

**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-0004170
Type of inspection:	Unannounced Follow Up Inspection
Inspection ID	MON-0017236
Lead inspector:	Caroline Browne
Support inspector (s):	Bronagh Gibson

Children's Residential Centre

About monitoring of Children's Residential Centre

About monitoring of children's residential services

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

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

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

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

Compliance with National Standards for Children's Residential Services

The inspection took place over the following dates and times:

From: 04 April 2016 09:00 To: 04 April 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	Requires improvement
Theme 2: Safe & Effective Care	
Standard 5: Planning for Children and Young People	Requires improvement
Standard 6: Care of Young People	Requires improvement
Standard 7: Safeguarding and Child Protection	Meets standard
Standard 10: Premises and Safety	Requires improvement
Theme 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 operating from two locations (House A and House B). House A was a large semi-detached house that included independent living accommodation for one

young person. It was located in an estate in North West Dublin. House B (a satellite unit) was a semi-detached house located in an estate in North Dublin. Both houses were close to local amenities such as schools, shops and public transport.

There was a statement of purpose and function in place for the centre that showed it provided medium to long-term residential care for up to four young people aged between 12 and 18 years of age. Young people with an intellectual disability were admitted once their assessed needs could be met by the centre. House B was made available to the centre to provide residential care to one young person whose needs could no longer be met within the group living setting of House A. At the time of the inspection, there were 4 children living in the centre.

During this inspection, inspectors met with or spoke to 4 children, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files. Inspectors also spoke with social workers for the young people.

The Child and Family Agency has the legal responsibility to promote the welfare of children and protect those who are deemed to be at risk of harm. Children in residential care require a high-quality service which is safe and well supported by social work practice. Residential staff must be able to provide them with warm and nurturing relationships in order for children to achieve positive outcomes. Services must be well governed in order to produce these outcomes consistently.

This was a follow up inspection, to assess progress against the action plan from the last inspection in July 2015 (inspection report number 730). At that time, improvements were required in relation to restrictive practices, health and safety assessments, premises and management oversight systems. In addition, inspectors reviewed complaints, safeguarding and planning for young people on this inspection. The findings are set out in the body of this report. The provider is required to address a number of recommendations in an action plan which is published separately to this report.

On this inspection, young people presented as happy in the centre and interacted in a positive way with staff. They had built strong attachments with staff. Staff members were experienced and demonstrated a good understanding of young people's needs and underlying cause of behaviours. Inspectors found that restrictive practices and the maintenance and repair of the centre had improved. However, management oversight of the quality of the service, while improved, required further development to ensure that deficits identified in HIQA inspections and monitor visits were addressed in a timely way. In addition risk management systems required improvement.

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.

There was a complaints process in place and young people knew how to make a complaint.

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 complaints policy in place which was developed for residential centres in the Dublin North East region of the Child and Family Agency.

Complaints were well managed in the centre, but recording of complaints required improvement. Records showed that the staff team encouraged young people to use the complaints mechanism. The centre held a register of complaints. This showed that there were six complaints recorded in the last year. Three of these complaints were made by young people and related to service provision. Complaints were notified to the relevant social workers who consulted with young people appropriately. On review of records inspectors found that complaints were well managed and concluded. However, complaint forms were not completed to inform whether the young person was satisfied with the outcome of the complaint. Informal complaints were not recorded in a central location in order to ensure they were monitored effectively.

Judgment: Requires improvement

Theme 2: Safe & Effective Care

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

There were systems in place to protect young people from abuse. Young people were appropriately placed and the service responded appropriately to their needs and behaviour. Staff responded to young people in an open, positive and respectful manner. However, not all young people had an updated care plan in order to inform the objectives and aims of their placement.

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

At the time of the last inspection this standard was met. As one young person was admitted to the centre since the inspection, inspectors reviewed this young person's care file. A comprehensive collective risk assessment was in place for this young person's admission to the centre. Its purpose was to ensure that any risks to this young person could be safely managed by the staff team. This risk assessment also considered the mix of young people in the centre to ensure it was appropriate.

Young people had an allocated social worker and records showed that they visited the young people and worked closely with the staff to meet their needs.

There were delays in the staff team receiving one young person's care plan. Inspectors found that a care plan was not provided to the staff team for seven months following a young person's admission. A subsequent care plan review meeting had been held in November 2015. There was good multi-disciplinary attendance at the review meetings, including the centre manager and keyworker. However, a copy of the updated care plan had not been provided to the staff team. In addition, minutes of both care plan review meetings were not available within the centre. While the staff demonstrated an awareness of the young person's needs, and managers had made efforts to get an up-to-date copy, the absence of the up-to-date care plan and meeting notes meant that this young person's placement was not supported by an up-to-date assessment and plan around their needs. A placement plan was in place for the young person, but inspectors could not determine whether it was based on an updated date care plan.

Not all young people were referred to aftercare services in a timely way. Two young people were appropriately referred and had aftercare workers assigned to them. However, one young person was in their final year in school and no aftercare referral had been made. As a result, this young person did not have any certainty about what supports they could access following their 18th birthday.

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

At the time of the last inspection, one young person was being accommodated in a single placement due to their complex needs. The centre continued to provide a good level of care to young people and although restrictive practices had reduced, this needed to be sustained to reflect a young person's age and personal responsibility.

Inspectors found that young people received specialist supports and specialised interventions in line with their needs and statutory care plans. The centre assessed the appropriateness of young people's placements over time and this ensured their changing needs were being considered on an ongoing basis. There were specialised interventions in place for young people as required. Inspectors found that interventions which applied restrictions on young people were well managed to ensure the restrictive elements of the intervention were implemented on the basis of risk, were well monitored and reviewed. There was a core group established which met on a monthly basis to review progress and the effectiveness of one specialised intervention and to plan ways to increase a young person's independence and opportunities to socialise in the community. This approach ensured restrictive measures reduced in line with the young person's progress and on the basis of reduced risk. This intervention was clinically supervised by a child care consultant. The staff team encouraged and facilitated the young person to maintain friendships and to increase their participation in community life. Although inspectors found there were benefits to this intervention, progress was slow and as a result, restrictive measures in place at the time of the last inspection remained. This was of concern, considering the young person was approaching their last year in state care.

Young people with behaviour that challenged received the support and care they required. There were 44 significant events recorded since the last inspection in July 2015. These events related to young people's absence without permission and behaviours that challenged. Inspectors reviewed records and found that significant events were notified appropriately to the alternative care manager and the relevant social worker. Records demonstrated that staff completed individual work with young people to address this behaviour.

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

Safeguarding practices were good. They included absence management plans, behaviour management plans, individual risk assessments and safety plans. Staff took all steps necessary to protect young people from abuse and all necessary supports were accessed in order to ensure young people were safe.

There were no deficits identified in the previous inspection. However, inspectors reviewed child protection referrals made since the last inspection. Child protection

concerns were well managed. There were 10 child protection referrals to the social work department since the last inspection. Inspectors reviewed standard report forms in relation to these and found that they were well managed in line with Children First (2011). Records showed that child protection notifications were responded to appropriately and in a timely way by the staff team. The outcome of child protection referrals were recorded on centre records.

Judgment: Meets standard

Standard 10: Premises and Safety

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

Inspection Findings

At the time of the last inspection, the premises required some repair and maintenance. The health and safety statement was not in date. Inspectors also found that some health and safety risks in the centre had not been assessed and records relating to planned evacuations were not adequate.

Improvements were noted in how the centre was maintained and furnished. Inspectors walked around the premises and found that the necessary maintenance and repairs were completed in the premises since the last inspection. Both houses were spacious and decorated in homely and welcoming way. Inspectors observed photos of young people on outings displayed around the centre.

The health and safety statement had been updated but further improvements were required. Not all health and safety hazards had been assessed. Potential risks such as ligature points in the premises, identified by inspectors at the time of the last inspection had not been risk assessed.

Recording of fire drills had improved, but further improvements were required. Inspectors reviewed the fire register and found that there were three fire drills since the last inspection. Records of fire drills identified the length of time the evacuation took and the name of young people and staff who took part in the evacuation. Staff told inspectors that fire drills occurred when a new staff member or young person was placed in the house. While fire drill records improved further details about the evacuation, such as whether it went well or if any difficulties were encountered were not recorded in order to promote learning and improvement in procedures.

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.

There were some improvements in the management systems since the last inspection but actions identified by the Child and Family Agency to address deficits from the last inspection had not been implemented in a timely manner. Guidance in relation to single occupancy remained outstanding.

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

At the time of the last inspection, the centre's statement of purpose and function was not informed by any policy or guidance on single occupancy.

The last action plan response identified that this would be completed by 31st October 2015. However, this deficit remained outstanding. The centre manager told inspectors that a working group was established to draft guidance on the single occupancy placement. However, guidance was not yet agreed and signed by the senior management. This had also been identified by the monitor in October 2015.

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

At the time of the last inspection, there was a lack of formal systems of monitoring the ongoing quality and safety of the service. There was no designated budget for the centre and not all centre staff had relevant qualifications.

Some aspects of management oversight of the quality of care had improved but further improvement was required. Inspectors found that there was a good level of oversight by the centre manager and the alternative care manager of records relating to young people. All monthly team meeting minutes were provided to the alternative care manager for oversight. Staff told inspectors that the alternative care manager visited the centre regularly. The centre manager also identified that other monitoring systems included managers presence at handovers, observation of staff practices, and regular staff meetings. However, timeframes for implementation of actions from HIQA inspections and monitor reports had passed without being identified and actioned.

A new reporting system had recently been established by the national office for the ongoing monitoring of the quality and safety of the service. This system would allow for

two way communication between the centre and external line managers through to the national office of the Agency. Inspectors found that reports were completed on a monthly basis around key aspects of the service including the young people, planning, staff training and risk. However, as the system had only been recently introduced it was not clear how effective it was. While the report required the centre manager to report around the date of a young person's care plan review and the care plan it had not resulted in one young person having an up-to-date care plan available in the centre.

Risk management systems were not robust. While there were some risk assessments completed there was no comprehensive risk register in place and some risks identified on the last inspection had not been risk assessed.

Inspectors found that there was a designated budget for the centre which was shared among the two centres. There were specific staff in each of the centre which held responsibility for the budget while on shift. Any expensive items would be requested through a purchase ordering system.

There was sufficient experienced staff on the team to carry out their duties. Additional agency staff were in place to effectively deliver the specific therapeutic programmes for young people. Inspectors found that these were a consistent group of agency staff in order to provide continuity of care. Staff had positive relationships with young people. A social worker told inspectors that the positive relationships and attachments provided for successful placements for young people.

While a small number of staff members remained unqualified the manager had sought funding and sourced courses to facilitate the staff to obtain a suitable qualification should they wish to do so. Inspectors reviewed supervision records which showed that formal qualification were being encouraged by the centre manger and being considered by the staff member. Inspectors found that appropriate training was provided for the staff team on the implementation of the specific therapeutic programme.

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

At the time of the last inspection one of the houses had not had a monitoring visit.

A monitoring visit had occurred on the 05 October 2015. The centre manager provided inspectors with copy of this report following the inspection. This report identified 10 deficits and the proposed actions to address these deficits. Some of these actions had not been completed in a timely way.

Judgment: Meets standard

