

## 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 DML CRC
<b>Centre ID:</b>	OSV-0004201
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0018213
<b>Lead inspector:</b>	Eva Boyle
<b>Support inspector (s):</b>	Erin Byrne

## **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:
18 October 2016 09:30	18 October 2016 17:30
19 October 2016 08:00	19 October 2016 13:00

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>	Meets standard
<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>	Meets standard
<b>Standard 10: Premises and Safety</b>	Meets standard
<b>Theme 3: Health &amp; Development</b>	
<b>Standard 8: Education</b>	Exceeds standard
<b>Standard 9: Health</b>	Meets standard
<b>Theme 4: Leadership, Governance &amp; Management</b>	
<b>Standard 1: Purpose and Function</b>	Meets standard
<b>Standard 2: Management and Staffing</b>	Requires improvement
<b>Standard 3: Monitoring</b>	Meets standard

## Summary of Inspection findings

The centre was on the outskirts of Sligo town. It was located in a two storey detached house. The house consisted of six bedrooms with a garden and external parking area. The centre provides residential care for four children from the age of 13 to 17 years, on admission and a child under 12 could be admitted in exceptional circumstances. At the time of the inspection, there were 2 children living in the centre.

During this inspection, inspectors met with or spoke to 2 children, managers and staff. Inspectors observed practices and reviewed documentation such as statutory care plans, child-in-care reviews, relevant registers, policies and procedures, children's files and staff files.

Inspectors also spoke with the two children, three staff, centre manager, regional manager, after care worker, guardian ad litem and the social worker for the two children.

Overall, the children received good quality care that was delivered by an experienced staff team and manager. There was good quality communication and interaction between children and staff. The centre was homely and well-maintained. Children's rights were promoted. They had good access to advocacy both internally from staff and also by their court appointed Guardian ad Litem. Children's complaints were listened to and were acted on in a timely manner by the centre manager.

Children were safe and there was good quality safeguarding systems in place in the centre. The emotional, behavioural, health and educational needs of children were promoted and facilitated by staff.

The centre manager and staff team had implemented the majority of action plan from the last inspection. New placement planning processes were in the early stages of implementation. Children's care plans were reviewed regularly, but there were delays in their onward placement planning. There were some gaps in staff training and staff files were not available within the centre.

## 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**

Children's rights were respected. The staff team promoted a culture of respect whereby the expectation in the centre was that there was mutual respect between children and staff. Inspectors observed this in practice through communication, but also in centre records.

Children were encouraged and facilitated to exercise their rights. They were aware of their right to be heard, to their privacy, to complain and to education. Inspectors found that staff had completed extensive work with the children on their rights including ensuring their understanding of the information relating to their rights. Inspectors found that the children had accessed their information and while they had not done so recently, children had made amendments and written into their logs in the past.

Staff supported children in accessing independent advocates and they also strongly advocated on behalf of the children. Both children had access to a court appointed guardian ad litem. In addition, they had information on the independent advocacy service, Empowering People in Care (EPIC), and one child had attended events run by EPIC. A member of the staff team also had specific responsibility for advocating on behalf of children. The staff team encouraged the children to be involved in events run by EPIC. In addition, the staff team had received a briefing by EPIC.

Children were consulted in relation to their care. They completed consultation forms prior to their child in care reviews, they spoke to the staff team about any issues arising. Children participated in regular children's meetings called gatherings, during which they took it in turns to chair the meeting and record minutes of discussions and decisions. Inspectors reviewed these minutes and found that children lead the agenda and a variety of topics were discussed including, smoking and complaints policies, behaviour and respect, advocacy, the running of the centre and foreign travel.

The majority of children's complaints were well managed and recorded on the complaints log. There were three complaints logged by staff since the last inspection.

All three were closed. Two complaints were made by children and one complaint was made by a party external to the service. This complaint had come through the national Tusla complaints management system. The process for the investigation and resolution of complaints was well recorded. The centre manager had signed off on the complaints log, as had the monitoring officer and the regional manager for residential care. Inspectors found one issue where a child had been dissatisfied that had not been recorded on the complaints log and this related to a period where children did not have access to the usual range of television channels. The centre manager told inspectors that this had occurred when technical difficulties arose when there was a change of provider. She outlined that the issue was resolved, but it had been outside of the centre's control.

**Judgment:** Meets standard

### **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**

There are effective policies and procedures in place for admissions into the centre to ensure placements are suitable and safe. There had been no new admission to the centre since the last inspection. Three admission referrals were received by the centre manager since the last inspection. Admission procedures were followed and impact risk assessments were completed on new referrals. These assessments looked at the needs of the children referred and the potential impact of the admission of these children on current residents. The assessment included recommendations in relation to the suitability of the child referred for placement in the centre. Inspectors reviewed two of these assessments completed by the children's social worker and were found to be comprehensive. A new admission referral was being considered by the centre manager.

Both children had an allocated social worker and they were visited in line with regulations. Inspectors found children's records were reviewed by their children's social worker.

The majority of child in care reviews had been held within the requirements of the Child

Care (Placement of Children in Residential Care) Regulations, 1995 and care plans were of good quality. Despite this, one child was aged 12 years, they were due to be reviewed on a monthly basis, but inspectors found that no review had been held in May or August 2016 in regard to this child. The staff team prepared a good quality report outlining children's needs and their progress in their placement in preparation for child in care reviews. Children were also consulted in relation to their views and they chose whether they would attend their review meetings.

Despite regular reviews occurring on the planning of children's care and children's care plans being of good quality, the onward planning for children required improvement. There were delays in meeting the overall objectives of identifying a foster placement for one child. While, it was evident that efforts had been made by the social worker to achieve this objective, no definite option had been found. There were delays in the centre receiving care plans. The centre manager had raised this matter with the independent chair of child in care reviews and also the relevant principal social worker and was awaiting a response.

New placement plans were in the early stages of implementation in the centre. Placement planning meetings were held between the social worker and the centre team. The key goals for children were agreed on. Inspectors found that new processes around placement planning were recently introduced. Staff had been trained in placement planning in August 2016. One placement plan had been completed for one child in the new format in September 2016 and the centre manager told inspectors that she was waiting for feedback on the plan from a senior manager prior to fully implementing them in the centre. The placement plan was of good quality and outlined the key objectives and needs of the child. It was in line with the overall objectives of the child's care plan. The regional manager told inspectors post inspection that placement planning processes were being implemented throughout the region currently and that she also had provided feedback on the process to the national office.

Children were encouraged and facilitated to have contact with family and friends where appropriate. The children's siblings visited the centre, and some siblings had overnight stays in the centre. Staff facilitated a sibling visit external to the centre during the inspection. There was a schedule of visits planned with siblings and parents. Staff and social workers were respectful of the wishes of children in relation to whether they chose to attend visits with family members.

The quality of emotional care and support for young people was good. Inspectors found the children were supported at times of crisis and that professional support was appropriately sought when required. Despite this, a child was waiting for the services of a play therapist for 11 months. The centre manager told inspectors that there were few play therapists in the area, and she was concerned that the window to engage the young person in play therapy may be limited. Keyworkers completed good quality work with young people in relation to supporting their emotional well-being and dealing with stresses in their lives.

Discharges were well- planned. Since the last inspection, one young person was discharged post their eighteenth birthday. Inspectors reviewed the discharge records and found that the staff team had regular contact with the young person's aftercare worker and social worker prior to discharge. The staff team reviewed the placement of

young people when they were discharged. This was an effective means of reviewing outcomes for the young person. Staff told inspectors that they had contact with the young person after their discharge.

There was some preparation for leaving care and aftercare planning completed. However, there were no written records outlining the young person's aftercare needs or preparation for leaving care plan. Inspectors were told by the young person's aftercare worker that an aftercare needs assessment and preparation for leaving care plan had been completed in November 2015 with the young person and had been signed and approved by the young person. The aftercare worker told inspectors that these were available on the child's aftercare file and had been made available to the centre. The centre manager confirmed that the child's preparation for leaving care plan had been completed and that the key worker was in regular consultation with the aftercare worker in relation to prioritising and completing of actions as part of her preparation for leaving care as well as, finalising an aftercare plan. A child in care review was scheduled for the young person a week after the inspection. The social worker told inspectors that aftercare work would be focused on at this meeting and in the coming months. The staff team were completing work with the young person, on issues such as preparation for their driver theory test, saving for specific goals and some cooking. The young person was aware of the aftercare plan being pursued.

Children's files contained the majority of information as required by the regulations. For example, health information, information in relation to school progress, and records of visits by social workers were contained in files. A placement plan were not available on one child's records. Children and young people's current files were stored securely.

**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**

Staff members encouraged children to try out new activities and expand their interests and develop their self-confidence. Both children were involved in a wide range of activities in the local community such as football, drama, hip hop and athletics. The staff team supported and facilitated the children in their involvement in attending events outside of their local community. The routines of the house were planned around the activities of the young people.

The achievements of children were marked and celebrated. Staff proudly told inspectors about the children's successes in their hobbies and inspectors found that these achievements were celebrated by the children and staff team.

Children's friendships were encouraged and promoted. Friends were welcome to visit

the centre. Both staff and a young person told inspectors that they planned to make a birthday cake for a friend and they were going to decorate the sitting room to celebrate their friend's birthday. Children went on outings with their friends and visited friend's homes. Children chose how they would celebrate their birthday or other significant events in their lives.

Staff encouraged children to eat healthily and as a result children had a nutritious and varied diet. There was a wide variety of healthy food available in the centre. Meal-times were sociable occasions whereby children and staff shared their meal and stories of their days. Inspectors observed that staff ensured that children had their dinner earlier on days where they had appointments or activities.

Children's rights were respected in relation to their gender, culture, diversity and religious needs. The staff team were positive role models for children. They sought external support in relation to children's cultural backgrounds as required. The team were creative in how they worked with children on issues such as diversity. Direct work was completed by staff with children in relation to their backgrounds of origin. Children were supported to practice their religion.

Behaviours that challenged were managed well. All staff were trained in a model of behaviour management. Physical restraint was not used in the centre. It was evident that the staff team regularly discussed behaviours that challenged at their handover and team meetings, so that the team were consistent in their messages to the children around the expectations of their behaviour while in the centre and in the staff team's management of behaviour.

All children had up to date good quality individual crisis management plans. Individual risk assessments were completed and regularly reviewed by staff and the centre manager.

There was good oversight of significant events by the centre manager. Four significant events occurred in the centre since the last inspection. The staff team dealt with these events appropriately and sensitively as they engaged the child in working through their issues to achieving a positive outcome. They consulted with external professionals such as the social worker and the child and adolescent mental health team in order to support the child. Significant event reports were also sent to the regional manager for review and feedback as required.

The majority of sanctions were used appropriately to address behavioural issues. Positive reinforcement was used extensively by the staff team to reward children for good behaviour and to acknowledge achievements. The centre manager and the regional manager reviewed the sanctions/rewards log and the regional manager had recently queried one sanction, where a young person was docked money from their pocket money. This issue was to be followed up for discussion by the staff team post inspection.

**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**

Children were safe and there were good safeguarding measures in place to protect children. All staff were trained in Children First (2011). The centre manager was the designated liaison person and the staff team were aware of this. One standard report form (SRF) was completed since the last inspection that related to concerns external to the centre. There was a child protection policy in place which was in line with Children First (2011).

Other safeguarding measures in place were good quality absence management plans, restricted access to internet sites, cyber-bullying and bullying awareness. Inspectors found that the staff team were pro-active if they had safeguarding concerns and followed these up directly with their manager and children's social worker as appropriate. The staff team completed individual work with children that promoted their self-protection. No child had been absent from the centre without permission in the 12 months prior to inspection.

There was a whistleblowing policy in place and staff were aware of it.

**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 children, staff and visitors was promoted. The centre had an up to date health and safety statement that referenced the relevant legislation. A member of staff was the health and safety officer. Two staff members were trained in health and safety.

Inspectors observed a number of safety measures which had been put in place such as chemicals being locked away as they were assessed as causing potential harm to young people. Regular health and safety checks of the centre were completed by staff. The centre had an external CCTV system in operation and there was signage in place in this regard.

The centre was homely, nicely decorated and well-maintained. The centre had sufficient space for children and young people to have visits from friends, family members or social workers that was private as there was a kitchen/dining room area, and two sitting rooms. Each young person had their own bedroom with an en-suite. There was appropriate and comfortable furnishings throughout the centre.

Maintenance requests were dealt with promptly. A maintenance log was maintained by the centre manager, that recorded the maintenance required and included when the tasks were completed.

The centre was insured appropriately. The centre vehicle was road worthy. It was taxed, insured and had an up to date NCT. Records of car repairs were held in the centre.

Risks were appropriately identified, recorded and managed by staff. Environmental risk assessments were completed and risks were categorised effectively. Individual children were risk assessed but no associated risks were assessed to be high, which was appropriate. Some staff members were trained in risk management. The team were waiting for a national policy on risk management to be implemented.

There were appropriate precautions taken against the risk of fire. There were effective means of escape from the centre, and the arrangements for detecting, containing and extinguishing fires, and maintenance of fire fighting equipment was good. The staff team completed daily, weekly and monthly checks of fire fighting and detection equipment. Fire drills were undertaken in line with policy and details were recorded as required. All staff had been trained in fire safety. The centre had written confirmation from a certified engineer or qualified architect that all statutory requirements relating to fire safety and the building control have been complied with. Staff were aware of the centre's emergency plan and contingency arrangements in the event of an evacuation.

Medication was safely stored in a locked medicine cabinet.

**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 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 achievements were celebrated. Both children attended school on a full-time basis and they were in appropriate educational placements. They were supported by the staff team to reach their full potential educationally. Children were encouraged to complete their homework and were assisted by staff when required. Inspectors reviewed records that showed that additional educational supports were

organised by the staff team when required, such as grinds. One young person told inspectors that they had gone on a school trip abroad during the last school year and that they planned to complete their leaving certificate. Staff told inspectors that they were due to attend an award ceremony with one of the children who had been nominated for an award for their contribution to their school.

The staff team had regular contact with the children's school. Positive school reports were celebrated and young people were rewarded by a treat such as a day out.

**Judgment:** Exceeds 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 healthcare needs were assessed and promoted by the staff team. Inspectors found that children had their own GP of choice and had up-to-date medical cards. The medical histories of children, including their immunisation records were contained in their files. One young person was on a waiting list for a minor procedure and the staff team had made arrangements that the child would be available to attend the hospital at 24-hours notice for the procedure. The staff team had the appropriate medical consent in place. The dental needs of children were met. They had regular dental appointments. All required dental work and specialist dental work was carried out in a timely manner.

Children had access when required to a range of allied health professionals, such as physiotherapy and speech and language therapy. Staff ensured that the recommendations of allied health professionals were followed such as a child returned to swimming as it was a recommendation of their physiotherapist.

No children were prescribed medication. Inspectors viewed a sample of administration sheets used in March 2016 and found that they were appropriately completed in line with the centre's policy on medication management.

**Judgment:** Meets standard

#### **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 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 statement of purpose accurately described the service provided in the centre. It outlined the criteria for admission to the centre. The centre manager told inspectors that the statement of purpose would be due to be reviewed again in November 2016. The children's guide to the centre, provided children with clear information on the workings of the centre.

The staff team were aware of the aims of the centre.

**Judgment:** Meets standard

### **Standard 2: Management and Staffing**

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

### **Inspection Findings**

Overall, the centre was well managed and the staff team provided an excellent service to children. Since the last inspection, the majority of actions outlined in the last inspection report had been completed.

There was a clear management structure, but there were days when there was no identified person in the centre with responsibility for the running of the centre. The centre was managed by a suitable qualified and experienced manager. The social care leader deputised for the manager. All staff were aware of the local and national structure of residential care management. However, there were no shift leader identified on each shift, and this was identified during the last inspection. The centre manager told inspectors that following the last inspection they had reviewed their processes and believed that the current arrangements were meeting the needs of the service, as the centre manager worked Monday-Friday from 9-5pm and the deputy manager worked 3 out of 7 weekends. However, there remained periods of time at evenings and weekends when there was no manager or assigned person with responsibility present in the centre. This practice was not optimum and may not be sustainable if the profile of children were different. The manager was available on call to staff, but, this was not a formal arrangement. The centre manager outlined that she generally was not contacted out of hours and this was appropriate given the current profile of the children. However, it probably would not be sustainable if the team experienced a period of disruption or challenging behaviour.

There were some management systems in place. Risk management systems had been developed. Risk was well managed. Two staff members had been trained in risk management. A risk register had been developed since the last inspection. It identified low level environmental risks and it outlined how these risks were mitigated against.

Communication between the manager and the staff team was clear, regular and of good quality. Daily handovers occurred. Weekly team meetings took place where staff were updated on new developments, policies, procedures and individual children were also discussed. Staff told inspectors that the manager's door was always open for both children and staff to talk to her and this was also confirmed by children.

The centre manager had some monitoring and oversight systems in place, despite this some improvements were required. She reviewed centre records, such as daily logs, complaints logs and significant events. However, the complaints log had not recorded all children's dissatisfactions as per the centre's last action plan submitted to HIQA. Inspectors found that on occasions that the centre manager raised issues in relation to records with the individual staff members/the team.

The centre manager reported to the regional manager for residential care. The regional manager visited the centre regularly and had reviewed records within the centre. Inspectors found that the regional manager had identified a number of minor issues during her last visit to the centre, such as an issue regarding a receipt. Inspectors observed that some of these findings were discussed at the team meeting. A monthly governance reporting tool was prepared by the centre manager, this gave a monthly overview of issues such as risks in the centre, staff numbers, training records and significant events. The regional manager met with the centre manager on a regular basis to review the progress of the centre including the management tool.

The centre had a comprehensive suite of policies and procedures in place to guide staff and staff were familiar with these. In addition, the staff team were aware that some new policies would be implemented by the national office in the near future such as an updated medication management policy.

There were a small number of incidents in the centre and there were good quality reviews of the management of incidents in the centre. Significant event notifications were sent promptly to all relevant people. All of these notifications were reviewed by the centre manager and regional manager. A regional significant events group was established in September 2016 and was responsible to review significant incidents that occurred in the centre .

The centre's register of admissions and discharges was accurate and up-to-date. It was in line with the Child Care (Placement of Children in Residential Care) Regulations, 1995.

Staff files were not available for review within the centre. This was the situation at the last inspection also. Centre records outlined that the regional manager had committed to follow this matter up. Despite this, inspectors viewed up-dated garda vetting on all staff. The centre manager held some information on staff but it was not standardised. The centre manager told inspectors that up to four years ago, that she viewed staff files, but this process no longer in place with Tusla human resource department.

The centre manager in consultation with the staff team had identified the training priorities of the team. These were based on the assessed needs of the current children as well as with those of potential future admissions. These were fire safety training, Children First, complaints handling, safe administration of medication, first aid,

restorative practice/justice, caring for young people with an eating difficulty/disorder, the effects of trauma on children and basic information technology skills. Training had been provided or was scheduled for the staff team in six of these areas. However, there were no training dates in place for the other four training needs.

There were some gaps in mandatory training. All staff had received training in fire safety, behaviour management, supervision, ligature cutting policy and practice and Children First (2011). Some staff were scheduled to have training in first aid on the week after the inspection. However, refresher training in manual handling was required for the majority of the staff team. The manager and social care leader had recently been trained in the safe administration of medication and it was planned that all staff would receive training in this area. Training in placement planning had been delivered recently to all staff. Training in other areas such as eating disorders, smoking cessation, cyber-bullying and meitheal had been completed by members of the staff team.

There were sufficient staff employed to work in the centre. The roster reflected that there were 12 staff employed. One consistent agency staff member was used when required. In addition, the centre manager usually worked 9-5pm from Monday to Friday, but this was not reflected on the roster. There was a 'provisional roster' completed up to early December 2016. Two staff members were rostered to commence work at 12 noon, they slept overnight in the centre and worked through until one o'clock the next day. A third member of staff was rostered to start work at 4pm during the week or at 2pm at weekends and they finished at 9pm. As both children attended school on a full time basis, staff had a long period of time in the centre without children in order to complete their other duties.

Staff, managers and the social care leader received good quality supervision. The centre manager and social care leader were trained in supervision and supervised staff. Supervision covered a wide range of issues such as staff well-being, individual children, leave and professional development. Decisions were clearly recorded. The centre manager was supervised by the regional manager and it was evident from records that management related issues were discussed in addition to the needs of individual 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 visited by the monitoring officer in May 2016, and a draft report was completed. However, inspectors did not have sight of this. The monitoring officer told inspectors that the report had been finalised and sent to the national office for approval. Children's records, care plans, supervision and training were reviewed by the monitoring officer. Some minor gaps in training were identified during the monitoring

visit. These issues were discussed with the staff members in supervision.

**Judgment:** Meets standard

### **Acknowledgements**

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