

## 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-0004186
<b>Type of inspection:</b>	Unannounced Full Inspection
<b>Inspection ID</b>	MON-0018397
<b>Lead inspector:</b>	Tom Flanagan
<b>Support inspector (s):</b>	Ruadhan Hogan

## **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:
29 November 2016 09:00	29 November 2016 18:15
30 November 2016 08:00	30 November 2016 17:30

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

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

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

Standard	Judgment
<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>	Requires improvement
<b>Standard 7: Safeguarding and Child Protection</b>	Meets standard
<b>Standard 10: Premises and Safety</b>	Requires improvement
<b>Theme 3: Health &amp; Development</b>	
<b>Standard 8: Education</b>	Requires improvement
<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, according to its statement of purpose and function, provided medium to long-term residential care for up to four children aged between 13 and 17 years on admission. Placements were provided to both males and females. In certain circumstances, placements would be offered to children under 12 years of age.

The centre was located on the outskirts of a city and within a health service campus. A school was attached to the service which provided a specialist education for any boys living in the centre.

The centre was part of the Tusla statutory provision of national children's residential services in the South. 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.

They also spoke to other professionals, including the psychotherapist, the school principal, five social workers, a Guardian ad Litem, an independent advocate and the monitoring officer. It was not possible for inspectors to interview the centre manager, who was on leave at the time of inspection and had not returned to work by the time this report was completed.

Some improvements had been made since the previous inspection which took place in December 2015. The premises had been re-painted, re-decorated and improved in a number of ways. Children's rights had been enhanced by ceasing night-time supervision unless it was required and risk assessed, and by allowing children access to mobile phones and the internet. The health and safety statement and associated risk assessments had been reviewed. A range of policies and procedures had been reviewed and updated. A new system of placement plans and placement support plans had also been introduced.

A number of significant events had occurred in the months leading up to this inspection. The purpose and function of the centre was changed to allow for the admission of girls and an admission took place of a child transferred from another centre. The admission of the child was not adequately prepared for. Incidents that took place during the placement had a major impact on the staff group, seven of whom went on leave because of injuries they sustained. The child was subsequently discharged approximately four weeks later as the centre could not safely meet the child's needs

and the centre was closed to admissions for three weeks to allow for a review of the placement and the de-briefing of staff. The centre was later closed for three weeks in November 2016 to facilitate improvement works on the building and the children were re-located to another premises for the duration of this work.

Inspectors found that children had their needs assessed and, in general, those needs were met. Care was provided by an experienced staff team who were respectful and caring of the children. Each child had an allocated social worker and they were provided with support, encouragement and opportunities for growth and development. Good working relationships existed between centre staff and a range of other professionals involved in the children's care. Four new admissions had taken place in the months prior to the inspection. However, inspectors found that the atmosphere in the centre was quite negative. Managers felt overburdened by administration. Some staff felt unsupported by their managers. Some children told inspectors that they did not want to be in the centre. Staff were finding it difficult to manage behaviours that challenge and this was impacting on all the children, none of whom attended school during the two days of inspection.

The building is institutional in character and it will continue to be difficult to create a homely atmosphere there. The use of two different referral pathways for admission could increase the risk of unsuitable admissions as evidenced by one admission that took place in 2016. The lack of administrative support impacted on the quality of record keeping. Communications from senior managers needed to be improved and staff were not receiving the level of formal or informal supervision that was required. Further improvements were also required in the areas of children's rights, statutory requirements, managing behaviour that challenges, medication management, education, risk management and mandatory training.

The improvements that are required are set out 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.

### **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 were given information about their rights and, in many respects, their rights were safeguarded. The centre manager and staff had changed some practices since the previous inspection in order to enhance children's rights. However, children felt that their right to privacy was not fully respected.

When children were admitted they were given a booklet which contained information on their rights, including the right to make a complaint. Children were aware of their rights and gave inspectors examples of how their rights were safeguarded or not. For example, some children said they felt they had the right to see their families and to access their own records.

A number of practices had been changed since the previous inspection. Children were no longer observed by staff at regular intervals throughout the night unless there was a need to do so and this practice was risk assessed. The centre now provided access to mobile phones and to the internet for children and the team had developed a policy and procedures on electronic communication. There was a record of the centre manager and staff discussing the new social media policy with children and the new policy emphasised the role of the key worker in educating the children in relation to this.

However, three of the children told inspectors that they felt their right to privacy was not respected. They felt that they had little time on their own and could not converse with other children without staff being there and listening to their conversations. One child told inspectors that the children could not be normal teenagers due to staff not giving them enough space. Through observations and through discussion with staff, inspectors found that there was a high level of supervision of children which the children found to be excessive.

One child also told inspectors that they felt they did not have privacy in their bedroom and that they were nervous getting changed lest somebody would walk in. They also

spoke about not having sufficient access to fresh air in their bedroom as one of the windows was bolted shut. Inspectors raised these issues with the interim service manager who said that she would examine the possibility of remedying these.

There were many practices that were child-centred. For example, children were encouraged to engage in planning for their placement and to participate in their child in care reviews. Most of the children were able to visit the centre, meet staff and have an overnight there prior to their placement although this opportunity was not offered to one child whose admission happened more quickly than was usual. Children were also able to access their records and some children had chosen to do this during the previous 12 months.

The centre held monthly children's meetings where children could raise questions and make suggestions about the operation of the centre. Inspectors reviewed the minutes of these meetings and found issues such as the introduction of internet access were discussed and children asked questions about issues such as the level of their supervision by staff. There was evidence of staff answering some of the children's questions while others were referred to the staff team. It was also evident that the centre manager attended several of these meetings throughout the previous 12 months.

There was good practice in relation to advocacy. Children were given information about an independent advocacy service for young people in care. Inspectors spoke to an independent advocate who said that staff were proactive in contacting the advocate when there were children newly admitted. The advocate told inspectors that he had met three of the four children in the centre and was attending the centre the following day to meet the child who had been admitted one week previously. One child also had a Guardian ad Litem appointed by the courts.

There was a centre-specific complaints policy which had been reviewed and updated since the previous inspection. The centre manager was the complaints officer. Information on complaints was available in the young person's booklet and was also provided verbally to the children on their admission. Two children told inspectors that staff had explained about complaints while another child said that they did not know how to make a complaint.

There was one complaint by a child during the previous 12 months. The complaint was investigated thoroughly by the interim service manager but the child had not yet been informed of the outcome as it was deemed not to be in their best interests at that time.

**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**

A new policy and procedures on admissions to the centre was implemented in July 2016. There were two referral pathways for admission set out in the new policy. Referrals were usually made to the admissions committee from the social work departments of the local Tusla area. The admissions committee comprised the centre manager, the school principal, the psychotherapist, the interim service manager, a social work team leader from the local area team and a social care leader. When a vacancy became available, the centre manager contacted principal social workers to notify them of the vacancy. A referral form was then filled out by a social worker who submitted this, along with relevant reports and assessments to the committee, who decided if the referral was appropriate. The referral form was comprehensive which meant that the centre had good quality and detailed information on a child prior to their admission.

According to the second referral pathway, children who were already in the care of community residential services could be transferred from one residential centre to another where the transfer served to provide services not available in the originating placement. The transfer process was managed by interim regional manager or interim service manager in conjunction with the relevant centre managers and social work departments. As the admissions committee did not have the opportunity of considering these referrals, there was an increased risk that children admitted by this second referral pathway might not be suitable for admission to the centre.

While the majority of referrals were considered by the centre's admissions committee there was one admission to the centre in 2016 in line with the second admissions pathway. However, this admission was arranged at short notice and staff told inspectors that they were informed of the proposed admission the day before it took place and that they did not have sufficient information on the child to be admitted or sufficient time to plan for the admission.

There were five admissions and five discharges during the previous 12 months. Three of the admissions were not fully in accordance with the admission procedures as the children were not given the opportunity to visit the centre beforehand.

The centre was re-located to another building in the city for three weeks in November 2016 in order to allow for improvement works to be carried out in the centre. One child was admitted during this time and another child was admitted on the day the staff and other children returned to the centre. The admission of two children in such a short



space of time was not in line with good practice, according to which it is preferable to allow one child to settle into their placement before another is admitted and this appeared to have had an unsettling affect on the entire group of children.

Inspectors viewed the files of three children who had been discharged and spoke to two of the three allocated social workers. They told inspectors that the discharges of the two children were planned. In one case, a child protection conference was held before the child returned home. There was evidence of good inter-agency working on the case, an outreach worker was engaged with the child and an aftercare plan was in place. The third discharge was unplanned and followed on from a relatively short and troubled placement in the centre. There was evidence that de-briefings were held with staff following the discharge of the child and formal reviews of the placement and the serious incidents that took place during the placement were held with the appropriate professionals involved.

Following admission, children were provided with an information booklet about life in the centre. The booklet described the staff team, the school and therapy at the centre, the way in which care would be delivered, the activities they could partake in and other information, including information about family access. The booklet was age appropriate and accessible to children and was further explained by their keyworkers.

Each of the children had been in care placements previously and there was evidence of key workers working with children on the issues of why they were in care and on relationships with their parents and siblings. Each of the children currently in the centre had an allocated social worker. Three of the children had been visited a number of times by their social workers. The fourth child had been admitted one week before the inspection and had not yet been visited by their social worker. There was evidence of good practice in relation to contact with social workers. For example, arrangements were made for a child to have regular phone contact with their social worker on certain days of the week.

Care planning meetings had been held for each child on admission. Two up-to-date care plans were on file but the care plans for the recently admitted children had not yet been received. The care plans identified the purpose of the placement and specific actions were identified to meet the children's needs. The children's needs were assessed, the care plans were comprehensive and contained relevant information. A statutory review had been held for one child and reviews for the remaining children were scheduled to take place approximately six weeks after admission. There was evidence that children, their parents, when appropriate, and relevant professionals were invited to take part in the care planning and review meetings.

A new system of placement plans had been recently introduced. Inspectors found that there were placement plans in place for two children but those for the two recently-admitted children were not yet completed. The placement plans and placement support plans on file were of good quality. Specific needs were set out and relevant actions to meet these needs identified.

Children's access with their families or significant others was prioritized in the centre. Parents told inspectors that their child had regular contact with parents, siblings, and grandparents. Access arrangements were clearly set out in the care plans and staff

facilitated this by transporting the children to their family homes. Children could also contact their families or significant others by phone.

Inspectors observed that staff interaction with children was appropriate and that staff treated children respectfully and warmly. Each child was allocated three key workers who spent time with the children and provided emotional support. There was evidence of children forming positive relationships with key workers and being able to talk to them about important issues. A psychotherapist provided a service to the centre for eight hours per week and met some of the children for individual therapy. This was a reduction on the psychotherapy service previously available to children and staff and some staff had misgivings about this. As the new arrangements had only recently been put in place and had not yet been evaluated, it was too early to form a judgement on the impact of this change. There was evidence that referrals were also made to community services for psychological input or other services when children required this.

Staff worked with the children to assist them in developing independent living skills. Work on the issues of self-care and budgeting skills was specifically outlined in one of the children's care plans. Children were also encouraged to develop cooking skills. Children's allocation of pocket money was linked in part to the completion of self-care tasks and household chores as an incentive for the children to develop everyday routines and skills.

None of the four children in the centre were aged 16 or over but a system was in place for children to be referred to an aftercare service when they reached the age of 16 years.

Children's files were stored safely and securely and arrangements were in place for files of former residents to be archived. There was evidence that social care leaders reviewed the files and requested that key workers keep the files updated.

**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 told inspectors that they were given the opportunity to choose activities that they liked and they were also encouraged to take part in activities in the community that would assist them develop their social and teamwork skills. One child told inspectors that they had taken part in fishing and swimming and that they had been offered the opportunity to take part in other activities of their choosing.

Significant events for the children were acknowledged and celebrated. One social

worker told inspectors that she had taken her allocated child out for a meal for their birthday. In the case of another child, a former foster carer had maintained good contact with a child and had visited them following the child's admission to the centre. Records of a management meeting showed that managers were mindful of the need to celebrate the children's birthdays.

Children were provided with a varied and nutritious diet. A housekeeper worked five days per week and cooked meals for children. Children expressed their preferences regarding food and were encouraged to participate in meal preparation. One of the children cooked the evening meal on one of the days of inspection. Staff tried to ensure that meal times were social events and regularly sat together with the children for their meals.

Some of the children were from diverse ethnic and cultural backgrounds. Managers and staff demonstrated their awareness of this and the issues of children's sense of identity and cultural awareness was evident in records of care planning meetings. The need for children to maintain contact with their families and cultural backgrounds was valued in the centre and children were facilitated to attend family events.

There had been some instances of racist remarks and bullying but staff demonstrated an awareness of the issues involved and were clear that this type of behaviour was not acceptable. Staff were guided by a policy on bullying and they were proactive in their approach to managing it. The behaviours were identified and recorded. Sanctions were applied when necessary and efforts were made to encourage children to change their behaviour by positive reinforcement of good behaviour which was incentivised.

Staff had the required experience and skills to identify and assess the needs of the children and were generally sufficiently resourced to meet these needs. The centre adopted a model of service delivery informed by trauma and attachment theories. Training records showed that many of the staff had received training on attachment during the previous 12 months. The centre had access to a psychotherapist for eight hours per week. This allocation included assessments, individual sessions with children and attendance at planning meetings. Records showed that the psychotherapist was involved in therapy planning meetings when appropriate and had seen some of the children for individual therapy. Records also showed that referrals were made to psychologists, community adolescent mental health professionals or other professionals in the community when appropriate.

The statement of purpose and function made it clear that the centre could not offer a service to some children with very complex behaviours that challenge such as persistent violent behaviours or psychiatric conditions that require inpatient treatment. However, one child with complex behaviours that challenge had been admitted in the months prior to the inspection and managers and staff were unable to provide a safe service for this child. Following persistent assaults on staff and serious risk-taking behaviour on the part of the child, the child was discharged to another residential setting after a period of approximately four weeks. During the placement of this child, seven staff went on leave due to injuries they sustained and records showed that An Garda Síochána were called on 20 occasions and that the child was arrested on six occasions.

There were policies in place on the management of behaviour, the use of sanctions and

the use of physical restraint. Almost all staff were up to date in their training to respond to behaviours that challenge using a Tusla-approved method of managing behaviour that challenges. There was evidence of good quality behaviour management assessments in the children's files. Children had individual crisis management plans (ICMPs) on their files. These were detailed and strategies to respond to a child's needs were specific. When children displayed behaviours that challenged they were spoken to about this. When it was decided that sanctions should be applied, these typically took the form of temporary loss of treats or deductions in pocket money, depending on the behaviour. Behaviours that involved physical outbursts by the children were responded to by attempts at de-escalation. Staff sometimes had to use breakaway techniques or, as a last resort, physical intervention, including restraint. There was also evidence of children being given the opportunity to reflect on what had occurred following an episode of behaviour that challenges. However, the records of a recent serious incident review highlighted the fact that eight members of staff, including five permanent and three temporary staff, were unable to perform physical interventions with children. This had formed the basis of the monitoring officer's recommendation that the National Children's Residential Service should address the number of staff that could not perform physical interventions with young people but there was no evidence that this had been acted on as yet.

At the time of this inspection, staff were finding it difficult to deal with behaviours that challenge which were impacting on all the children and were creating an increasingly unsafe setting for both children and staff. The interim service manager provided a written assurance to inspectors that the situation was being managed and had arranged for all of the children's social workers to meet with managers in the centre to decide on a way forward.

There was no instance of physical intervention in the care of the children in the centre at the time of inspection. Centre records showed that physical interventions were used on 28 occasions during the course of the previous 12 months. Inspectors viewed the records of some of these incidents. There was evidence that when physical interventions were used, their use was reviewed to ensure that they were necessary and in line with good practice.

Inspectors reviewed the significant event notifications and found that events involving children such as accidents, incidents, and family issues which impacted on the children were recorded and notified to the appropriate people. Social workers and the monitoring officer said they were satisfied that they were notified following significant events.

Where children went missing from care, the centre followed the national policy for children missing from care. According to data provided by the centre, there were 18 incidents of unauthorised absences during the previous 12 months, none involving the children in the centre at the time of inspection. There was a policy on children going missing. Children had absence management plans on their files and they were closely supervised by staff who were clear on what action to take in the event of a child going missing.

**Judgment:** Requires improvement

## **Standard 7: Safeguarding and Child Protection**

Attention is paid to keeping young people in the centre safe, through conscious steps designed to ensure a regime and ethos that promotes a culture of openness and accountability.

### **Inspection Findings**

The centre had a child protection policy that was reviewed and updated since the previous inspection and was in line with Children First 2011: National Guidance for the Protection and Welfare of Children. The centre manager was the designated child protection officer and arrangements were in place for any child protection concerns to be reported to the social work department.

The majority but not all of staff had received up-to-date child protection training. Some staff had been on sick leave for prolonged periods and their training, including child protection training, had not been updated. Inspectors found that staff were knowledgeable about child protection practice. There was a policy on protected disclosure and explanatory leaflets were available for staff. Staff who were interviewed felt confident that they could raise any issues of concern.

There was a range of measures in place to ensure that children were safeguarded. Staff were subject to Garda Síochána vetting and were provided with guidance on a range of safeguarding issues such as appropriate conduct in their interaction with the children. There were policies on the issue of bullying and the safe use of mobile phones and the internet. Staff met school staff and advocated for children when there were issues arising for them at school. There was adequate staffing in place both day and night and staff were vigilant regarding the protection of children. Children were also made aware of their right to complain and they were facilitated to meet an independent advocate. One child also had a Guardian ad Litem appointed by the courts service.

There were issues of bullying and safeguarding being dealt with in the centre at the time of inspection. One child told inspectors that they did not feel safe in the centre due to the behaviour of another child. The interim service manager arranged for all the children's social workers to meet with managers in the centre to discuss the situation and to ensure that all actions that were necessary to protect the children involved were identified and implemented.

According to data provided to inspectors, there were no child protection concerns reported during the previous 12 months. When issues of concern arose staff communicated these to the children's social worker through significant events notifications (SENs), which was confirmed by one social worker who told inspectors that she was discussing recent significant events notifications with centre managers.

**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 centre was located in two-storey stand-alone building on a health service campus on the outskirts of a city. It was at quite a distance from the city centre and from shops, general services and amenities. Previous HIQA inspections recommended that the institutional features of the building be addressed or planning be commenced to move the service to an alternative location. Even though the centre had been painted and decorated and some structural work had been carried out since the previous inspection, the building continued to be institutional in character and not suitable for the creation of a homely atmosphere for children.

In November 2016, staff and children moved to a temporary location for a number of weeks to allow for works to be undertaken in the centre. The entrance porch was re-structured, a new intercom was installed, cladding was replaced in several rooms and new flooring was laid in the kitchen, the dining room, the corridor and several other rooms. The entire centre was re-painted and pictures were hung along the corridor. Some of the children were unhappy that curtains had not been replaced on all of the windows in the centre since the re-decoration had taken place a few weeks previously.

Inspectors found that the centre was clean. There was adequate heating and ventilation but there was little natural light on the corridor running through the centre.

The centre was located on the first floor of the building. Each child had their own room, which had en-suite toilet, wash-hand basin and shower, and they had sufficient space and storage for their personal belongings. The communal spaces included a sitting room, a games room, a mini gym, a kitchen and a dining room. The staff office was also located on this floor. The offices of the centre manager and deputy managers were located on the ground floor as was a staff meeting room, a games room, other offices and the school classroom.

A maintenance log had been introduced since the previous inspection. This recorded requests for repairs or maintenance and had sections for staff to sign and for the completion dates to be recorded. Inspectors viewed one of the centre's cars. The car was taxed and insured and appeared roadworthy. It was also well-equipped with first aid and safety equipment.

A health and safety folder contained a health and safety policy that had been reviewed and updated in August 2016. In association with the safety statement, general risk assessments had been carried out on identified hazards around the centre. As the documents were not signed or dated it was not clear when these risk assessments had been carried out and by whom. The folder also contained a risk assessment of ligature points throughout the building and the grounds which had been carried out by the centre manager in August 2016.

There were various fire prevention measures in place in the centre. There were sufficient numbers of fire extinguishers located throughout the centre and there was evidence that they were serviced in 2016. The fire extinguisher checklist had been updated in September 2016. There was a system in place for daily and weekly checks on fire safety equipment and means of escape and the recording of these was up to date. Additional fire safety signage had been put in place since the previous inspection. The fire alarm was serviced every quarter. Fire exits were unobstructed and there were records of regular fire drills which included both staff and children. The centre had submitted a letter of compliance with fire safety and building regulations three years prior to the inspection. The majority of staff had received up-to-date fire safety training and further training was scheduled.

The centre was insured by the State Claims Agency.

**Judgment:** Requires improvement

**Theme 3: Health & Development**  
The health and development needs of children are assessed and arrangements are in place to meet the assessed needs. Children’s educational needs are given high priority to support them to achieve at school and access education or training in adult life.

**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**

The centre was previously a high support residential unit and the Department of Education established a school in the same building as the centre to facilitate the children's education. At the time of this inspection, the school principal continued to be a member of the admissions committee and each child’s history of education and their educational needs were considered as part of the application process when these applications were made to the admissions committee.

Up to July 2016, the school provided educational placements for all the children in the centre. The school was staffed on the basis of providing educational placements for up to four boys from the centre and to a limited number of boys from other care settings. However, the new statement of purpose and function, which allowed for the placement of girls, was implemented in July 2016 and the board of management of the high support school was informed of this after the event. The board of management had not been requested to change its policy of admitting boys only. This meant that, at the time of inspection, boys were expected to attend the school on-site while girls attended mainstream school off-site and were facilitated to continue to attend the school they attended prior to the placement if this was feasible.

Inspectors found that the implications of the decision to change the purpose and function of the centre were not fully considered as boys were not offered the choice of continuing to attend the school they previously attended or to attend another mainstream school in the area in the same way that girls were.

At the time of inspection, each child had an educational placement. However, while managers and staff told inspectors that the children's attendance at school had been good, none of the children attended school during the two days of the inspection and one child told inspectors that wanted to attend a mainstream school and that they would not go to school until they were given another placement away from the centre. This issue, among others, was being addressed by the interim service manager who had arranged for a meeting of all the children's social workers.

One child was facilitated to continue to attend the school she previously attended. There was evidence of school reports on some of the children's files and a educational psychologist's assessment on one child's file. Some children had been recently admitted and it was too soon for up-to-date school reports to have been received. The school principal told inspectors that there was a good working relationship between the centre staff and the teachers in the on-site school. In relation to one child who attended school off-site, there was also evidence of contact between the child's key worker and school staff regarding issues that arose in the school for the child.

**Judgment:** Requires improvement

**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**

There was evidence that, if a child needed to see a general practitioner (GP) or avail of any specialist medical intervention, they were facilitated to do so. The care file of one child contained records of GP visits and visits to hospital. Each child had a general practitioner. However, not all the children's files contained copies of their medical assessments on admission and their medical cards.

The centre did not have a centre specific policy and procedure for administration of medication. The regional manager had informed inspectors prior to the inspection that a new policy and procedures would be in place by 29 December 2016. No member of staff, apart from the centre manager, had received training in the administration of medication.

Medication was stored in the staff room with children's individual medications stored in locked drawers with the child's name on them. Administration sheets were signed by two members of staff. However, prescriptions were transcribed but not signed by the member of staff doing the transcribing and this practice could lead to medication errors. There was a sufficient stock of first aid equipment in the centre.



Children were supported to adopt healthy lifestyles and staff worked with children on issues such as smoking cessation. Some outdoor equipment such as basketball hoops and a tarmac area was provided and children were encouraged to engage in outdoor activity.

**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 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 and Function had been reviewed and changed since the previous inspection. The new statement, dated 7 July 2016 set out the basis in legislation, the statutory functions of the service, the service objectives and stated that the model of service delivery is informed by Trauma & Attachment theories. A service was provided for eight hours per week by a psychotherapist.

One of the key changes in the new purpose and function was the change to the admission criteria. Previously, the centre provided care exclusively to boys whereas, according to the new purpose and function, care was provided to both boys and girls. This was not reflected clearly throughout the new statement which stated that the centre worked in conjunction with the school to meet the educational needs of the children. However, the school offered a service to boys only and two of the children at the time of inspection were girls and were attending school elsewhere.

The statement of purpose and function set out two referral pathways, one through an application to and decision by the admissions committee and a second pathway which was a transfer of a child from another care centre where the centre is deemed to be able to provide an identified element of service not provided for in the originating placement. The second referral pathway is managed by the service manager or regional manager in conjunction with the relevant centre managers and social work departments and is not considered by the admissions committee for the centre. While the statement of purpose and function detailed the admissions process to be followed for the first referral pathway, the details of the admissions process for the second referral pathway were not included. Neither did the statement of purpose and function refer to whether emergency admissions were accepted. Furthermore, while the statement listed some

behaviours/profiles that may lead to a child not being offered a placement, one of the possible criteria for admission was not compatible with the provision of a mixed gender mainstream residential service.

In other respects the purpose and function set out in the statement reflected the day-to-day operation of the centre.

**Judgment:** Requires improvement

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

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

### **Inspection Findings**

The management structure had clearly defined lines of authority and accountability. The centre manager was a qualified nurse who was in the post for over two years and sufficiently experienced to carry out the role. The centre manager reported to the interim service manager who reported to the interim regional manager. The centre manager was supported in their role by two social care leaders who were the deputy managers. The deputy managers were mainly involved in administrative duties and they supervised the staff team. Managers and staff demonstrated that they were aware of their roles and responsibilities.

The centre manager and the deputy managers were rostered on duty together each Monday which facilitated them to meet regularly. Minutes of these meetings showed that the care of the children and all aspects of the operation of the centre were discussed. The centre manager also met the service manager approximately monthly for supervision and the service manager had visited the centre several times throughout the previous 12 months. There were some days when no manager was rostered and the arrangements for contacting a manager were not clear. For example, on the first day of inspection, the shift coordinator was not sure who to contact as the administrative files could not be accessed because there was no manager on duty and it was not clear to them what manager was on call. Both deputy managers subsequently came to the centre for periods of time during their off time and the service manager also spent a considerable amount of time in the centre to facilitate the inspection. The lack of managerial support could be problematic for staff especially at a time when there are difficulties in the centre.

It was not possible for inspectors to interview the centre manager as they were on leave at the time of inspection and had not returned to work by the time this report was completed. One of the deputy managers was in charge of the centre when they were on duty. Following the inspection, the interim service manager told inspectors that they were spending more time in the centre in the absence of the centre manager and that they were seeking a replacement for the centre manager on an interim basis for as long as the centre manager remained on leave.

Inspectors found that, while this structure provided good oversight of the service, there

were difficulties in the management of the service and in the relationship between managers and the staff team that needed to be addressed. A number of staff told inspectors that they felt that they were not adequately consulted regarding the change of purpose and function, particularly the change from a single gender to a mixed gender setting. This was also reflected in minutes of a meeting between staff and managers. They also felt that their managers were unable to provide them with sufficient support due to the demands of administration. Some reported that the morale of the staff team was low and that there was a lack of leadership in the service. Managers also felt that the demands of administration prevented them from giving adequate time to the informal supervision of staff and to responsibilities such as oversight and quality assurance of the children's files. They also reflected the view that the morale of the staff team was low.

Inspectors raised these issues with the interim service manager who was of the view that staff had been adequately consulted regarding the change to the purpose and function of the centre and that staff had been provided with de-briefing and support following the difficulties, including injuries to staff, that were associated with a recent admission of a child. The interim service manager was of the opinion that some staff continually expressed difficulties with the leadership in the centre because of historical issues related to the amalgamation of two groups of staff in recent years.

The interim service manager acknowledged that the centre did not have any dedicated in-house administration support but stated that this was no different to other centres. However, the lack of administration support had been highlighted in the previous inspection and inspectors found that the allocation of administrative responsibilities between the centre manager and the deputy managers in the interim did not adequately address the issue.

For example, inspectors found that a large amount of relevant documentation had not been filed in a child's care file although a deputy manager thought that this had been done. Information such as records of social work visits had not been clearly recorded in every child's file. Some significant events forms had not been signed off by the centre manager or deputy manager. The centre register was not up to date. Some notes of meetings were handwritten and not fully legible. The personnel and supervision files of agency staff could not be accessed in the absence of the centre manager. Not all physical interventions recorded in the children's files were recorded in the physical interventions' log and handwritten notes in a log associated with a significant events review were difficult to read.

Inspectors found that the communication between senior managers and the staff group and other key stakeholders could be improved. For example, staff were informed that the centre was to become a mixed gender centre on the day before it happened and staff felt they were not properly prepared for this. Two members of the admissions committee also told inspectors that they had not been informed of this change to the statement of purpose until after it had occurred.

Inspectors viewed the centre register. The register was maintained until July 2016 but the details of the four admissions since that time had not been entered. One of the deputy managers told inspectors that these details were recorded on new Tusla admission/discharge forms. However, these forms in themselves did not constitute a

centre register and no new electronic register was made available to inspectors.

Systems to manage the finances of the centre had been improved since the previous inspection as five additional procurement cards had been approved which meant that managers did not need to be so involved in day-to-day purchasing for the centre. Up-to-date policies on finance were in place. The relevant staff received training and a system of recording and checks were in place for finances. This allowed the finances of the centre to be monitored by external managers. All expenditure above certain limits had to be approved by either the interim service manager or the interim regional manager.

The majority of day-to-day risks appeared to be well-managed but the overall system for risk management in the centre required improvement. There was evidence that individual risk assessments were carried out in relation to the activities of each of the children and that adequate control measures were put in place to mitigate the risks. However, there was no comprehensive risk management framework in place. A new centre risk register had been introduced as part of the centre governance reports but this was not adequate. For example, the risks outlined were not risk-rated, it was not clear when the risk assessments were undertaken and by whom, and responsibility for actions was assigned to people external to the centre who had no part in the day-to-day care of the children. Some of the risks outlined were repeated in the centre governance report for the following month with a different due date included. The risks outlined were mainly related to the behaviour of the children whereas risks such as the admission of children who could not be safely managed in the centre or the lack of adequate supervision of staff were not recorded.

There continued to be little evidence of formal monitoring systems that assessed the quality of recording and the decision-making of staff. Inspectors reviewed the centre governance reports for the months of January 2016 to September 2016. The reports gave an overview of staff information, training, the supervision schedule and details relevant to the children and their care. However, there was little evidence that the quality of care, the effectiveness of the service and the outcomes for children were evaluated.

The centre was staffed by a largely experienced and qualified staff group. At the time of inspection there were 18.5 whole time equivalent (WTE) posts with 1.5 WTE vacancies. A recruitment embargo over the previous 36 months meant that new full time staff could not be recruited. Data provided by the centre showed that the staff absenteeism rate was 13% and much of this was due to the fact that seven staff were on leave for a considerable time due to injuries sustained at work. At least seven agency staff had been used on a regular basis but four regular agency staff had been recently given three-year contracts and this ensured greater consistency.

Inspectors reviewed a sample of staff records and found that they contained Garda Síochána vetting, references, copies of qualifications, photo identification and curriculum vitae. Garda Síochána vetting had been recently updated for most staff. Key information on staff records was recorded in the monthly centre governance reports which facilitated monitoring of this by senior managers external to the centre.

There were sufficient staff on duty on the day of inspection to provide an adequate

service to the children. Inspectors reviewed the staff rota which was developed approximately one month in advance. However, the rota contained numerous handwritten changes due to sick leave and holiday leave and this made it difficult to see how many staff were actually working during a particular shift. Furthermore, the names and hours of agency staff were written in by hand and some of the entries were not very legible. Only the first names of some agency staff were recorded which meant that the staff rota was incomplete.

The centre manager supervised the deputy managers and the deputy managers supervised the staff. Inspectors requested to see staff supervision files but some of the files were not available due to the absence of the centre manager at the time of inspection. The quality of supervision records seen by inspectors was mixed. For example, in one case, the records were detailed and easy to read. Actions were clearly recorded. In another, the actions recorded were vague and it was not clear whether or how they could be implemented. Inspectors viewed the supervision schedule, according to which one staff member had not received supervision for the previous nine months, four had received just one supervision session in that time and there were long gaps between the supervision sessions of other staff. In the absence of regular supervision it was difficult to see how staff were held accountable for their practice on a consistent basis and how they were being provided with the professional support they required, especially in the light of the significant issues that arose in the centre in the months prior to the inspection.

A programme of staff training was in place. Data provided by the centre showed that the majority but not all staff had up-to-date training in child protection, fire safety and managing behaviour that challenges. Records showed that managers had arranged for further training in December 2016 in fire safety and in managing behaviour that challenges. Various members of staff also undertook training in substance misuse, promoting mental health, and on finance.

**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**

A Tusla monitoring officer had been in place on a continuous basis since the time of the previous inspection but responsibility for monitoring the centre had changed from one monitoring officer to another in April 2016.

The previous monitoring officer produced a report on all monitoring activity from 1 January 2016 to 31 March 2016. The report stated that the monitoring officer found the centre to be in compliance in regard to the notification of significant events during that time. Inspectors spoke to the monitoring officer who had taken over responsibility for monitoring the centre in April 2016. They had received a handover from the previous

monitoring officer and first visited the centre on 10 June 2016. The monitoring officer met the centre manager, interviewed staff, met with three of the four young people, reviewed significant events and reports and followed up on the recommendations from the previous HIQA inspection. The monitoring officer told inspectors that, when the centre was temporarily re-located to another building, they visited that building to ensure that it was safe with regard to fire safety measures and that it was suitable for the purpose for which it was being used.

The monitoring officer told inspectors that they reviewed monthly reports and significant event notifications, and had regular phone contact with the interim service manager. They also had periodic meetings with the regional manager. They told inspectors that significant events notifications were sent to a central Tusla office and the monitoring officer could access them. In the event that notifications were of a serious nature, staff copied them directly to the monitoring officer.

The monitoring officer also participated in a serious incident review in August 2016 and in a review of one child's placement for which they produced a report. From discussion with the monitoring officer it was evident that they were up to date with events in the centre.

**Judgment:** Meets standard

### **Acknowledgements**

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