

Health Information and Quality Authority Regulation Directorate

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



Type of centre:	Children's Residential Centre
Service Area:	CFA South CRC
Centre ID:	OSV-0004181
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0017173
Lead inspector:	Patricia Sheehan
Support inspector (s):	Ruadhan Hogan

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 18:00
31 March 2016 09:00	31 March 2016 16:30

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

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

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

Standard	Judgment
Theme 1: Child - centred Services	
Standard 4: Children's Rights	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	Requires improvement
Standard 10: Premises and Safety	Significant risk identified
Theme 3: Health & Development	
Standard 8: Education	Meets standard
Standard 9: Health	Requires improvement
Theme 4: Leadership, Governance & Management	
Standard 1: Purpose and Function	Meets standard
Standard 2: Management and Staffing	Requires improvement
Standard 3: Monitoring	Meets standard

Summary of Inspection findings

The centre was based in a multi-purpose three storey building on the grounds of a psychiatric hospital. It had a spacious outside area with parking facilities to the front of the building.

The written purpose and function provided to the Health Information and Quality Authority (HIQA) described the centre as providing mainstream care for up to four male children. The Child and Family Agency (Tusla) residential services had come under a new national management structure since May 2015. At the time of the inspection, there were 3 children living in the centre.

During this inspection, inspectors met with or spoke to 3 children, 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 this inspection, HIQA found that of the ten standards assessed:
three standards were met
six standards required improvement
one standard where significant risk was identified.

Children's rights were respected and they were consulted and supported to participate in decision making about their lives. Complaints were generally well managed but some improvements were required.

In general, children were appropriately admitted to the centre although a placement for one child had broken down due to the centre being unable to meet his needs. Children were provided with a range of activities, emotional support, and relationships between children and staff were strong. Every child had a social worker but not all statutory requirements were in place and children over 16 years of age were not adequately supported for leaving care. Measures were in place to safeguard and protect children from abuse but some improvements were required and not all plans to manage behaviours that challenge were sufficiently robust. The building and location of the centre was not in line with the centre's statement of purpose to provide a therapeutic environment and there was significant risk in fire safety practices. A plan to rectify these fire safety concerns was immediately put in place by management.

The centre had sufficient information regarding the health and educational needs of the children. Staff and social workers ensured that the necessary supports and resources were in place to meet the children's needs in these areas. Medication policies needed updating and medicines management training was required.

Routine monitoring of the centre by a Tusla monitoring officer took place and the centre was well managed. Sufficient levels of staff with appropriate skills and experience to meet the needs of the children were in place at the time of inspection. Staff and management meetings required some improvements as did quality assurance, risk management and staff supervision.

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.

Children's rights were respected and they were consulted and supported to participate in decision making about their lives. Complaints were generally well managed but some improvements were required.

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 had access to adequate information about their rights. Inspectors reviewed an age appropriate booklet for children about the service which included information about their rights. Children said the information booklet was given to them when they first came to the centre. Inspectors saw information about rights on display in centre. There was a policy in relation to rights and children said that they were made aware of their rights before admission. Records demonstrated that children were supported to exercise their rights and inspectors observed a staff member discussing with a young person how to make his voice heard. Children had access to external advocacy and guardian ad litem services.

Practices were sensitive to the need for children to have privacy and to maintain their dignity. Inspectors observed that children had mobile phones and could make telephone calls from their bedrooms in private. Children were not disturbed if their bedroom doors were shut. Each child had two key workers with whom they could communicate on personal matters. Children confirmed that their privacy was sufficiently protected.

There was a good level of consultation and communication with children about important issues in their lives. Staff consulted with children through key work sessions and direct work. Children's views were documented on complaint forms, sanction forms and key work plans. They attended child in care review meetings and social workers confirmed that they participated in discussions at these reviews and made their views known. Inspectors observed that communication with children was respectful.

Children's views and opinions were also sought about the running of the centre. Records showed that their views were recorded and that house meetings were inclusive. There was evidence that issues were addressed and followed up although some children felt they were not always followed up. Children exercised choice and were

asked what they would like to eat. Inspectors observed a child cooking what he wanted for breakfast.

Complaints were generally well managed but improvements were required in record keeping. Children were provided with information relating to the complaints process on admission to the centre. Inspectors found that children knew how to make a complaint, although opinions varied as to how seriously their complaint was taken, and they were encouraged to use the complaints system. The monitoring officer and social workers told inspectors that they reviewed complaints when they visited the centre. Inspectors examined the complaints register and saw that only two complaints by children had been recorded in the previous 24 months. One of these related to the management of behaviour and the other to a child in care review being cancelled twice. Both complaints were appropriately investigated and closed but it was not clear from the records if the complainant was satisfied with the resolution and if not satisfied what further recourse they had. Two additional complaints that children told inspectors about were not recorded on the complaints register. Inspectors spoke with managers regarding these two complaints and found that they were appropriately managed.

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.

In general, children were appropriately admitted to the centre although a placement for one child had broken down due to the centre being unable to meet his needs. Children were provided with a range of activities, emotional support, and relationships between children and staff were good. Every child had a social worker but not all statutory requirements were fulfilled and children over 16 years of age were not adequately supported for leaving care. Measures were in place to safeguard and protect children from abuse but some improvements were required and not all plans to manage challenging behaviour were sufficiently robust. The building and location of the centre was not in line with the centre's statement of purpose to provide a therapeutic environment and there was significant risk in fire safety practices. A plan to rectify these fire safety concerns was immediately put in place by management.

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

In general, admissions and discharges of children were well managed. There had been two admissions to the centre and one discharge in the 12 months prior to the inspection. There was a policy and procedures in place for admissions to ensure placements were suitable and safe. A regional admissions committee met to review referrals and decide on the most suitable placement. While inspectors found the referral information for one child lacked a lot of detail regarding the need for a residential placement, staff and managers said that generally adequate information about the children prior to their admission was provided.

With the exception of one child whose placement had broken down, inspectors found that children were admitted appropriately to the centre. Staff and managers described children's placements and how their needs were being met. Social workers confirmed the placements were appropriate. There was evidence that children were provided with age appropriate information about the centre and visited prior to admission. With the exception of one child, they understood the reason for their admission. This child was a recent admission and the social worker explained to inspectors the reasons for his admission and why community interventions had not been effective.

For the most part children were discharged in a planned manner; however, one placement had broken down due to the difficulties experienced in managing the child's high risk behaviour. Inspectors reviewed the professional meetings minutes and saw that all those involved considered that the placement was unsuitable. An end of placement review for this child had occurred. Inspectors found that the review reflected on whether the admission had been suitable and the reasons why the placement had broken down. While the overall learning from this process could have been more clearly recorded, there was evidence that the learning was shared with the wider team.

Inspectors found that not all of the statutory requirements were fulfilled. Every child had a social worker and was visited in line with regulations but not all children had up-to-date and comprehensive care plans on file. One child's care plan was comprehensive but two others were not sufficiently comprehensive. While files contained centre notes relating to child in care reviews, there were no copies of statutory reviews on file. Inspectors were unable to assess the extent of children and parents participation in reviews and if care plans were amended afterwards. One child did not have a child in care review within one month of his admission as required and this lack of an opportunity to discuss the issues and plan had concerned the child to the extent that he had made a complaint.

Inspectors met with Child and Family Agency senior psychologist who completed needs assessments for the children. He said that such assessments started within four weeks of admission, typically took six weeks to complete, and formed the foundation for the placement plan. Inspectors reviewed these assessments and placement plans and found that for the child most recently admitted the needs assessment had not been completed in the stated timeframe. The deputy manager said that the lack of a needs assessment was due to the delay in the child in care review taking place. Placement plans were of mixed quality, some were not up-to-date and there was no evidence of a child friendly version.

Children were able to maintain relationships with their parents and siblings and family contacts were encouraged and facilitated. Family access arrangements were in place

and met children’s needs. Parents told inspectors that they were kept well informed and received written weekly reports about their children. There was evidence that peer relationships were encouraged and promoted.

The senior psychologist provided specialist emotional support where required. Staff were aware of children's emotional needs and provided support and this was reflected in their individual work with the children. Observation by inspectors of interactions between staff and children indicated good quality relationships. Parents and social workers commented favourably on the warmth of relationships that existed.

Children over 16 years of age were not adequately supported for leaving care. While the centre promoted some independent living skills and children were observed preparing some of their meals, a leaving care plan that was imminently required for one child was not in place. Inspectors saw evidence that the child had been involved with the after care service since February 2015. A team leader with the after care service provider described the recommendations arising from a December 2015 planning meeting and that these were in the process of being implemented. However, there was no evidence available to indicate any progress in the implementation of a leaving care plan and the child told inspectors that he was worried about his future. Inspectors were concerned that this child, who had some complex needs requiring interagency planning, was at risk if an effective leaving care plan was not implemented

Records in the centre were legible, organised, accessible and were kept in perpetuity. They contained all information required by the regulations.

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

Children enjoyed leisure activities and were encouraged in their hobbies and interests. Children described to inspectors the activities they enjoyed, such as going to the cinema and to the nearby wildlife park, and the opportunities for sport that were provided. Children had a choice of activities as evidenced by a review of daily logs and other records. Children’s achievements were suitably acknowledged in the centre.

Food was varied and nutritious and took into account children's preferences. Meal times were observed to be positive social events. Children told inspectors that the food at the centre was okay. Inspectors saw the meal planner on display and that fridges and food cupboards were stocked with a variety of healthy food and fruit was readily available.

In general, children with behaviour that challenged received the support and care they required. There were consequences for negative behaviour and a review of the

sanctions log showed that these were applied appropriately and consistently. Young people understood the behaviour expected of them. Staff told inspectors about each child's history, presenting challenges and agreed strategies and interventions for each child. Inspectors found that there was a focus on positive relationships between staff and children. Staff were observed to interact respectfully, warmly, and appropriately with children. Social workers confirmed that staff used relationships well to promote positive behaviour.

Staff were trained in Tusla's approved approach to crisis intervention as part of the behaviour management model in place. There had been 12 safety interventions and the assistance of An Garda Síochána (Ireland's National Police Service) to manage behaviour had been sought 10 times in the previous 12 months. Inspectors saw that these significant events were predominately related to the child who had been discharged to a more appropriate placement and such interventions had not occurred since. Staff were aware of the national guidelines for engaging with An Garda Síochána to deal with incidents. Inspectors reviewed some of these interventions and found that they reflected Tusla's approved approach to crisis intervention. However, the Life Space Interview (LSI) component of the crisis intervention model as a means of supporting children to manage their own behaviour was not always recorded. The deputy manager said that such work was done with the children but not always recorded.

Individual crisis management plans (ICMP) were in place to manage challenging behaviour. However, for one child while the ICMP reflected some of the unsafe behaviour being exhibited, the interventions to manage this behaviour were not robust enough to ensure the safety of the child. This child had been missing from care seven times in the last 12 months and considered at risk on three of these absences. Assurances were requested by the inspectors that the crisis plan for this child would be reviewed and this assurance was duly received and the revised plan found to be improved.

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

Measures were in place to safeguard and protect children from abuse but some improvements were required. Staff members followed national policies and procedures in line with Children First (2011) when responding to allegations and concerns about children in residential care. Staff had received up-to-date training in relation to the reporting of concerns or were scheduled for a training update in the next few months as evidenced by training records. Centre records demonstrated that five child protection reports had been completed in the 12 months prior to this inspection and inspectors reviewed some of these reports. While they had been acknowledged as received by the child protection and welfare service, managers did not know the outcomes of these reports. This presented a risk that any actions to maintain children's safety and welfare

arising from assessment of the concerns were not being appropriately communicated.

Inspectors were informed that since all staff had child protection responsibilities, they did not nominate one specific designated child protection officer. Staff interviewed gave an excellent and insightful understanding of child protection. Staff were not aware of protected disclosure legislation but gave a very good explanation of what whistle blowing would involve and how they would make managers aware if they had any concerns. Staff were trained in safe care practices and children spoken to said that they felt safe in the centre. Social worker's interviewed were satisfied that they were appropriately notified of concerns affecting the safety and/or welfare of the children resident in the centre.

While there were some age gaps between children in the centre, staff ensured that the individual needs of children were met and that they were protected from bullying. Social workers spoken to also felt that staff took adequate measures to protect children against bullying.

Individual absence management plans were in place and staff followed policies and procedures when children left the centre without permission or were considered missing from care. Some missing from care reports were reviewed by inspectors and they were of good quality. There had been 423 incidents of children absent without authority in the 12 months prior to this inspection with 97 of these considered missing from care and at risk. These incidents related predominately to the child whose placement had broken down. There was evidence that the centre manager had oversight of these incidents and that the situation had been escalated to the regional level.

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

Inspectors found that the layout of the centre met the needs of children in terms of the amount of personal space available to them. For example, there were a number of game rooms separate from a sitting room and a big kitchen. Staff commented on how the amount of space available was useful when children needed space to reflect. However, the L-shaped design to the building meant that bedrooms were some distance away from the living area along a separate corridor and this corridor, without any natural light, was not as visible to staff. There was an institutional aspect to the building endemic in the design and location. Due to the centre being located in a multi purpose building, shared by an on-site school and Tusla departments and offices, on the grounds of a large psychiatric hospital campus, the building and location was not in line with the centre's statement of purpose to provide a therapeutic environment. One of the children had told his social worker that he found the building and grounds

creepy. All professionals spoken with by inspectors acknowledged the limitations of the premises as a mainstream residential centre.

HIQA has consistently made recommendations since 2014 to source alternative premises that were appropriate for looking after children in a mainstream care setting. No actions have been taken in the past to implement this recommendation as senior managers said there were no resources to relocate the service. As part of this inspection, the regional manager was asked about relocation plans. She stated that while the existing location and service requirements as part of the national plans for the service as a whole were subject to review there were no plans to relocate this service in the immediate future. During this inspection inspectors found some inappropriate practices that were in the main as a result of the building. Some fire escapes were locked due to their exit onto stairwells accessing the rest of the building and staff carried personal alarms primarily so that they could respond to incidents in the school located in the same building. A child's risk taking behaviour was enabled by the design of the building which allowed him access to the roof.

Efforts had been made to make the premises as homely as possible given the institutional aspect of the centre. The premises were reasonably clean and tidy with suitable heating, lighting, ventilation. Inspectors viewed maintenance requests and saw that while procedures were somewhat loose with no log to track requests, maintenance issues were addressed in a timely manner. However, the centre needed refurbishment and was quite shabby in places, in particular the bedroom doors and many walls needed painting. The deputy manager said a recent minor capital funding request had not been approved.

The centre had policies and procedures relating to health and safety and there was an up-to-date health and safety statement. The centre was adequately insured and vehicles were suitably equipped, insured and serviced. Records showed that a number of staff had first aid training and further training for the whole staff team was scheduled for the next month.

There were a number of precautions against the risk of fire in place but inspectors found that significant risk existed. There was a written letter of confirmation from a certified engineer that the centre complied with fire safety and building control requirements but this dated from 2006. There was adequate fire equipment which had been serviced and signage for evacuation of children and staff in the event of a fire. Records were kept which included details of fire drills, fire alarm tests, and fire fighting equipment. Staff and children confirmed to inspectors their participation in drills and annual fire safety training. However, inspectors found the following deficits regarding fire safety:

- agency staff were not routinely scheduled for fire safety training
- the door in the bedroom corridor did not completely shut
- a number of fire doors were being wedged open
- the means of escape was not adequate as two of the escape routes had locked doors with staff retaining the keys.

These deficits were brought to the attention of the interim service manager and assurances sought about immediate actions necessary to remedy these significant risks. These assurances were provided and the plan to address each of these deficits was

forwarded to the inspectors after the inspection and found to be adequate. Management provided letters to inspectors that showed how the fire safety certificate in 2003 had considered these two locked fire exits as acceptable given that at the time it was viewed as a form of detention centre. The centre manager needs to assure himself that the current fire safety certificate is in compliance with statutory fire safety requirements.

Judgment: Significant risk identified

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.

The centre had sufficient information regarding the health and educational needs of the children. Staff and social workers ensured that the necessary supports and resources were in place to meet the children's needs in these areas. Medication policies needed updating and medication management training was required.

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

Educational needs were assessed when children were admitted to the centre and this informed their educational programme. Children were encouraged to complete state examinations and participate in further education or vocational training. There were two children in full time education and preparing for junior certificate exams next school year and another child attending a training programme.

There was evidence on children's files of good communication and engagement between staff and school. Educational assessments were reviewed by inspectors and there were school reports on file for all children showing educational progress. Staff endeavoured to encourage children to continue in their educational placement in place before admission to the centre but sometimes this was not possible and the children attended the school onsite.

Children's educational needs were outlined in their care plans and placement plans although the content was very brief. Educational achievements were valued in the centre and there was a focus on ensuring the children had positive educational outcomes. Key worker sessions demonstrated the discussions with the children about the importance of education.

Educational or vocational achievements were acknowledged and celebrated. Inspectors saw records and certificates of achievements on some children's files.

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

Children's health care needs were assessed and met and a healthy lifestyle promoted. Inspectors reviewed children's files and found that children were brought to a local general practitioner (GP) for a medical examination relatively soon after they were admitted to the centre. While in the centre, children had access to a GP and any specialist or ancillary health interventions including dental and optician. Inspectors found evidence that children were brought to accident and emergency when required. Medical card details were kept on file.

Medical records were maintained for each child and health care assessments, though quite brief, were incorporated into the children's placement plans.

A healthy lifestyle was promoted in the centre. Inspectors spoke with children and reviewed the daily logs and found that children participated in sports and hobbies and there was evidence of activities promoted by keyworkers. Children were observed playing pitch and putt with staff. The centre facilitated access to health education programmes such as alcohol/substance misuse, as required.

Medicine management practices were found to be safe at the time of inspection but the policies and procedures relating to the prescribing, storing, administration, review and disposal of medicines were not sufficiently comprehensive. Staff had not received training on administering medications and there was no evidence of audits or spot checks to ensure appropriate medication management practices.

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 was an effective management system and the centre was well managed. There were sufficient levels of staff with appropriate skills and experience to meet the needs of the children at the time of inspection. The centre was routinely monitored by a Child and Family Agency monitoring officer. Staff and management meetings required some improvements as did quality assurance, risk management and staff supervision.

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 and approved statement of purpose and function although its format was not particularly accessible to children and families. It defined the purpose of the centre as the provision of a structured, caring and therapeutic residential environment for up to four children. The statement of purpose and function specified the service, its basis in legislation and its statutory functions, and the model of service delivery. Inspectors found that the day-to-day operation of the centre reflected the statement of purpose and function.

Judgment: Meets standard

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 management structure with clear lines of accountability. A full time centre manager, who was suitably qualified and experienced, was supported by an equally qualified and experienced assistant manager and there was also administrative support. The centre manager reported to an interim services manager who in turn reported to the regional manager and the director of residential care. Staff, comprising five social care leaders and 10 social care workers, were aware of their roles and responsibilities.

The centre was well managed and managers provided leadership but some of the management systems in place needed improvement. Both centre managers were held accountable for service delivery and there was evidence that they reviewed files and records routinely. The staff team had access to national residential care policies and procedures and guidelines, such as the protocol for children missing from care, on an intranet site. However, day-to-day operational policies relating to the care of young people, such as recognising diversity, placement planning and use of sanctions, dated from 2009. Weekly team meetings took place and meeting minutes reflected agenda items such as health and safety, risk, incident reviews, the children, and children's meetings. Staff who were unable to attend signed to say they had read the minutes. There was evidence that the interim service manager attended some of these staff meetings. However, agreed actions and the person responsible were not recorded in the minutes and the next meeting did not review the agreed actions from the previous meeting. The senior psychologist attended staff meetings only on request which limited his support to the staff team as a whole in the provision of consistent care to the children. Routine management meetings between the centre manager, assistant manager, and interim service manager did not take place which had the potential to compromise the delivery of effective governance.

There were systems in place that provided a good level of centre oversight and quality assurance was in development. There was a register of children placed in the centre. Operational matters were reported by accountable centre managers to the regional manager by means of regular governance reports relating to staffing, the risk register and data concerning care of the children. Alongside periodic visits to the centre by the regional manager, an interim service manager was accessible due to his office location above the centre. He demonstrated to inspectors his recent review of children's files and the actions arising from that review but there was no record of the auditing tool used or whether these actions had been implemented and the timeframe involved.

There were some systems in place for risk management. Inspectors viewed the risk register and found that a small number of risks were recorded alongside the existing control measures taken and the additional controls required. Risks that could not be controlled and managed by the centre were escalated to regional level and the assistant manager described to inspectors a situation that had been escalated and the response update. Staff interviewed showed a good awareness of risk. However, it was not clear that a risk management framework was sufficiently developed to ensure that risks were risk-rated, prioritized and responded to in a systematic way. For example, one risk on the register related to the behaviour of a child but the control measures in place as a response to the risks were not sufficient. The child about to leave care and the absence of a timely leaving care plan was not on the register and had not been escalated.

Serious and adverse events were appropriately managed and there was learning disseminated to the staff team as a result of incident reviews. A prompt notification system for significant events was in place and the interim service manager had oversight of serious incidents. While he did not always attend incident reviews, inspectors saw his comments regarding improvements on incident review records. Inspectors examined a review of a serious incident and found that while the review could have occurred in a more timely manner, the learning was shared with staff. A key piece of learning was the necessity of paying attention to annual leave and how many staff are on leave at any one time and the importance of always having a shift leader rostered to work. The assistant manager discussed staff rosters with inspectors and showed how she strived to implement this learning. The policy document governing incident reviews was out of date and did not provide any guidance as to what type of incident should be reviewed.

The staff files reviewed by inspectors reflected that staff were recruited and vetted according to the recruitment policy. There were appropriate references although not all the files contained a record of staff qualifications. Other records examined showed that all staff, including agency staff, had a social care qualification except for one. The interim service manager outlined to inspectors how this was being actively addressed. There had been no new staff employed since 2008 and therefore no record of induction processes.

There were sufficient levels of staff and managers in the centre with appropriate skills and experience to meet the needs of the children at the time of inspection.

The centre was staffed by a consistent, long term team with appropriate skills and experience to meet the needs of the children. Inspectors observed a staff handover in which aspects of supports for the children were discussed and communication was

good. Apart from the manager and assistant manager, there were 15 permanent staff members, three of whom were part time. Inspectors compared staff rosters for a couple of weeks and saw that due to some staff being on annual leave at the time of the inspection, some of these part time staff were working full time in order to ensure an adequate roster. Inspectors found that the level of staffing was sufficient at the time of inspection given that the centre was not fully occupied and one child was at home on a visit. The assistant manager said that in order to fully cover annual leave an additional 2.5 staff were required which resulted in the employment of agency staff. Inspectors found from a review of records and talking with staff and managers that the agency staff used were familiar with the centre and the children.

Staff received regular supervision which was supported by a supervision policy and trained supervisors but the quality of the supervision in some cases was poor. Inspectors reviewed a sample of supervision records and found that valid reasons were recorded when supervision did not take place as scheduled. There was evidence that supervision training was provided. However, professional development was not addressed in supervision and the majority of the discussions recorded did not reflect a focus on children and agreed actions or timelines to ensure accountability. Instead records showed a concentration on relationships difficulties between staff. This compromised accountability and did not ensure good quality practice. One particular issue with the quality of supervision was raised with the assistant manager and she gave assurances that the matter would be addressed.

Staff received mandatory training to meet the needs of the children. A training plan for 2016 was provided to inspectors which showed training scheduled in such areas as appropriate behaviour management techniques, child protection and fire safety. A training needs audit had taken place to inform training priorities for 2016. Inspectors examined this audit and found that while some needs had been built into the training schedule, the additional step of a comprehensive training needs analysis had not taken place to fully inform training requirements. For example, many staff referred to the need for training on early childhood trauma and mindfulness training to enhance their capacity to care for the children. Agency staff were not scheduled for fire safety training and none of the staff team had received safe administration of medication training.

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

The centre was monitored by a Tusla monitoring officer who carried out routine visits to assess the service against National Standards for Children in Residential Care and Child Care Regulation (1995). The monitoring officer met with managers, staff and children during visits. HIQA had received several monitoring reports from the monitoring officer since the last inspection in 2014. The two most recent monitoring inspections occurred

in 2015 and inspectors reviewed the most recent report and spoke with the monitoring officer. Issues relating to the frequency of supervision and an overdue statutory child in care review had been identified on the last monitoring visit. He confirmed that centre management devised plans following his visits in order to ensure all issues requiring action were implemented. Progress on these issues were then reviewed on further monitoring visits.

Judgment: Meets standard