

## 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 South CRC
<b>Centre ID:</b>	OSV-0004189
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0017174
<b>Lead inspector:</b>	Patricia Sheehan
<b>Support inspector (s):</b>	Sharron Austin

## **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:
01 June 2016 09:30	01 June 2016 17:00
02 June 2016 09:00	02 June 2016 14:00

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>	Requires improvement
<b>Standard 6: Care of Young People</b>	Meets standard
<b>Standard 7: Safeguarding and Child Protection</b>	Requires improvement
<b>Standard 10: Premises and Safety</b>	Significant risk identified
<b>Theme 3: Health &amp; Development</b>	
<b>Standard 8: Education</b>	Meets standard
<b>Standard 9: Health</b>	Requires improvement
<b>Theme 4: Leadership, Governance &amp; Management</b>	
<b>Standard 1: Purpose and Function</b>	Requires improvement
<b>Standard 2: Management and Staffing</b>	Requires improvement
<b>Standard 3: Monitoring</b>	Meets standard

## Summary of Inspection findings

The centre was located on the north side of a city in a single story building in a residential area. 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, 2 parents, 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  
significant risk was identified under one standard.

Effective centre governance had been compromised by the considerable disruption to established management structures since November 2015. Interim measures had been put in place by senior management to manage this disruption. At the time of this inspection, HIQA were informed that there was a review of previous governance arrangements underway. Line managers of the centre informed inspectors that the care of the children at the time of inspection had not been impacted by this. The outcome of this review was not known at the time of writing this report. The staffing compliment was not at full capacity and required review and the deficits in staff training had not yet been sufficiently addressed. Management systems needed improvements as did quality assurance and risk management.

Overall children were appropriately admitted to the centre. They were encouraged to pursue their hobbies and interests and provided with emotional support. Constructive relationships between children and staff promoted positive behaviour. Every child had a social worker and measures were in place to safeguard and protect children but improvements were required in meeting all of the statutory requirements.

Children were aware of their rights, treated with respect and consulted about decisions. However, children did not have access to child friendly information on their rights, such as how to make a complaint and how to access their information.

The premises required a number of significant improvements and major refurbishment, as it was not well maintained and this had been an identified deficit in the previous inspection. The design and layout of the centre was not adequate to fulfil its stated purpose of accommodating a maximum of five children.

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. Medicine management practices required improvement.

The provider is required to address a number of recommendations in an action plan which is published separately to this report.

## Inspection findings and judgments

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

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

Children were aware of their rights, treated with respect and consulted about decisions. However, children did not have access to child friendly information on their rights, such as how to make a complaint and how to access their information.

### **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 told inspectors that they felt respected and were aware of their overall rights. General information about the centre, rules and services available, was provided. Also, there was a leaflet on an advocacy service and a complaints form. However, there was insufficient child friendly specific information regarding rights and how to exercise those rights. Inspectors did not observe any information about rights on display in the centre and children were not clear on their right to access their file information.

Overall, inspectors found that the level of consultation with the children was adequate. Children exercised choice in areas such as the food and meals they liked and the activities they participated in. They attended their 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 sought about the running of the centre and children told inspectors that they were consulted about aspects of day-to-day living. Records showed that house meetings were held weekly and children's attendance and views were recorded. There was evidence that some issues were addressed but the follow up to all of the children's issues was not always clearly recorded. Observations, interviews with staff and children and written key work sessions demonstrated a good level of consultation with children about important issues in their lives.

Children were afforded the privacy of a single bedroom and staff told inspectors of the ways they preserved the children's privacy and dignity. For example, children were not disturbed if their bedroom doors were closed and there had been recent discussions about children having keys to their own rooms. Inspectors observed that children had mobile phones and made telephone calls in private. Each child had two key workers with whom they could communicate on personal matters. Children confirmed that their privacy was sufficiently protected. Parents told inspectors that their children were treated with dignity and respect.

Inspectors examined the complaints register and saw that only one complaint had been made in the 24 months prior to inspection. Social workers who spoke with inspectors said that when they came to the centre they asked children if they had any issues and the children in the centre at the time of inspection confirmed that they had not made any complaints. Inspectors reviewed the handling of the single complaint and found that the child had signed to say he was happy with the resolution. Children had access to complaint forms but child friendly information regarding the complaint process, to support the child in making a complaint and specifically the next steps if the child was not satisfied with the complaint resolution, was not available.

**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.

Overall children were appropriately admitted to the centre. They were encouraged to pursue their hobbies and interests and provided with emotional support. Constructive relationships between children and staff promoted positive behaviour. Every child had a social worker and measures were in place to safeguard and protect children but improvements were required in meeting all of the statutory requirements. The premises were not well maintained and required major refurbishment which had been an identified deficit in the previous inspection. The design and layout of the centre was not adequate to fulfil its stated purpose of accommodating a maximum of five children.

### **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 of children were well managed. There had been three admissions to the centre and one discharge in the 12 months prior to the inspection. Procedures in place regarding admissions ensured that the current placements were suitable and safe. Care files reviewed demonstrated that sufficient information was given to the centre prior to a child's placement. Children who met with the inspectors said that they got information about the centre in a leaflet/booklet form and knew what to expect while living there. A regional admissions committee met to review referrals and decide on the most suitable placement. Staff said that generally adequate information about the children prior to their admission was provided. 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 and children said they understood the reasons for their admission.

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 behaviour and a review had not been carried out following this unplanned ending. This meant an opportunity was missed to reflect on why the placement had broken down in order to share the learning with the staff team.

Inspectors found that improvements were required in terms of meeting all the statutory requirements. Every child had a social worker although for two children there had been a gap of a few months when their social worker changed. This gap was filled temporarily by a team leader. Care planning and review processes were within timescales but decisions and recommendations from child in care reviews and updated care plans were not evident on all files. Children and parents confirmed participation in care planning and review processes but said they were unsure if they got a copy of the care plan. A lack of timeliness regarding the future plan for two children was acknowledged by the social work department and assurances were provided that this was now being addressed. Inspectors reviewed placement plans and found that they were extremely basic with no evidence of the child's involvement in them.

Planning and preparation for young people leaving care was insufficient. While the centre promoted some independent living skills such as doing laundry, making appointments and opening bank accounts, none of the three children who were aged 16 and over had an after care worker or a leaving care plan in place. One child had been referred to the after care service in May 2015 but remained on a waiting list. One child was in the process of moving out of the centre and although there was a good level of detail regarding the logistics of the move, there was no comprehensive transition plan in place. The other two children had not been referred to the after care service in line with national policy.

Children were supported to maintain relationships with their families. Family access arrangements were in place and met children's needs and inspectors observed children, two of whom were siblings, coming and going on family visits. Parents told inspectors that they were kept well informed about their children and were encouraged to visit the centre.

A senior psychologist within the service provided specialist support to the children as required. Staff said that since January 2016 the psychologist had commenced attending staff meetings on request and this new arrangement meant that the staff team could be supported in the provision of consistent care to the children. Observation by inspectors of interactions between staff and children indicated good quality relationships. Parents and social workers said that they found relationships were good and that the children were well cared for by the staff team. Interviews with staff and children demonstrated that staff provided support to meet children's emotional needs although for one child only two key work sessions had been recorded to date since January 2016. Key work sessions were not all signed by the child and were sometimes hand written and not easy to read and understand. Records of key work sessions with children prior to January 2016 were not available in the centre.



Records available to inspectors were organised and contained all information required by the regulations although there was some record keeping duplication. However, some records were not accessible to inspectors and were submitted shortly after the inspection. Children's records were securely held, stored and archived.

**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 had opportunities for leisure activities and were encouraged in their hobbies and interests. Children described recent outings they had enjoyed and some of the children told inspectors about the individual opportunities that were provided with in order to achieve their potential in various sports. Children had a choice of activities, as evidenced by a review of daily logs and other records. Children's achievements were appropriately acknowledged in the centre.

Food was varied and the housekeeper took into account children's preferences. Food logs had recently been introduced as a means of ensuring nutritious meals. Children told inspectors that the food at the centre was good. Inspectors saw that fridges and food cupboards held a variety of food and fruit.

Staff told inspectors that none of the children currently living at the centre had behaviour that challenged. There were consequences for negative behaviour with sanctions recorded in daily logs and the children understood the behaviour expected of them. Inspectors found that there was a focus on positive relationships between staff and children. Care staff and the housekeeper were observed to interact respectfully, warmly, and appropriately with children. Social workers confirmed that staff used relationships well to promote positive behaviour. Staff gave examples to inspectors of how they were alert to signs of bullying or racism among the children and how this was managed.

Staff were trained in Tusla's approved approach to crisis intervention as part of the behaviour management model in place. Individual crisis management plans were completed and kept up-to-date and inspectors found that the planned interventions to manage behaviour were adequate. Parents were satisfied with how behaviour was managed. Inspectors reviewed the significant events register and found that there had been no restrictive practices during the 12 months prior to this inspection. The interim centre manager confirmed that there had been no restrictive practices or the assistance of An Garda Síochána (Ireland's National Police Service) sought to manage behaviour. Inspectors saw that there had been 33 significant events for the 12 months prior to this inspection and found that these events were notified appropriately to all the relevant

people and were well managed. When a decision was made that a life space interview was not required following a significant event, this was not always clearly recorded.

There had been no missing from care incidents and individual absence management plans were in place and staff followed policies and procedures when children left the centre without permission. There had been 13 incidents relating to two children absent without authority in the 12 months prior to this inspection. The allocated social workers were satisfied that these incidents were well managed and were no longer occurring.

**Judgment:** Meets standard

#### **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**

Staff had a good understanding of child protection and were knowledgeable of the national policies and procedures in line with Children First (2011) when responding to allegations and concerns for children in residential care. There had been no child protection reports completed in the 12 months prior to this inspection and the interim manager confirmed that there had been no such concerns. However, records showed that the majority of staff were not up-to-date in Children First (2011) refresher training. Inspectors spoke with the designated child protection officer who said that she assisted staff in decision making about reporting concerns but had not received any specific training on this role and responsibilities.

Staff told inspectors that prior to January 2016 they had not been confident in expressing concerns nor were they aware of the protected disclosure legislation. Since then, they received a briefing on the policy and there was evidence that staff had signed off on the policy, which was confirmed by the interim service manager. Staff implemented safe care practices and ensured that the individual needs of children were met and that children were safeguarded. Children spoken to said that they felt safe in the centre and that they were made aware of self protection and inspectors saw some examples of individual pieces of work on this subject. 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. Parents reported that they found the service safe.

**Judgment:** Requires improvement

#### **Standard 10: Premises and Safety**

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

## **Inspection Findings**

The premises required a number of significant improvements to ensure it met children's needs and was suitable for its stated purpose. The centre comprised; four children's bedrooms that did not have en-suite facilities, an additional bedroom that was being used as a games room at the time of inspection, a living room, a dining/kitchen area, a laundry room, two toilets, two bathrooms, one of which had a toilet and bath and one with a toilet and shower. In addition, there were two staff bedrooms, a staff bathroom and an office. There was an outside garden area at the back of the house and a paved area at the front.

Overall the accommodation space was insufficient for five children. One bedroom was smaller than the others. There was not enough communal space and as a result one of the bedrooms was used as a games room. There was no facility for parents, social workers or staff to meet with the children privately, resulting in one of the staff bedrooms being used for this purpose.

Bedroom and communal living areas required major refurbishment which had been a deficit from the previous inspection. The action plan from that inspection outlined the improvements that would be made but this had not occurred although in the past few months, a new television had been purchased for the games room and a couch ordered for that room. Bedrooms needed to be repainted, bedroom floors did not have carpets, and the furniture in communal areas was in a state of disrepair. For example, there was a couch in the dining area covered with a rug as it was ripped in several places. Furniture in the staff office was also in a bad state of repair.

Staff said there were major issues with heating and the centre was cold in winter and that some of the windows leaked. The inspector observed that the radiators in the children's bedrooms were very small for the size of the room. The centre had a large back garden but apart from the cut grass, it was not well maintained. There were no outdoor garden furnishings, the wooden deck required repair and a garden shed needed refurbishment and clearing out. A smell from a neighbour's garden as a result of decaying dog food had been reported to the local authority. The centre was not clean. There was no internet service or a computer available for the children to use although staff said that they planned to submit a request for this to be addressed. Inspectors found that routine maintenance issues were generally addressed but procedures were somewhat loose with no log maintained to track requests and the date they were made.

During the inspection the interim centre and service managers referred to a recent minor capital funding request which had been approved but the funds not yet released.

The centre was adequately insured and vehicles were suitably equipped, insured and serviced. There was an up-to-date health and safety statement although no environmental risk assessments were evident as part of this statement. Records showed that there were no staff with up-to-date first aid training or manual handling.

There were a number of precautions against the risk of fire in place. There was evidence of checks carried out on upholstered seating and furniture and some certificates available regarding fire retardant material in curtains and bedding. A fire safety register was in place and there was adequate fire equipment, which had been

serviced. There were procedures in place to ensure a safe evacuation and exit signs with the means of escape unobstructed. Records were kept which included details of fire alarm tests, fire fighting equipment and fire drills. While staff and children confirmed to inspectors their participation in fire drills, written records of drills did not state who took part and how long the drill took. Annual fire safety training was provided but five staff were not up-to-date although training had been scheduled. There was a letter of confirmation from a certified engineer that the centre complied with fire safety and building control requirements, dated 2008. There was no overall fire safety policy which is addressed in Theme 4.

**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. Medicine 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**

Children's educational needs were assessed and informed their educational programme. Children were supported to attend school and encouraged to complete state examinations and participate in further education or vocational training. There were two children in full time education, one child participating in a programme funded by the Department of Education and Skills and one child who had been referred to a number of vocational programmes but at the time of inspection was not continuing with any of them. The allocated social worker confirmed to inspectors the various efforts made to engage this child over a long period of time. The child told inspectors that he was working on his curriculum vitae with the aim of getting a job.

Educational needs were outlined in care plans and placement plans although the content was very brief in the latter. There was evidence from interviews with staff, of a focus on helping the children to achieve their potential, in terms of educational outcomes.

There was evidence on file of communication and engagement between staff and the educational placements. Children were continuing in their educational placements that had been in place before admission. Educational assessments were reviewed by inspectors and, with the exception of one child recently admitted, there were

attendance and school reports on file showing progress.

Educational or vocational achievements were valued and inspectors saw records and certificates of achievements on children's files alongside state examination results.

**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. Medical records, stored in a confidential folder for each child, were maintained for each child and health care assessments, though quite brief, were incorporated into the placement plans. Inspectors reviewed children's files and found that a medical examination on admission was completed for each child. While in the centre, children had access to a General Practitioner and ancillary health services, such as dental and optometry. Medical card details were kept on file. However, files did not have comprehensive medical histories or records of immunisations.

A healthy lifestyle was promoted in the centre. Inspectors spoke with children and reviewed the daily logs and found that there was evidence of many suitable activities, with children participating in sports and hobbies. The centre facilitated access to health education programmes on topics such as alcohol/substance misuse, as required.

Medicine management practices required improvement. There was a medication policy dated 2015 relating to the prescribing, storing, administration, and disposal of medicines. Records of prescriptions were not maintained on file. The quantity of medicines given and returned between family members and the centre while children were on access visits was not recorded. Some of the medicine administration records reflected medicine administered during an access visit but it was not possible for staff to be assured such medicines had been taken by the child as it did not occur in the centre. A range of over-the-counter medicines was kept in stock but the record keeping of these products was not sufficiently clear. Staff had not received training on the safe administration of medicines and there was no evidence of audits to ensure appropriate medicine management practices. There was duplication of record keeping with medicines administered also recorded in daily logs.

**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.

Effective centre governance had been compromised by the considerable disruption to established management structures since November 2015. Interim measures had been put in place by senior management to manage this disruption. At the time of this inspection, HIQA were informed that there was an investigation underway in relation to previous governance arrangements. Line managers of the centre informed inspectors that the care of the children had not been impacted by this. The outcome of this investigation was not known at the time of writing this report. The staffing compliment was not at full capacity and required review and the deficits in staff training had not yet been sufficiently addressed. Management systems needed improvements as did quality assurance and risk management.

**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**

While the statement of purpose and function specified the service, its basis in legislation and the model of service delivery, the date of it's approval was unclear and much of the content was out of date. For example, the statement referred to the Health Service Executive and not Tulsa, the Child and Family Agency. As it was part of a 50 page document incorporating various policy statements, it was not accessible to children and families.

As the statement was out-of-date, inspectors found that the operation of the centre did not reflect the statement of purpose and function. For example, there was no reference to the regional admissions committee and their central role in admissions. The ability to accommodate up to five children was compromised by the lack of adequate communal space.

**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**

Management structures within the centre were found to be in a state of considerable disruption and change. The regional manager told inspectors that due to the resignation of the centre manager in November 2015 the centre was managed for two months by the deputy manager. In January 2016 the interim service manager took over the centre management role when the deputy manager left. In February 2016, a child care leader then became the interim centre manager. At the time of inspection, this interim arrangement was ending in June 2016. Interviews were scheduled for a centre manager on a one year fixed term contract basis pending the filling of the post on a

permanent basis by way of a national competition. In the meantime, the interim Service Manager had returned to managing the centre. At the time of this inspection, HIQA were informed that there was an investigation underway in relation to previous governance arrangements. Line managers of the centre informed inspectors that the care of the children had not been impacted by this. The outcome of this investigation was not known at the time of writing this report.

Inspectors found that while the child care leader who temporarily took up the interim centre manager post provided leadership at a time of unanticipated change, some key management systems needed improvement and the interim centre manager had prioritised shift evaluations, staff meetings, supervision and training of staff in order to ensure a safe service. He was held accountable for service delivery and there was evidence that he reviewed files and records routinely. Staff told inspectors that since the management changes they felt better supported now and that there was more accountability than there had been before. Regular meetings between the interim centre manager and service manager were taking place.

Many of the operational policies relating to the care of young people were not up to date. Staff who were interviewed, while aware of their roles and responsibilities, did not know of any national residential care policies and procedures and guidelines available on the Tusla intranet site. There was no record of staff meetings prior to January 2016 and staff said that under the management structure at that time staff meetings were extremely rare. The minutes of weekly team meetings since then reflected agenda items such as health and safety, risk, incident reviews, the children, and children's meetings. Minutes were emailed to staff although it was not clear if they were routinely read as the number of computers available to staff were limited. Inspectors observed a staff meeting and found that the agenda was varied and that there was open discussion. A review of meeting minutes showed that the agreed actions and the person responsible were not clearly recorded and the next meeting did not review the agreed actions from the previous meeting, making it difficult to track progress of actions and outcomes for children.

There were some governance systems now in place that provided a good level of centre oversight. Alongside an electronic register of children placed in the centre, monthly governance reports relating to staffing, the risk register and data concerning care of the children were completed by the interim centre manager and provided to the service manager and regional office. Given the disruptions to the management structure staff confirmed that there had been a number of centre visits by the regional manager and service manager. The interim centre manager confirmed support provided at more senior levels. However, there was no evidence of an on going quality assurance plan, in order to implement improvements.

There were some systems in place for risk management. Inspectors examined the risk register and saw that the five risks recorded had been created in February 2016. Control measures taken and the additional controls required were recorded and risks that could not be managed by the centre were escalated to regional level. The service manager told inspectors that staffing deficits had been escalated and a response received. Staff interviewed showed a good awareness of risk on an individual basis regarding the children. However, a risk management framework was not sufficiently developed to ensure that all risks were risk-rated, prioritized and responded to in a

systematic way. For example, the risks regarding core training requirements not being met had not been recorded and controls identified.

Inspectors reviewed the register of significant events which had only been in existence since June 2015. These events were well recorded and appropriately managed and a timely notification system was in place. Incident reviews did not take place. The policy document governing incident reviews was out of date and it 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 although one staff member required their vetting to be updated, as it was 10 years old. Assurances were provided to inspectors that this would be addressed immediately. There were appropriate references and the majority of staff had a social care qualification but three personnel files did not contain copies of qualifications. A small number of staff did not have any qualification and the interim centre manager was not aware if any plan was in place to address this.

Inspectors found that the staff at time of inspection were a consistent and established team and staff handovers were comprehensive. However, the staffing compliment was not at full capacity. Staff told inspectors that having less than the full compliment of staff sometimes impacted on the children's activities. Staff and managers said that as a result of various types of leave, a recent transfer and the interim management arrangements, the compliment of 14 whole time equivalents had been reduced to nine. Inspectors reviewed the staffing rotas and found that on the second day of inspection the rota did not match the actual staff working. The rota showed three staff working 7.15 am to 1.15 pm but inspectors saw that only two staff were working that shift. The interim centre manager explained that the practice was that if one of the sleepover staff was awoken by a child during the night, their shift the following morning would be reduced. Consequently the shift on the second day of inspection was staffed with two care staff and not three as shown on the rota. Inspectors found that on that day there was no risk to safety as a result of the shift not being fully staffed. The regional manager informed inspectors that the practice of how staff sleepovers was managed was under review.

Staff had not been receiving supervision in line with national policy. Inspectors reviewed a sample of supervision records and found there was no evidence of supervision throughout 2015. Records of sessions were evident for each month since February 2016 although the quality of the supervision varied. Not all staff who carried out supervision had completed supervision training and in addition not all staff receiving supervision had received supervisee training.

Inspectors found that training records were not kept and there was no evidence of training plans or a completed training needs analysis. Apart from training in the approved method of crisis intervention and fire safety, not all staff were up-to-date with their mandatory training, for example child protection, manual handling or first aid. Staff members in the role of health and safety representative and fire safety officer had not received any training for these roles. Staff told inspectors that training opportunities had been very limited under the management structure prior to January 2016. The interim service manager told inspectors that as soon as the training deficits became apparent he had proceeded to arrange for the necessary training to be scheduled but at



the time of inspection staff had not received all necessary training to meet the needs of the children.

**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 most recent monitoring inspection occurred in February 2016 and inspectors reviewed the most recent report. Two issues relating to the appointment of a permanent manager to ensure stability and the need for support and supervision to the interim manger by the service manager were identified. Staff told inspectors that monitoring reports completed prior to February 2016 were not accessible to them, and that they had rarely been spoken to during these visits.

**Judgment:** Meets standard

**Acknowledgements**

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