

## Health Information and Quality Authority Regulation Directorate

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



<b>Type of centre:</b>	Children's Residential Centre
<b>Service Area:</b>	CFA DNE CRC
<b>Centre ID:</b>	OSV-0004176
<b>Type of inspection:</b>	Unannounced Follow Up Inspection
<b>Inspection ID</b>	MON-0017964
<b>Lead inspector:</b>	Catherine Vickers
<b>Support inspector (s):</b>	Niamh Greevy

## **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:

30 August 2016 09:00

To:

30 August 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
<b>Theme 1: Child - centred Services</b>	
<b>Standard 4: Children's Rights</b>	Requires improvement
<b>Theme 2: Safe &amp; Effective Care</b>	
<b>Standard 5: Planning for Children and Young People</b>	Meets standard
<b>Standard 10: Premises and Safety</b>	Meets standard
<b>Theme 3: Health &amp; Development</b>	
<b>Standard 9: Health</b>	Requires improvement
<b>Theme 4: Leadership, Governance &amp; Management</b>	
<b>Standard 2: Management and Staffing</b>	Requires improvement

## Summary of Inspection findings

The centre was a four bedroom detached bungalow located in a suburb of Dublin. The house was spacious and nicely decorated, with a large garden to the rear. The house was well served by local amenities, such as schools, shops and public transport. The statement of purpose outlined that the centre provided medium to long-term care or

shared care where appropriate for up to four children between the ages of 12 and 18 years of age. 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.

The purpose of this inspection was to review the actions undertaken as result of a full inspection of the centre (Mon: 16942) which was carried out on 26 and 27 January 2016. At the time of the previous inspection, four standards were met, five standards required improvement and one significant risk was identified. Areas that required improvement included children's participation in the development of placement plans, family access to information, the complaints procedure, some information on children's files, the recording of restraints, some fire safety mechanisms and various issues in relation to governance including quality assurance mechanisms, oversight, team meetings and supervision. Significant risk was identified in relation to the management of medication. This inspection found that children continued to receive good quality care in the centre and that their rights were well respected and promoted. Improvements were made in relation to placement plans, family access to information, information held on children's files, the recording of restraints and fire safety mechanisms. There were no significant risks identified. Some further improvements were required in relation to the complaints procedure, medication management and risk management systems.

## Inspection findings and judgments

### **Theme 1: Child - centred Services**

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

### **Standard 4: Children's Rights**

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

### **Inspection Findings**

The previous inspection of this centre found that children's rights were respected and promoted by staff and that children were aware of their rights. However, at that time, there were some gaps identified in relation to children's participation in the development of placement plans, information provided to families about their rights and the complaints procedure.

This inspection found that staff encouraged children to actively participate in decision-making about their lives. Children's views and goals were regularly sought through keyworking sessions, opportunity led discussions and were recorded in their care plan review forms and care plans. Placement plans reflected children's care plans and the actions identified supported children's expressed goals. For example, children's educational goals were represented and actions were put in place to support children to achieve these goals including the provision of grinds and support with school attendance and homework. However, placement plans were not always signed by children. Children who spoke with inspectors were clear about the plans in place for their care.

The centre's induction booklet was updated to include details in relation to the right to access information. While the updated induction booklet contained good details, it did not clearly explain a parent's right to access information in relation to their child.

Although all complaints at the centre were responded to, improvements were required in relation to recording the outcome of complaints. There were three complaints made by children since the last inspection. Two complaints were concluded in a timely manner, however one complaint was not and the date of conclusion, outcome of the complaint and satisfaction of the complainant were not recorded. Children said they knew how to make complaints but said they were not always satisfied with the outcome of complaints made.

**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.

**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**

The previous inspection found that planning for children was of good quality in several areas but areas for improvement were identified in relation to the centre induction booklet, care planning records for children and children's records.

Since the last inspection, the centre induction booklet was updated and provided sufficient information for children about the centre.

The effectiveness of care plans had improved since the previous inspection. Child-in-care review minutes showed that meetings took into account the developments and progress made by children since the previous review and that children's care plans were discussed. Decisions made at child-in-care reviews were in turn reflected in updated care plans.

Inspectors found that children's records were well organised and contained required documentation. Individual files contained up-to-date legal documentation and voluntary care agreements in relation to the care status of each child.

**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**

Since the previous inspection, the centre was painted and redecorated, new floors were put down and a new heating system was installed. There were plans in place for further

renovations to be made to the kitchen. The centre was well maintained and homely.

Each child had a bedroom of their own and children said that they were satisfied with their bedrooms.

The previous inspection identified some gaps in relation to fire safety systems in the centre. During this inspection, inspectors found that there were adequate precautions in place to provide an effective means of escape from the centre in the event of a fire. Fire drills were carried out in line with policy and the names of all staff and children who took part in each drill were clearly recorded. Where there was learning required in relation to planned evacuations, actions were taken to improve practice. Records such as children's meetings minutes showed that staff regularly spoke with children about the importance of fire drills. Learning that arose from fire drills was discussed by staff at team meetings.

**Judgment:** Meets standard

### **Theme 3: Health & Development**

The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children's educational needs are given high priority to support them to achieve at school and access education or training in adult life.

### **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 previous inspection found that children's health needs were appropriately assessed, they had timely access to their general practitioner and other health services and that a healthy lifestyle was promoted by staff in the centre. However, inspectors found that children's allergies were not clearly recorded in files and significant risk was identified in relation to the management of medication.

This inspection found that improvements were made in relation to medication management and the recording of information. Children's allergies were clearly recorded with their allergy status documented on their daily log books. New local guidelines for medication management were recently developed in the centre and the centre manager said that these would be adhered to while the centre was awaiting the implementation of a national policy and training. The local guidelines provided guidance to staff in relation to the recording, review and storage of medication as well as information in relation to the self-administration of medication by children, prescriptions and over-the-counter medication. Copies of children's prescriptions were kept at the centre and records showed that medication was returned to the pharmacy as appropriate. There were improvements made in relation to staff co-signing for medication however some records were not co-signed. A risk assessment was carried

out in relation to a child self administering medication and there were appropriate control measures in place. Records showed that there was an adequate reconciliation process in place and that medication was regularly reviewed. However, when a child was unexpectedly absent from the centre and did not receive their medication, this was recorded in their daily logs but not in the medication files. This meant that there were discrepancies in children's medication files that were not clearly accounted for. The centre manager acknowledged this and said the issue would be rectified.

**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.

**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**

The previous inspection found that the centre was well managed with clear lines of accountability and responsibility and a consistent experienced and well trained staff team was in place. There were areas for improvement identified such as general oversight and quality assurance mechanisms, risk management and staff supervision.

Since the previous inspection, there were improvements made in relation to the systems in place to provide oversight of the performance of the centre. There was a system of monitoring the effectiveness of the centre by external managers through a centre governance report. The centre manager provided inspectors with the most recent governance report which gave an overview of performance to external managers in relation to planning for children in the centre, staff supervision and training, centre risks, significant events and concerns about children. The centre manager said that these reports helped identify gaps in the service that required improvement. The alternative care manager also continued to regularly visit the centre, review care practices and sign off on centre records during on-site visits. However, these signatures were not always dated.

There were improved quality assurance mechanisms in place in the centre. The centre manager monitored care practices in the centre on a day-to-day basis and they routinely reviewed and signed off on records such as placement support plans, complaints, significant events, physical restraints and fire drills. A new system was introduced to record physical restraints in a central register which provided a system of



oversight of performance for the centre manager. Inspectors found evidence of regular case supervision records being held on children's files to ensure children's records were up-to-date and that appropriate keyworking themes were explored. Where new national policies were awaited in relation to care practices, the centre put interim measures in place in order to drive improvements in practice, for example, the development of local guidelines in relation to medication management. There was also a system in place for the centre manager to monitor the implementation of these guidelines by staff.

The centre had recently introduced a system of regular audits in relation to handover meetings in order to quality assure the information being shared by staff. Where the centre manager found gaps in information being shared, they identified the actions needed in order to rectify this. This audit also took into account the quality of information being recorded in the children's daily log books. Following several of these audits, the centre manager conducted a reflective piece of practice with staff in order to highlight improvements needed and this provided learning for the staff team. A new system was also in place for the alternative care manager to carry out health and safety audits at the centre. At the time of the inspection, one health and safety audit had been carried out by the alternative care manager and inspectors reviewed this. This audit looked at various health and safety items, the actions required, the person responsible and dates for completion. The system of health and safety audits was a positive development however it was still in its early stages and therefore inspectors could not assess its effectiveness over time. Such developments in quality assurance mechanisms provided the opportunity for learning and to drive improvement in practice in the centre.

There were systems in place for the management of risk in the centre however these required improvement. Individual risk assessments were carried out in relation to children and many of these were of good quality and identified appropriate control measures which supported staff in the day-to-day management of risk in the centre. However, inspectors found some risk assessments which did not contain an accurate description of the risk and some risk assessments were not held on children's files. The risk assessment forms used in relation to children did not record the level of risk as high, medium or low in order to prioritise response. Inspectors found safety plans being used to manage particular risks to individual children and these safety plans were of good quality and regularly reviewed. Risk assessments were carried out in relation to centre risks and many of these were of good quality however the process for reviewing centre risks was not clear. The centre manager said that the section in the centre governance report in relation to centre risks was being used as the risk register for the centre. Inspectors reviewed this and found that it did not sufficiently constitute a live risk register for the centre. Risks were not graded and this meant that the reduction or escalation of risk was not clearly reflected over time.

Inspectors found that there were appropriate systems in place to record, report and review significant events. Inspectors reviewed the significant events register and saw that there had been 106 significant events since the previous inspection. Records showed that significant events were well managed in the centre and notified to all relevant parties. There was evidence of good follow-up individual work being carried out with children. There was a system in place to review significant events for learning and practice. The deputy centre manager said that all significant events were reviewed at a local level by the designated significant event notification co-ordinator and centre

manager and/or deputy centre manager. The decision would then be made to either review the significant event at the team meeting or to refer it to the area significant event review group (SERG). The centre manager said that recurring significant events were usually reviewed at the team meeting while less frequent significant events referred to the area SERG. However, records did not always clearly indicate which significant events were reviewed locally or regionally or the criteria for referral to SERG. Inspectors found that when significant events were reviewed at the area SERG, the centre implemented the recommendations made.

There were improvements made in relation to the quality of supervision records since the previous inspection. Staff received regular supervision in line with policy and when there were delays in supervision taking place, the reasons were clearly recorded. Inspectors reviewed a sample of supervision records and found that they were of good quality and consistently signed by the supervisor and supervisee. Records showed good discussions about the needs of young people as well as professional development and support issues. There was evidence that issues discussed at one supervision were followed up at the next supervision.

The previous inspection found that improvements were required in relation to the quality and effectiveness of weekly team meetings as a forum for communication between staff and managers. Since the previous inspection, a new team meeting template was introduced to the centre in order to provide improved structure to meetings and to ensure adequate recording of decisions and actions needed. Inspectors reviewed a sample of team meeting minutes and found that improvements were made in relation to the quality and content. Inspectors found a variety of relevant issues being discussed at team meetings including significant events and feedback from local and area SERG meetings, child protection concerns, learning from fire drills, medication and feedback from regional management meetings. Records showed that there were other effective systems in place to communicate across the team including handover meetings, the handover book and children's daily logs.

**Judgment:** Requires improvement

## **Acknowledgements**

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