

**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-0004165                    |
| <b>Type of inspection:</b>    | Unannounced<br>Full Inspection |
| <b>Inspection ID</b>          | MON-0017295                    |
| <b>Lead inspector:</b>        | Eva Boyle                      |
| <b>Support inspector (s):</b> | Caroline Browne                |

## **Children's Residential Centre**

### **About monitoring of 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 April 2016 09:00 | 18 April 2016 18:00 |
| 19 April 2016 10:00 | 19 April 2016 17:00 |

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

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

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

| Standard  | Judgment             |
|---|----------------------|
| <b>Theme 1: Child - centred Services</b>                  |                      |
| <b>Standard 4: Children's Rights</b>                      | Requires improvement |
| <b>Theme 2: Safe &amp; Effective Care</b>                 |                      |
| <b>Standard 5: Planning for Children and Young People</b> | Requires improvement |
| <b>Standard 6: Care of Young People</b>                   | Meets standard       |
| <b>Standard 7: Safeguarding and Child Protection</b>      | Meets standard       |
| <b>Standard 10: Premises and Safety</b>                   | Requires improvement |
| <b>Theme 3: Health &amp; Development</b>                  |                      |
| <b>Standard 8: Education</b>                              | Exceeds standard     |
| <b>Standard 9: Health</b>                                 | Requires improvement |
| <b>Theme 4: Leadership, Governance &amp; Management</b>   |                      |
| <b>Standard 1: Purpose and Function</b>                   | Requires improvement |
| <b>Standard 2: Management and Staffing</b>                | Requires improvement |
| <b>Standard 3: Monitoring</b>                             | Meets standard       |

## Summary of Inspection findings

The centre provided medium to long term care for up to four children aged between 11-17 years old on admission . Two children and two young adults aged eighteen years lived in the centre. It is located in the Midlands. At the time of the inspection, there were 4 children living in the centre.

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

In addition, inspectors spoke with two social workers and the interim service manager.

The centre provided medium to long term care for up to four children and young adults aged between 11-18 years and was located in the Midlands.

Overall, the staff team provided good quality care to the young people. Children and young people were safe and their rights were respected. They were regularly consulted in regard to their care. The staff team promoted young people's attendance and attainment in their educational placements. They encouraged young people to attend third level education and or training. The majority of children and young people's needs were regularly assessed, reviewed and updated, but, not all children's up to date care plans were available in the centre. Young people were prepared for leaving care, but not all aftercare plans were comprehensive and completed in a timely way.

The centre manager was an experienced manager who was well supported by her team and the interim service manager. Some management systems were in the early stages of development such as risk management and the centre did not have a risk register. Specific training needs were identified for the staff team for 2016, but none of this training had been delivered at the time of the inspection.

The decor of the centre required some attention.

## Inspection findings and judgments

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

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

Children and young people were safe and their rights were respected. They were regularly consulted and the staff team provided a child-centred service. The majority of young people's complaints were listened to and dealt with appropriately, but inspectors found one complaint that was not followed up on by the centre manager.

### **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 and young people were aware of their rights. Two children were recent admissions to the centre and two young people had lived in the centre for a number of years. Information relating to rights was available to children and young people in the centre. Inspectors viewed information received by young people on admission to the centre which included relevant information on their rights. The centre manager told inspectors that this information was currently under review in the region which was due to a recommendation of the monitoring officer. Information on independent advocacy was also available to young people.

Young people's rights were respected and promoted. The children and young people who spoke to inspectors were aware of their rights such as their right to privacy, to be heard and their right to education. All children and young people had their own rooms and staff were clear about respecting the confidentiality of residents. Inspectors observed respectful communication between staff and children and young people. Children and young people told inspectors that they could access their records in the centre, but had not done so.

Children and young people were consulted and encouraged to participate in decision making about their lives. There were regular meetings where children and young people were consulted and they gave their opinions on different issues such as the house rules and the running of the centre. They could put any issues that they wished to raise in the meeting in a notebook, in advance or they could raise them at the meeting. Children and young people told inspectors that they felt listened to by the staff team. Some children and young people attended their child in care reviews, while other decided not to attend.

The majority of complaints were effectively managed. Children and young people were

aware of how to make a complaint and had made complaints. The centre manager maintained a complaints log and six complaints were logged over the last 12 months. All complaints were made by young people. All of these complaints were resolved. However, inspectors found one complaint in relation to young people's access to showers that was not recorded on the complaints log. Inspectors brought this to the manager, she acknowledged that it was an oversight that the complaint had not been followed up on. Inspectors also viewed recordings on logs where young people asked for a complaints form, but chose not to make a complaint. Staff dealt with these and other issues informally and these were logged in children's records, but this information was not formally captured in order to identify trends.

**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.

Children and young people were safe. The staff team had good knowledge on how to pro-actively safeguard children and young people. They were aware of their responsibilities under Children First National Guidance for the Protection and Welfare of Children (2011).

All children and young people had an allocated social worker who visited them regularly. The majority of young people had their child in care reviews within the required timeframes. Young people who required aftercare plans had them but the quality of these varied. Children and young people's contact with their families, siblings and friends was facilitated and promoted by the staff team.

Children and young people's choices and preferences were respected. They received good quality care and the staff team managed behaviours that challenged well.

The premises was of suitable size to meet the privacy needs of young people, but it was in need of some re-decoration. There were appropriate precautions in place against the risk of fire.

### **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**

Children's admissions were managed effectively. All admissions were reviewed by a

central admissions panel and potential new referrals were considered within the context of the current residents of the centre. Pre-admission risk assessments or impact risk assessments were completed prior to admission. The centre manager had adequate information about young people prior to their placement to the centre. Children visited the centre as part of their admission process. Inspectors found that there were two admissions in the last six months and that both of these admissions were in line with the centre's statement of purpose.

All children and young people had an allocated social worker and they were visited in line with regulations by their social workers. The majority of children and young people had their child in care reviews within statutory requirements. However, not all of the children's up-to-date care plans were available within the centre, as two children had recent child in care reviews. One child had monthly reviews in line with an internal Child and Family Agency policy for children placed in residential care who are under 12 years. However, inspectors found that one child was living for four months in the centre before a child in care review was held to update their care plan. Therefore, staff and children may not have been clear on the agreed actions of these reviews. Statutory care plans were generally of good quality and had clear defined actions. Children/ young people, their parents, social workers and other key professionals attended their reviews.

Placement plans were regularly updated. However, staff were waiting for two updated care plans in order to further update two children placement plans. Inspectors found that plans effectively guided the staff team and outlined goals for the child/ young person's placement and the daily routines to support a child/young person's progress within their placement.

Discharge meetings were not consistently held. Two young people were discharged in the eight months prior to the inspection. Records relating to these discharges were not available in the centre as the records were archived. Inspectors were informed that formal discharge meetings did not occur, but that conversations took place with social workers about the discharges.

Children and young people were encouraged and facilitated to maintain good relationships with family members. They had regular contact with their families in line with their wishes and as agreed with social workers. Inspectors found that most visits with family took place outside of the centre. In addition, young people had contact with their siblings and attended significant events in their siblings lives such as confirmations/birthdays. Children and young people were well integrated into the community and their friends visited them in the centre.

The quality of emotional care and support for young people was good. The staff team supported young people in accessing and attending specialists support services when required. Children and young people accessed mental health services, specialist medical appointments, play therapy and psychological services. One child was on a waiting list for psychological services. Staff were mindful of the emotional needs of children and young people. Key workers had completed some positive one to one sessions on key issues with all children and as appropriate with young people.

All young people over the age of 16 years had an allocated aftercare worker. However, the quality of aftercare plans varied and not all were completed in a timely manner.

Inspectors reviewed two aftercare plans. One of which was dated the first day of the inspection, was brief and was completed after the young person was 18 years of age. The second plan was comprehensive and had been reviewed and updated. Therefore, young people may not have been clear in regard to their options for aftercare in a timely manner. Young people's future accommodation was dependent on where they would access third level educational courses. The staff team promoted preparation for aftercare. There was evidence that some individual young people were engaged in managing money on a weekly basis, while others experienced shopping for groceries and prepared some of their meals.

Children and young people'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. However, there was no evidence that appropriate consent was in place for medical appointments for children in voluntary care. Inspectors found that there was some evidence of monitoring of documentation to ensure it was up to date, signed by appropriate people or for the purpose of assessing the quality of plans. 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**

Children and young people's personal preferences and wishes were respected. They were facilitated and encouraged to make choices with regard to their personal appearance and supported to engage in recreational activities and a range of individual hobbies. Inspectors observed young people to be appropriately dressed in a manner similar to their peers. Children and young people told inspectors that they were well cared for and were respected by staff and they could talk to staff members or seek support if they needed it.

Children and young people's achievements and significant events were acknowledged and celebrated. A young person told inspectors of their recent birthday party, and inspectors viewed records that showed consultation with residents in relation to significant events in their lives.

There was sufficient quantities of good nutritious food available to children. Staff encouraged children and young people to participate in choosing and preparing meals. Preferences were taken into account when preparing meals. Inspectors observed staff and a child and young person eating meals together and this was a positive social experience. Staff promoted healthy eating and encouraged children and young people to have a balanced diet.



Children and young people's complex needs were appropriately assessed and they had access to specialist services, as required. Specialists reports were on file, as appropriate, and recommendations from these were referenced in young people's individual placement plans, risk assessments, crisis management plans and behaviour support plans. Children and young people had access to a range of specialist services such as mental health and psychology services.

Children and young people did not exhibit any particular behaviour that challenged the staff team and staff managed young people's behaviour well. There were 69 significant event forms completed for the 12 months prior to the inspection, but only seven of these related to behaviours that challenged in 2016. The reduction in significant incident forms was due to the discharge of two young people in 2015. Significant event forms were sent to children's social workers, the monitoring officer and the interim service manager. The centre manager in consultation with the interim service manager could refer particular incidents, or patterns of incidents to the significant event review group (SERG) for their review and recommendations. Inspectors found that no significant events regarding this centre were reviewed by this group since the summer of 2015, which was appropriate. Inspectors reviewed the minutes of the SERG group and found that in the summer of 2015, this group reviewed specific serious concerns in relation to young people's behaviours and potential risks to other young people and staff. Specific recommendations were made and the actions were follow up on by the manager and staff team.

Staff had a good understanding of the underlying causes of behaviours and the majority of staff were trained in the management of behaviour. There had been no incidents of restrictive practices in the 12 months prior to inspection.

Inspectors found that key workers focused on developing and maintaining good relationships with children, young people and their families and this was important for supporting and keeping them safe. There was a policy in relation to children and young people missing in care which was in line with national policy, and each child and young person in the centre had an individual absence management plan on their care file in line with centre policy. There were no concerns in relation to absences with the current children and young people. Staff appropriately addressed with children and young people their late return to the centre when this arose.

Sanctions and incentives were used effectively and were regularly reviewed. The staff team had age appropriate incentive programmes in place for young people. Positive decision-making or engagement in general placement plans was routinely rewarded. Sanctions were used appropriately and were imposed with the intention of developing skills and learning for young people.

**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**

Safeguarding and child protection practices in the centre were generally good. Children and young people told inspectors that they were safe. The staff team were very aware of the age differential between the children and young people in the house. They told inspectors that they were mindful of how appropriate safeguarding was required. Inspectors observed practical examples of safeguarding in practice. There were two televisions, that allowed for older young people to view television programmes that was not suitable for younger children. Inspectors viewed children's logs where older young people were reminded of their responsibility to be mindful of their language and behaviour in front of younger residents. Key- working sessions were completed with children and young people on issues relating to safeguarding, complaints, bullying and protection.

There were two child protection concerns reported in the 12 months prior to inspection. These related to a child and a young person and neither concern related to the care of the children and young people in the centre. One of these concerns related to an ongoing child protection investigation, while the second concern had been investigated by the child's social worker and was closed. The majority of staff were trained in Children First (2011) and knew how to manage child protection concerns. The centre manager was the designated liaison person and all concerns had been reported as child protection concerns on significant event forms to children and young people's social workers.

The staff team in consultation with the children and young people's social workers had completed appropriate crisis management plans, and absence management plans for children and young people. Social workers told inspectors that they were in regular contact with the staff team and all relevant information was relayed to them. They received reports in relation to significant events including child protection concerns.

**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**

Health and safety systems were not entirely robust. The centre had a health and safety statement in place which was completed in January 2016. Environmental risk assessments were completed, but some identified control measures were not in place such as medication prescription sheets. 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. The centre had a CCTV system in operation, but there was no signage in place in this regard. This was not in accordance with relevant legislation.

The centre's vehicles were recently upgraded and they were taxed, insured and roadworthy. The cars were routinely checked by the staff team as part of their regular safety checks.

The maintenance of the centre required improvement. Inspectors observed that the house was in good general repair but was in need of some re-decoration. The centre manager had identified that the centre required painting. Funding had been approved in 2015 for this work to be completed, but the painting was not done. A maintenance log was maintained, but, the log did not record consistently when maintenance tasks were completed. Therefore, it was difficult to gauge how long it took to complete maintenance requests. The furnishings were adequate and sufficient for the number of children and young people living in the centre. Children and young people raised with inspectors that they had the use of two bathrooms with showers but the water pressure was poor in one and that it was not satisfactory in the morning time. However, this issue had not been followed up on by the centre manager. The centre had sufficient space for children and young people to have visits from friends, family members or social workers that was private, and each young person had their own bedroom. At the back of the centre, there was an ash tray and inspectors observed that the area was not well kept.

Medication was safely stored in a locked medicine cabinet.

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 detention equipment. Fire drills were undertaken in line with policy and details were recorded as required. All children, young people and the majority of staff had participated in a fire drill and it was recorded that fire drills occurred when new children were admitted. The manager's were unclear about the status of the written confirmation in regard to fire compliance following works that had been carried out. The majority of staff had up-to-date training in fire safety.

**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.

Young people's health needs were assessed and they had access to a general practitioner (GP) of their choice. The staff team promoted young people's involvement in a range of interests and hobbies. They worked with young people in the cessation of smoking but there were ongoing challenges in regard to this. There was no policy on the safe administration of medication.

All young people were engaged in education and their attainment was closely

monitored by the staff team. The staff team encouraged and promoted children's attendance and facilitated young people to attend educational programmes outside of the local area.

### **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**

All children and young people were engaged in education. Inspectors observed children completing their homework and being supported by the staff team. The staff team consulted with children and young people in regard to their education and advocated on their behalf in order to get appropriate educational placements and tutoring when required. The staff team supported children and young people in their attendance at school, some of which were located outside of the local area. Young people's educational needs and progress was regularly assessed, monitored and reviewed. Young people's records relating to education were up-to-date. Inspectors found school reports on record for children and young people, where appropriate. There was good communication and engagement between staff, children and young people and their schools. There was regular good quality contact with children and young people's schools to support them in their educational attainment.

The centre manager and staff team were ambitious for young people and aimed for them to proceed to third level education or further training. Young people were preparing for state examinations and planned to attend further education, while one young person was attending third level education.

**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**

Young people's health and development needs were assessed and met. Comprehensive medical histories of children were held within the centre. All children and young people had up-to-date medical cards. They had timely access to their assigned GPs, a range of medical specialists when required, dental and ophthalmic services. Inspectors found that children and young people were supported in their attendance at these appointments. Inspectors observed a child and staff members discussing the possibility of needing to go to the doctor.

Young people were encouraged to have a balanced diet. Inspectors observed the staff team and children sharing good quality wholesome meals. Young people were supported to maintain a healthy lifestyle and the staff team encouraged young people to participate in a range of outdoor activities.

The staff team provided age appropriate health education programmes in relation to smoking, sexuality and relationships. Two young people smoked and staff were encouraging young people to stop. Some staff had been trained in smoking cessation. Given the wide age profile of children and young people in the house, staff told inspectors that they were vigilant in maintaining household rules in relation to smoking. Children and young people were encouraged to avail of appointments with their GP in regard to their wellbeing and, for older young people, their sexual health.

There was no evidence on file of appropriate consent for children in voluntary care and there was a lack of clarity by staff and managers in relation to this matter. A social worker outlined that she had records of parental consent for a child in voluntary care in regard to medical appointments but this had not been passed onto the staff. The centre manager outlined that more minor consents for school would be signed by staff but other consent issues were brought to the attention of the child's social worker.

There was no policy on medication management and there was no formal review system in place for the monitoring of safe medication practices. There were no children and young people on prescribed medication but were occasionally on prescribed as required medication. Inspectors did not find that copies of prescriptions were maintained in the centre, but the administration of medication was recorded. Staff had not received training in the safe administration of medication. Therefore, it was not clear how staff were guided in the safe administration of medication.

**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.

The centre manager showed good leadership and the staff team were aware of their roles and responsibilities. Some management systems required further improvement such as risk management. Staff received regular supervision, but the quality of the supervision records varied. Not all staff had received mandatory training.

The centre had a statement of purpose but it did not reflect that young people over the age of 18 years attending education resided at the centre.

There were some monitoring systems in place to improve the quality and effectiveness of services. The centre manager had implemented some recommendations of the monitoring reports.

#### **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**

There was a statement of purpose for the centre that had been updated in January 2016. The centre provided medium to long term care for four children and young people aged between 11-17 years on admission. Inspectors found that the last two children who were admitted were in line with the age profile and needs of the young people.

There were two young people who recently turned 18 years of age, had aftercare plans and were in full time education. However, the statement of purpose did not reflect that young people who had reached the age of 18 years and who were in full time education may remain in the centre for a period of time, despite the statement of purpose being reviewed in January 2016. Staff were aware of the statement of purpose and its content.

**Judgment:** Requires improvement

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

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

### **Inspection Findings**

There were defined management structures in place to ensure that the service provided was safe and appropriate to children's needs. The centre manager had been in the position for a number of years. She was appropriately qualified, experienced and provided good leadership. Five social care leaders, who had been assigned additional tasks supported the centre manager in her role. Staff reported to the centre manager who in turn reported to an interim service manager, who provided oversight of the service through regular visits, attendance at team meetings, and through the formal supervision of the centre manager. The interim service manager told inspectors that she had regular meetings with the regional manager, during which significant information such as risks, significant events and staffing issues were relayed and discussed.

There were some management systems in place. There were some policies in place to guide practice but the majority of the policies in the centre were undated and unsigned. Inspectors found that the child protection policy was not up-to-date and there were no policies in relation to medication or risk management. Therefore, it was not clear when policies were due to be reviewed. The interim service manager outlined that these policies were being reviewed and or developed at a national level. Therefore, it was unclear how staff and management were guided in respect of their practice in these areas.

There were good communication systems in place. There were regular team meetings and minutes outlined actions that required follow up by specific staff members. In

addition, there was a daily handover and staff were assigned specific tasks to complete during their working day.

There were good quality reviews of the management of incidents in the centre. Significant event notifications were sent promptly to all relevant people and reviewed by the centre manager and interim service manager. If deemed appropriate certain significant events were referred to SERG for further input and review.

Risk management systems were developing. Collective risk assessments on individual children were completed by staff. The centre did not have a formal risk register but the centre manager was aware of the risks that were present in the centre. She reported on risks in a monthly report or as they arose to the interim service manager. The centre did not have a risk management policy, but there was an incident reporting system in place. Staff and the centre manager had not received training in risk management.

The managers had some systems in place to oversee the running of the centre. The centre manager monitored some paperwork such as daily logs, but while she told inspectors that she addressed any issues identified with staff she did not record this. It was clear that the centre manager effectively addressed recurring practice issues in supervision sessions with staff. The centre manager provided a monthly report to the interim manager in relation to the implementation of actions arising from inspection reports by the monitoring officer, as well as regular system checks. In addition, the interim service manager visited the centre on a regular basis and completed checks. These systems checks reviewed a sample of the centre's systems and reviewed samples of key documentation in the centre such as maintenance logs, complaints, finance, specific children's files and adherence to monitoring action plans. As a result of these checks, the centre manager had implemented a new filing system, a system for young people to put items on the agenda for children's meetings in advance, expanded the and some new policies were implemented.

The finances of the centre were appropriately managed. There was access to sufficient resources to meet the needs of the young people. The centre manager had systems in place to monitor and review expenditure. Inspectors sampled some finance reports and found no discrepancies.

The centre held a register of children that contained all necessary information.

The staff team was stable and experienced. Inspectors reviewed a sample of staff files and found that staff were appropriately vetted by An Garda Síochána and relevant references were on file as required. The majority of staff were appropriately qualified and all the staff team had worked in the centre for a number of years.

The roster reflected that there were seventeen staff and the centre manager employed. Inspectors reviewed a sample of planned and actual rosters and found that three staff worked during the day and two staff members worked at night and were awake. Inspectors were told that a social care leader or shift leader was in charge when the centre manager was not working. However, the roster did not indicate who the shift leader was. No agency staff were employed in the centre, but occasionally a staff member from another centre assisted if required.

The quality of supervision varied. The centre manager and some social care leaders supervised the staff team. They had been trained in supervision. The majority of staff had received regular supervision in the last number of months. The quality of supervision records varied, with some clearly recorded decision making and identified tasks for follow up, while other records were vague. This issue, however, had been identified by the interim service manager prior to the inspection and was being addressed in supervision with relevant staff.

There were some gaps in mandatory training and there were no training courses arranged to meet the identified training needs of the team. The centre had a training needs analysis which was completed in January 2016. This identified training needs for the staff team based on the presenting needs of current and past residents, as well as potential needs of young people who could be admitted to the centre. Staff were consulted in regard to their training needs by the centre manager. Training needs were identified for the staff team in the following areas; drug awareness for staff, report writing, freedom of information, psychological, psychiatric and mood disorders, mental health, social media education and cultural diversity. These had been identified training needs for staff in the centre, but none of these trainings had been scheduled for the staff team. A small number of staff were not trained in Children First (2011), fire training, behaviour management and first aid. No staff members were trained in risk management and the safe administration of medication.

The centre manager was in the process of completing personnel development plans with staff. Inspector reviewed a number of draft plans that were not yet completed.

**Judgment:** Requires improvement

### **Standard 3: Monitoring**

The Health Service Executive, for the purpose of satisfying itself that the Child Care Regulations 5-16 are being complied with, shall ensure that adequate arrangements are in place to enable an authorised person, on behalf of the Health Service Executive to monitor statutory and non-statutory children's residential centres.

### **Inspection Findings**

Monitoring systems in place to improve the quality and effectiveness of services, outcomes for children, and to meet standards. The centre had an assigned monitoring officer who had centre had visits and prepared two monitoring reports in February and August 2015. Some of the recommendations made by the monitoring officer had been followed through on by the centre manager and completed such as the replacement of the centre's vehicles and planned evacuations when there were new admissions to the centre, but others were not fully implemented or outstanding.

**Judgment:** Meets standard