event which had been forwarded to the social work

department but it had not been escalated as a child protection concern. Although the necessary procedures were put in place to safeguard the young person, the centre did not follow their internal processes as required. Inspectors discussed this with both the centre manager and the interim services manager and although the concern was managed appropriately, both felt that there had been an oversight in the reporting procedures.

There was a whistle blowing policy and staff were aware of the procedure should they have to express concerns. The centre manager was the designated liaison person for the service and was aware of the reporting procedures.

Judgment: Requires improvement

Standard 10: Premises and Safety

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

Inspection Findings

The design and layout of the centre was suitable for its stated purpose and there was adequate private and communal space for the young people to access. The premises was homely and well maintained with adequate heating, lighting and ventilation. There was a sufficient number of toilets, bathrooms and showers and there was suitable storage. Inspectors observed a well-equipped kitchen and there was a plenty of space for the young people to complete group activities or spend time alone. Inspectors observed one bedroom which was decorated and personalised according to the young persons wishes and observed a vacant bedroom which staff assisted the young person to decorate.

There was an up to date safety statement which outlined the roles and responsibilities of staff and staff had signed this to reflect that they understood the information. There was a system to record accidents and injuries in the centre. Inspectors reviewed the details of these and found that the forms were completed appropriately but there was one incident where there were no details recorded. The centre manager had signed off on the incidents.

Health and safety walk arounds were completed on a monthly basis and the centre manager had to report on any issues through monthly reports to her line manager. Inspectors reviewed the maintenance log and found that issues were addressed and fixed in a timely manner. The centre was adequately insured. Two new vehicles were purchased in the last six months and they were taxed and insured as appropriate.

The centre was clean and well maintained. The centre manager told inspectors that there was a housekeeping staff on duty two days per week who completed the majority of the cleaning in the unit. However, she said that staff attended to issues as they arose. The grounds of the centre were well maintained and free from hazards. Water temperatures were within an acceptable range and medicines and cleaning products

were appropriately stored.

There were adequate precautions in place for the prevention of fire. Inspectors observed that there was adequate means of escape in the centre and there was prominently displayed signage and procedures for the safe evacuation of the centre in the event of a fire. Suitable fire safety equipment was provided and serviced as required including a fire alarm, fire extinguishers and emergency lighting. Inspectors viewed the fire register which outlined that there were regular checks of fire equipment. Fire drills were completed twice a year or as required if there was a new admission to the centre. There was a fire safety certificate and verification that annual maintenance of the fire equipment was completed.

Judgment: Meets standard

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.

Education was valued in the centre and the young people were encouraged to attend educational placements on a fulltime basis. The centre were proactive in obtaining alternative means of education for one child who was not attending school. The health needs of the young people were met but practices in relation to medication were not safe.

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

The young people's educational needs were addressed and educational achievements were recognised and valued in the centre.

The young people were encouraged to participate in an educational programme and two out of three of the young people were attending a fulltime placement. Inspectors found that there was an overview of attendance completed on a monthly basis by the key workers and there was regular communication with the educational facilities.

There was one young person who was having difficulties attending a placement and this was being addressed by staff and management in the centre. The allocated social worker advised inspectors that although the young person had a school placement, s/he refused to attend. The social worker outlined that the young person's educational needs were secondary to other needs at present, which had been reviewed with an external clinical professional. The centre manager stressed that a programme of home tuition was in place in the interim and a more formalised schooling programme was being sourced.

Inspectors reviewed one to one sessions completed with the young person to encourage and support their educational achievements. There was a process to track educational attendance where by key workers reported how many days the young people attended their educational programme on a monthly basis on their residential report. Inspectors also reviewed a managers report which focused on school attendance and the efforts made to encourage engagement. Inspectors viewed records of one to one work completed with one young person to support in the return to education.

Staff members interviewed as part of the inspection spoke about the importance of education and valued the young people's educational achievements.

Judgment: Meets standard

Standard 9: Health

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

Inspection Findings

The young people's health needs were met and there was a healthy lifestyle promoted in the centre. The young people had timely access to general practitioners, therapies and specialist services when required.

An overview of health needs were outlined in young people's plans but as outlined earlier, some plans were not in date and therefore the information needed to be updated to reflect the current health needs of the young people. However, updates on day to day and general health of the individuals were covered in monthly residential reports and inspectors found that there was sufficient detail relating to the general health and the mental health needs of the young people. Monthly reports outlined if medical appointments were required in the previous month and inspectors saw a record of a conversation with one young person, where a request was made to change the GP. There was a record of some vaccinations received by the young people but there was no overview of all immunisations that they received since birth. Inspectors found that there was a record of the last visit to a dentist and records of referrals and contact with mental health services.

Inspectors found that staff members worked with the young people about sexual health and there was information on site to advise staff around safe practices in this area. One staff member told inspectors that he had completed training in smoking cessation for youths and he shared this information with the team during a team meeting. This training was reflected on the training overview provided to inspectors which outlined that two staff members had completed this training.

Inspectors found that the centre was proactive in following up on the medical needs of the young people. Inspectors reviewed documentation to reflect that interventions occurred with the young person and strategy meetings held when required to manage risks associated with medical condition when the need arose. Inspectors found that

comprehensive risk assessments were completed to address the risk when required. In addition, the placement support plan for individuals with medical and health associated needs were comprehensive and listed the needs, risks and interventions required to manage the condition. Inspectors found that medical advice was sought as appropriate.

The young people's diet was monitored as required. Inspectors reviewed records to reflect an occasion when one young person's diet was monitored as there were concerns regarding eating habits. This was discontinued when the diet returned to normal.

Safe medication practices were not in place in the centre. Inspectors reviewed information relating to prescription and administration of medication and the recording of information was not adequate. There were no prescription sheets for the young people and the administration sheets did not contain sufficient information to ensure they were administered safely. In some cases, it was not recorded if one or two tablets were administered. Inspectors found that medication remained in the centre which was no longer required, including medication required by former residents. Inspectors observed the medication stored in the centre and found that the number of tablets on site did not match the number outlined on the administration sheet. Some medication had no labels and out of date medication was not returned to the pharmacy as required. Staff members were not trained in the safe administration of medication and improvements were required in the recording of medication administration.

Judgment: Requires improvement

Theme 4: Leadership, Governance & Management
Effective governance is achieved by planning and directing activities, using good business practices, accountability and integrity. In an effective governance structure, there are clear lines of accountability at individual, team and service levels and all staff working in the service are aware of their responsibilities. Risks to the service as well as to individuals are well managed. The system is subject to a rigorous quality assurance system and is well monitored.

The statement of purpose contained most of the required information but the model of care provided in the centre was not detailed and there was no reference to young people residing in the centre after they turned eighteen. There was an effective management structure in place and there were systems in place to monitor the safety and quality of care in the centre. Staffing levels were adequate and most of the training needs of staff were met. Although risk assessments had been completed, there was no risk register in place.

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

There was an up to date, written statement of purpose. The statement of purpose

clearly defined the purpose and function of the centre which can cater for five young people from 13 to 17 years, both males and females. The purpose of the centre was clearly defined but there was no reference to a specific model of care. The centre were operating outside of their statement of purpose as there was a young person living in the centre who was over the age of 18 and the procedures to accommodate young people over this age were not outlined on the statement.

Judgment: Requires improvement

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 a clearly defined management structure in place and the centre was effectively managed.

Inspectors found that the centre manager was appropriately qualified and experienced for the role. She reported to the interim services manager who was also appropriately qualified. There was a deputy manager who supported the centre manager with the management duties. Managers showed leadership and were accountable for the services that they were delivering. There was evidence that there was regular supervision and team meetings to ensure there were opportunities for the management team to provide leadership and direction in relation to the running in the centre. Staff members told inspectors that the centre manager and/or the deputy manager were always available to provide support and direction and all staff spoken with during the course of the inspection were positive about the management team and stated that they had sufficient support for their roles.

External managers had an active involvement in the centre. Inspectors reviewed records and found that the interim services manager regularly visited the centre and provided feedback on her observations about care practices and the young people's files. It was evident that the interim services manager had met with the young people individually and attended a children's meeting as well as sharing a meal and making general observations of staff's interactions with the young people. Inspectors saw records of occasions when the interim services manager made recommendations for changes to practice and she followed up with the centre manager on these issues during supervision sessions. The interim services manager received monthly reports from the centre manager on key issues in the centre in relation to the care files, health and safety issues and training needs of staff, for example.

Inspectors viewed the centre governance reports which were forwarded to the interim services manager on a monthly basis. This was introduced recently to the service and replaced a previous reporting mechanism, the centre's manager activity report. The newly introduced system included details on all aspects of service provision including, an overview of the young people's care planning, aspects of health and safety and key issues relating to the staff team including vetting and training provided. This was a

comprehensive tool to provide an overview and although this was not fully completed by the centre manager, it was being worked on. The centre manager was held to account through this system and also through regular supervision sessions. Inspectors reviewed supervision records and the quality of care files were reviewed during this process. It was evident that one file was reviewed during each supervision session. There was sufficient records of follow up and action taken to rectify issues of concern. Items such as fire safety, quality of supervision, young person's files and placements as well as staffing needs or issues were covered during the supervision. A clearly documented action plan was contained with the supervision record and there was evidence that this was referred to during the subsequent supervision.

Inspectors found that significant event forms were reported to the required people including the interim services manager. The centre manager had signed off and made recommendations for additional interventions if required. Although the centre manager and interim services manager had reviewed significant events and trended issues over an 18 month period, inspectors found that this may have been more meaningful if completed on a regular basis. There was a significant event review group where a number of significant events were reviewed for a number of centres in the area. These meetings sought clarity on interventions and it was noted if the members of the group were satisfied with the response to the event. There were a limited number of events reviewed in relation to this unit and it was not possible to determine how learning occurred following these meetings. Significant events, risk and issues of a safeguarding nature were not regularly discussed at team meetings and the centre manager advised inspectors that going forward these would be standing agenda items. Inspectors found that there was effective governance relating to significant event notifications where by a team for the overall service reviewed events and emailed the centre manager for clarity or recommendations to seek further information. Examples of this included recommendations to obtain a conclusive outcome from the social work department and although the centre manager tried to source this, it had not been received in the centre at the time of the inspection.

Staff were aware of their roles and responsibilities and fulfilled their duties on a day to day basis. The centre manager and deputy manager had a regular presence in the centre and met with the young people both informally and when required in response to a significant event. Difficulties in the centre were acted upon and follow up completed as required. Staff spoken with as part of the inspection understood their role and there were records from the interim services manager outlining that she had observed practices and interactions in the centre. Team meetings occurred on a regular basis and generally there was good attendance. From a review of the minutes, inspectors found that each young person was discussed at each meeting but comments were general and it was not recorded that the young people's plans were reviewed during this forum, as stated by the centre manager. Inspectors found that issues relating to risk, safeguarding and incidents in the centre were not regularly discussed at the meetings and therefore opportunities for learning may have been missed.

All staff were appropriately recruited and vetted and this was reflected in the staff files. It was evident from the centre manager's monthly report that all staff were appropriately vetted. The centre manager retained files for agency staff that were used on a regular basis. Their files included identification, evidence of qualification and training, Garda Vetting and references. The files were stored securely and contained

records of the staff member's individual supervision. Regular supervision was provided to the team. However, the records were not consistently detailed to provide an overview of the discussions, performance and work with the children. It was found that actions were general and discussions regarding the young people were not sufficiently detailed. The centre manager identified this as a gap and an area she was addressing through her own supervision. Inspectors saw that the interim services manager had discussed this with the centre manager.

For the most part, staff were qualified and experienced and a consistent team provided the service to the children. On occasions agency staff were required but this was not on a regular basis and inspectors were advised that consistency was provided by ensuring the same staff provided this cover. There was one staff member who remained unqualified and this was highlighted in a previous inspection report. The rota was difficult to read and contained many errors. The rota had a section to highlight agency and relief staff utilised but they were not separated and therefore it was not possible to determine what type of cover was utilised.

Inspectors found that there was an induction programme for new staff but there was no set programme for this, rather there was a meeting between the staff and the deputy manager. These meetings covered various aspects of service delivery, the young people's needs and key health and safety issues. However, inspectors found that this could be improved by having a formalised check list to guide the progress.

Administrative files were well maintained, organised and stored safely. Information from 2015 was recently archived but this was readily accessible for inspectors to view and stored in an individual box with an index of the information contained within the box.

There were clear financial management systems. Inspectors viewed the systems used to record spending both from petty cash and through procurement cards. The deputy manager had responsibility to manage this and the system was organised and recorded accurately. Inspectors found that there was sufficient financial resources to ensure the effective delivery of services and there was adequate money available for activities and treats in the centre.

There was a risk management system but some improvements were required. There were risk assessments completed which covered all risks in the centre relating to the physical environment and collective risks relating to the young people. Inspectors found that the risk assessments could be further improved through accurate identification of the key risks and inclusion of adequate control measures. Although there were risk assessments completed, there was no risk register in the centre on the day of the inspection. Inspectors were advised that a new system was being developed to ensure key risks in the service were logged and monitored and these would be outlined on a monthly report to the interim services manager. The deputy social care manager had responsibility for completing the risk assessments and he presented during an interview as competent and knowledgeable about the risk process.

The training needs of the staff team were considered and the centre was proactive in sourcing out additional training or information sessions to improve practice. The centre manager provided inspectors with an overview of training provided and training provision was also documented on the centre governance reports. However, inspectors

found that the details were not consistent on both. Inspectors noted that Children First training was provided to the majority of the team in 2016 but there were gaps in the provision of this to some staff. The training overview highlighted that some staff were not trained in the behavioural management technique used in the centre but the governance report detailed that the core staff team were trained. This was confirmed in the dataset returned to the Authority. All staff had been trained in fire safety and in manual handling. It was evident that staff had accessed additional training such as suicide and self harm, substance use and mental health awareness and two staff had completed smoking cessation training. Two staff required training in occupational first aid.

Judgment: Requires improvement

Standard 3: Monitoring

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

Inspection Findings

There were mechanisms in place to monitor the quality of the service and there was learning as a result of monitoring and review processes. Inspectors found that the monitoring officer had completed an inspection in the latter half of 2015 and a report was finalised in December 2015. Inspectors reviewed this report and found that some of the gaps identified during this inspection had been identified and actioned. There was evidence that significant event notifications were forwarded to the monitoring officer and it was evident that the monitoring officer had reviewed various documentation in the centre. Actions required following inspections by the Authority and the monitoring officer were listed on the centre governance report and this ensured that actions were being addressed as required and there was effective oversight by the interim services manager.

Judgment: Meets standard