

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-0004163
Type of inspection:	Unannounced Full Inspection
Inspection ID	MON-0017340
Lead inspector:	Grace Lynam
Support inspector (s):	Caroline Browne

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:
26 April 2016 11:00	26 April 2016 18:00
27 April 2016 09:00	27 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 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 based in a two storey detached house in a Dublin suburb with good amenities and transport links. The design and layout of the centre was suitable for its stated purpose. The house had a paved area to the front and a large back garden. The centre provided medium to long term care for four young people, male and female between the ages of 13 and 17 years. There was one vacancy in the centre at the time of the inspection. The centre was not deemed suitable for children or young people with learning difficulties. The statement of purpose and function stated that the relationship model was used to inform its care. At the time of the inspection, there were 3 children living in the centre.

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

Inspectors also spoke with one young person who had been a previous resident, social workers, a principal social worker and aftercare workers.

Children were safe and had a good quality of life. The centre had been previously inspected in August 2015 where a significant risk had been found in relation to safeguarding and child protection practices. Inspectors found that this aspect of care had improved significantly as had the care of the young people in the centre.

The centre was child focused in its approach and the rights of young people were respected and promoted. Young people were consulted about decisions concerning their care and were encouraged and supported to make complaints. Young people were safe and were settled in their placements. They maintained positive relationships with family members and significant others. The quality of care was good and aftercare planning was improving. The young people's education and health needs were met but some improvements were required in medication management and recording practices.

Whilst the statement of purpose and function described the care provided it did not adequately describe the care needs it could cater for. The centre was well managed and there was good oversight by external managers. The centre manager provided good leadership to an experienced and committed team.

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 centre was child centred in its approach to the young people's care. Young people were aware of their rights and were supported in exercising them. Young people's views were sought on issues relating to their care and to the running of the centre. However, the recording of complaints was not always clear.

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

Staff were child focused in their approach to the care of young people. Rights were respected and opportunities for consultation were available to the young people. There was an information booklet about the centre available for the young people on admission which included house rules, rights, complaints and how to access their information .

The rights of young people were respected and promoted. Staff were respectful when speaking about the young people. Inspectors heard staff respectfully engaging with them and negotiating their preferences with them. The young people were made aware of their rights through their one to one sessions and discussions with staff and their social workers.

Young people were consulted about decisions concerning them as well as being consulted in regard to the running of the centre. Meetings had been reestablished between staff and young people at which the young people could raise issues. While the young people did not always engage staff were encouraging them to do so. Inspectors found that actions had been taken to address the issues raised at these meetings.

Complaints were well managed but their recording required improvement. The staff team followed Tusla's guidance on complaints and the centre manager was the complaints officer. Young people were encouraged and supported to make complaints and inspectors found that the six complaints logged in the register had all been made by young people. These included complaints about communication, transport not being available to them, not having an allocated aftercare worker, imposed consequences of behaviour they disagreed with and breach of confidentiality. One complaint had led to a significant event notification. Five of the six complaints had been resolved and actions

had been taken to address them, as appropriate. One complaint was ongoing and was being managed by the young person's social worker. However, the complaints log was not completed fully and did not always reflect if complaints had been resolved to the satisfaction of the complainant.

Young people had access to advocacy services. Information on Empowering People In Care (EPIC) was readily available and a representative from EPIC had been invited to meet with the young people. One of the young people had an independent advocate.

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.

Young people were safe in the centre and staff worked with them to support them in maintaining their own safety. Concerns were appropriately reported, recorded and followed up. Young people had care plans and aftercare plans in place, as appropriate. Further work was required to secure the forward placement of one young person.

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 and discharges were managed effectively. They were managed through a central referrals committee and there was a policy and procedure for this process. There had been one discharge, one admission and one readmission in the 12 months prior to the inspection. The admissions process considered that the placement was suitable both for the current residents and for the potential resident. Transition plans were developed for new admissions, which included day visits and overnights in the centre to ensure an effective transition for the young person.

Young people were discharged from the centre in a planned manner. There had been one planned discharge in the month prior to the inspection and it was a positive and supportive experience for the young person. The young person continued to keep in contact and visited the centre from time to time.

All of the young people had an allocated social worker, where appropriate. Social workers carried out their statutory role and met with the young people on their own. However, there was no written evidence that social workers read the young people's

case notes when they visited.

The quality of the young people's care plans was good. Two young people had up-to-date statutory care plans, as appropriate. These plans had been reviewed in line with Regulations. The young people were consulted in the process of drawing up the plans and had attended some or all of their care plan review meetings. Parents, as appropriate also attended review meetings.

Placement plans were of a good quality. All of the young people had a placement plan which was in line with the care plan, as appropriate. The young people also had absence management plans and/or behaviour support plans as required by the young person's assessed needs. These plans were individual to each young person and provided guidance to staff on how to manage the young person's behaviour.

The young people maintained positive relationships with family members, friends and significant others. Family and friends were welcomed to visit the centre, as appropriate. Staff kept in contact with family and significant others and also facilitated family contact in line with the care plan. During the inspection one young person had a friend over to the centre for the evening meal.

The young people received the emotional and physical care they needed. Young people's daily emotional needs were met through the care provided by the staff. Inspectors observed that the young people were well presented and interacted comfortably with the staff. Staff were aware of the individual needs of the young people and were sensitive and caring in their approach to them. They were good role models for the young people and encouraged them to consider others and be respectful to their house mates. Appropriate referrals were made for specialists when required and whilst the young people did not always engage with the service they were encouraged and supported to do so.

Aftercare planning had improved. All the young people had allocated aftercare workers in keeping with Tusla's policy on aftercare. Young people were involved in the plans for aftercare and while placements had been identified for some of the young people the funding had not been secured.

Young people were supported to gain independence. They were encouraged to develop independent living skills such as using public transport, budgeting and cooking. Inspectors observed young people engaged in household tasks such as hovering.

Records were stored securely. Young people's records were held in a safe and secure manner both in hard copy and on computer. Files were kept in locked filing cabinets in the office and staff had access to computer records.

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

The young people were cared for in a manner that respected choice and recognised achievements. Staff were well informed about the needs and preferences of the young people and demonstrated sensitivity to the individual needs of the young people in the manner in which they spoke of and wrote about them.

Young people's leisure interests were important to staff and they were facilitated and encouraged in their hobbies and interests. Staff made every effort to ensure they could accommodate all of the young people's various activities.

Wholesome food was available in adequate quantities, involved an element of choice and took consideration of dietary needs and preferences. Foods that all of the young people would eat were identified and the meals were planned accordingly. Whilst the daily logs showed that the young people did not always eat a healthy diet, this was not because the food was not available to them. There were plenty of healthy options available for the young people but they did not always make the best food choices for their health. Inspectors found that the young people had options to choose unhealthy frozen options rather than fresh food. Mealtimes were sociable events but young people often chose not to join in.

Achievements were celebrated and significant events were acknowledged. Staff took pride in the young people's achievements and this was demonstrated in the way they celebrated the occasion with the young person and a friend whom the young person invited.

The young people's needs in relation to diversity, disability and religion were assessed and met. The staff team had sufficient knowledge and skills to meet those needs. Efforts were made to encourage the young person to shop for, cook and eat foods from their own cultural background. Young people were facilitated to practice their religion of choice.

In general, the young people did not present with behaviours that challenged the staff team. There had been one serious incident of behaviour that challenged since the last inspection. There were good plans in place to support and guide the staff team on the management of behaviour. Staff did not use physical interventions to manage the young people's behaviour. Individual crisis management plans identified triggers for certain behaviours and guided staff in how to support the young person through the behaviour. Staff were familiar with the various individual plans and the recommended responses for the young people's individual behaviours.

Natural consequences were used with the young people to manage their behaviour and these were recorded in a log. Inspectors reviewed the log and found that of the 32 consequences recorded, 19 were positive consequences for the young people. Positive consequences included being given extra time playing computer games, negative consequences included being grounded and having to come home earlier. Inspectors

found that the consequences were proportionate and consistent.

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

At the time of the last inspection a significant risk was found in relation to safeguarding and child protection practices. This aspect of care was found to have improved on this inspection.

There were good systems in place to safeguard and protect young people from abuse. Staff whom inspectors spoke with were familiar with safe care practices and the procedures for reporting concerns about young people and they were clear about their obligation to report child protection concerns. The majority of staff were trained in Children First: National Guidance for the Protection and Welfare of Children 2011. Young people had agreed curfews and were required to check in with staff regularly regarding their whereabouts when they were away from the centre unsupervised. Staff prioritised the young people's safety. Staff made efforts to make connections with the young people and to advise them on maintaining their own safety. The young people had mobile phones to ensure they could keep in touch with staff and were contactable.

Child protection and welfare concerns were appropriately reported and managed in line with national guidance and legislation. The centre manager was the designated liaison person for the centre and was aware of her responsibilities in this regard. There was a log of all child protection concerns reported to the relevant social work department and the centre manager liaised with the relevant social workers to keep up-to-date with the status of the investigations. Since the last inspection there had been five child protection concerns reported to the social work department. Staff supported the relevant young people through these significant events.

Absences were well managed. Staff were familiar with the national policy: Children Missing from Care - Joint Protocol between An Garda Síochána and HSE and implemented its procedures, as appropriate, when young people went missing from the centre. In the last twelve months there had been 25 occasions when a young person had been reported as missing in care. While a number of these related to the young person who had been discharged the majority of the remainder related to one other young person. Staff followed through on absences to ensure the young person's safety and well being.

There was a whistleblowing policy and the staff inspectors spoke with were aware of Tusla's protected disclosure policy and procedure, and their professional responsibility to report concerns about colleagues.

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

The health and safety of staff, young people and visitors was promoted and protected. The accommodation was suitable for its purpose and contained adequate and suitable furnishings. The premises were clean and appropriately decorated. Adequate recreational facilities were provided and the accommodation afforded privacy to the young people living there.

The premises were well maintained. Inspectors read maintenance records and found that when requests were made for maintenance they received a swift response. However, whilst the majority were well recorded, it was not always clear from the maintenance records whether or not the actual work had been completed. Inspectors did not see any obvious hazards while in the centre.

Staff were familiar with health and safety requirements in relation to the centre. There was an up-to-date health and safety statement. A recent monitoring officers report (September 2015) had identified that not all staff had read the statement but inspectors found that this had been actioned by the centre manager.

The centre had adequate arrangements in place to guard against the risk of fire. All staff had recently been trained in fire safety. Inspectors found that the fire register was fully completed. Regular fire drills had taken place with staff and young people taking part. Inspectors reviewed the fire safety logs and found that fire fighting equipment was checked monthly and emergency lighting checked weekly. There were also records of regular daily, weekly and monthly checks done of extinguishers, exits, the fire alarm and electrical items to ensure they were in proper working order. However, inspectors found that whilst most of the fire extinguishers had been inspected one had not been serviced recently.

Medication was securely stored in the centre.

Inspectors found that the centre vehicle was adequately taxed and insured and the centre was adequately insured.

Judgment: Requires improvement

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 health and development needs of young people were assessed and met and young people's educational needs were prioritised. However, medication management practices required improvement.

Standard 8: Education

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

Inspection Findings

Education was valued in the centre and all the young people had school placements and were attending school. The young people received support in order to achieve their full potential in education. They were encouraged to attend school daily and supported to sit state examinations and when they received their results these were celebrated. Inspectors read notes in children's files of contacts staff had with teachers and inspectors heard staff report on discussions they had with teachers regarding children's progress at school.

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 health care needs of young people were assessed and met. Young people had received medical assessments and health checks, as required and were encouraged and facilitated to attend hospital appointments and to avail of therapies as recommended. Young people attended general practitioners and specialists as indicated by their assessed medical needs. These included attendance at the dentist, optamologist, mental health services and others. However, not all required medical information was on young people's files.

In general, medication management practices were safe but staff had not been trained in the safe administration of medication. Some of the young people were on prescribed medications and prescriptions were on the young people's files. Medication administration records reflected that young people were given their medication as prescribed, and records were fully completed with all entries signed by two staff.

Significant event forms were used to record medication errors. Inspectors found that there had been one error and this had been investigated appropriately and was due for discussion at the next team meeting.

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.

Whilst the statement of purpose and function described the care provided it did not adequately describe the care needs it could cater for. The centre was well managed and there was good oversight by external managers. The centre manager provided good leadership to an experienced and committed team.

Standard 1: Purpose and Function

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

Inspection Findings

The centre was operating outside its statement of purpose and function. There was an up-to-date approved written statement of purpose and function which adequately described the care provided but not the needs for which care could be provided in the centre. The model of care described how the development of good quality relationships with young people would provide a safe caring environment for them and it was reflected in the day to day practice in the centre. Appropriate policies and principles were referenced in the statement of purpose.

However, whilst the statement of purpose outlined that the centre could not provide care to children and young people with a learning disability or to young people over the age of 17 years, the day to day practice in the centre did not reflect this. Whilst the care practices in the centre were good and the staff team were sensitive to the individual needs of all the young people there was no evidence that they had received specialist training to ensure they had the knowledge and skills to meet the needs of all the young people in the centre.

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 good management structure in place. Lines of accountability were clear. The centre was managed by an appropriately qualified and experienced interim manager who had been in post for 14 months. She demonstrated her understanding of the young people's needs and her commitment to ensuring they received quality care. The interim centre manager supervised the staff team and reported to the interim services manager. Inspectors spoke with staff who were clear about their roles and

responsibilities and reporting relationships.

There were a number of effective management systems in place. The staff team had access to a range of policies, procedures and guidelines to which they could refer to guide their practice. The centre operated within a budget. The interim centre manager had a monthly budget from which to provide for the young people. Inspectors reviewed the centre's financial records and found clear financial records were held.

Communication between staff and the interim centre manager was good. Systems of communication included handover meetings, staff meetings, the use of a communication book, a house diary and a shift planner. Inspectors found that these methods of communication were appropriately used by staff to communicate about the day to day care of the young people. However, some of the records of the staff meetings were not fully completed and required improvement.

Risk management systems required improvement. While individual risks to individual young people were identified and appropriate controls were put in place, there was no risk register in place to effectively manage collective or organisational type risks.

While significant events were generally well managed the reporting of what is considered a significant event required review. Thirty-seven significant events were reported in 2016. A number of these events were both positive and negative events that had occurred for young people and inspectors found that the staff team responded appropriately to these. However, inspectors found that 10 of the 37 (27%) were conversations with young people about specific issues relating to them, but not a significant event. In addition, some of the reports completed were about the same issue. A number of the negative events had been discussed at a regional significant events review group meeting where the manager received feedback on alternate responses that could be considered or possible further actions. However, the terms of reference for this group did not clearly identify the criteria for selecting particular significant events to be reviewed by them and how learning was shared. Inspectors noted from a review of staff meeting minutes that suggestions from this peer review group had been brought back to the team by the centre manager for further discussion and reflection.

External managers had some good oversight of the service. The interim services manager carried out regular systems checks and inspectors found that issues identified through these checks were acted on by the interim centre manager. These included improving recording, developing the young people's consultation meetings and ensuring supervision was in line with Tusla's supervision policy. The national director had recently implemented a new reporting system for managers to complete monthly reports for consideration by the regional and national management team. It was too early in its implementation to consider the effectiveness of this reporting system. However, inspectors did not identify any other quality management systems, for example audits or questionnaires, being implemented.

The centre register was not complete as it did not include the names and addresses of the young person's parents as required.

Overall, recording in young people's files was good. The recording systems were

generally well organised and monitored by the centre manager for quality. She reviewed all records weekly and signed off on them ensuring that any areas of recording or practice requiring improvement were brought to the attention of the staff. Staff told inspectors that the interim centre manager read all records before they were filed.

There were sufficient staff on duty to meet the needs of the young people. The centre had 10.5 fulltime posts but some of the staff who filled these posts were on long term leave. The manager used agency staff to cover these shifts. The staff team were appropriately qualified and experienced. Staff files contained garda vetting and references but not all staff files contained a contract of employment.

Staff were supervised and supported. The interim centre manager was trained in the provision of supervision. Inspectors found that supervision was good and that staff were challenged, guided and encouraged in their practice by the interim centre manager. Practice and performance issues were appropriately addressed with staff members in supervision. The interim services manager supported the interim centre manager through formal and informal supervision, visits to the centre to observe practice and monthly meetings with other centre managers.

Mandatory training had improved but staff had not had access to continuous professional development to ensure they could meet all of the young people's needs. There was no training needs analysis completed or a 2016 training plan. Mandatory training included Children First (2011), a behaviour management technique, fire safety, manual handling and first aid. However, not all staff were up-to-date with manual handling or the safe administration of medication. Half of the team had attended a training session on understanding how behaviour is impacted by emotional wellbeing but this was the only continuous professional development session since the last inspection.

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

Monitoring was adequate. The centre had been visited in September 2015 by a monitoring officer and a report was produced. The report had identified a number of actions that needed to be implemented to address deficits in the service. These included incomplete staff files, gaps in training, frequency of supervision, lack of aftercare planning, and evidence of written consultation with children prior to their child in care reviews. An action plan had been developed by October 2015 in which the centre manager had outlined the actions that would be taken to ensure all the identified issues were addressed. Inspectors found that all except one of these identified actions had been completed or were scheduled to be completed. These included the fortnightly

review of the young people's placement support plans, ensuring that all staff had read the safety statement and ensuring that all young people had an allocated aftercare worker. The action requiring social workers to read and sign young people's logs was partially completed.

Judgment: Meets standard

Acknowledgements

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