



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Regulation of
Health and Social
Care Services

Guidance for the assessment of statutory children's residential centres

January 2019

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using our health and social care services in Ireland. HIQA's role is to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered. HIQA's ultimate aim is to safeguard people using services and improve the safety and quality of health and social care services across its full range of functions.

HIQA's mandate to date extends across a specified range of public, private and voluntary sector services. Reporting to the Minister for Health and the Minister for Children and Youth Affairs, HIQA has statutory responsibility for:

- **Setting Standards for Health and Social Services** — Developing person-centred standards, based on evidence and best international practice, for health and social care services in Ireland.
- **Regulation** — Registering and inspecting designated centres.
- **Monitoring Children's Services** — Monitoring and inspecting children's social services.
- **Monitoring Healthcare Safety and Quality** — Monitoring the safety and quality of health services and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health Technology Assessment** — Providing advice that enables the best outcome for people who use our health service and the best use of resources by evaluating the clinical effectiveness and cost-effectiveness of drugs, equipment, diagnostic techniques and health promotion and protection activities.
- **Health Information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information about the delivery and performance of Ireland's health and social care services.

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1. About the Guidance

1.1 Introduction

The Health Information and Quality Authority (HIQA) through the Office of the Chief Inspector of Social Services, is responsible for carrying out its functions as required by the Health Act 2007 as amended.

In order to do so, HIQA has adopted a common Authority Monitoring Approach (AMA). All HIQA staff involved in the regulation of services or the monitoring of services against standards are required to use this approach and any associated policies, procedures and protocols. HIQA's monitoring approach does not replace professional judgment. Instead, it gives a framework for staff to use professional judgment and supports them to do this. The aim of AMA is to ensure:

- a consistent and timely assessment and monitoring of compliance with regulations and standards
- a responsive and consistent approach to regulation and assessment of risk within designated centres
- a contribution to the improvement of the service being inspected through application of the inspection process.

Among its functions, HIQA promotes improvement in the quality and safety of health and social care services. Compliance with the regulations and standards is a minimum requirement. In order to improve the quality and safety of social care services, service providers are encouraged to look beyond the regulations and to continually seek improvements in the services they provide to residents.

1.2 Scope

This guidance relates to children's residential centres to which the National Standards for Children's Residential Centres 2018 and the Child Care (Placement of Children in Residential Care) Regulations, 1995 apply.

1.3 Purpose

This guidance should be used in conjunction with the revised assessment judgment framework, which is one of the tools HIQA uses to assess compliance with the regulations and standards. The assessment judgment framework supports inspectors in gathering evidence when monitoring or assessing a centre and to make judgments on compliance. It sets out the lines of enquiry to be explored by inspectors in order to assess compliance with the regulations and standards being monitored or assessed. This should also be used by providers to self-assess their own service.

Inspectors will use this guidance alongside the assessment judgment framework. The purpose of the guidance is to provide additional supporting information to

inspectors on assessing compliance and offer guidance on reviewing each regulation and standard.

Therefore, the guidance gives greater detail on how to assess and what to review during fieldwork planning, gathering of relevant information and evidence onsite and the making of judgments about compliance.

Furthermore, this guidance facilitates a consistent approach to conducting inspections by:

- supporting inspectors in developing a clear understanding of the regulations and standards
- providing direction to providers and persons in charge on the type of findings that could demonstrate evidence of compliance and non-compliance.

The guidance also includes a section on what a service striving for improvement would look like. The intention of this section is that, where providers meet the requirements of the regulations and standards, they should be seeking to constantly strive for ongoing improvements in the quality of the service.

2. Assessing compliance

2.1 Inspection

HIOA carries out inspections in order to assess compliance with the regulations and standards. Before an inspection, HIOA comprehensively reviews information on the centre to inform what needs to be reviewed on inspection. Throughout inspections, children, their families and significant others who visit the centre are afforded the opportunity to express their views on the service. While inspections are normally unannounced, announced inspections may occur and children and their relatives will receive advanced notice.

In order to make judgments about compliance, HIOA will:

- communicate with children and their parents/guardians, and the people who visit them to find out their experience of the service
- talk with staff and management to find out how they plan and deliver care and services — conversations with management and staff will concentrate on their understanding of areas relevant to their work and the care they deliver, their experience and their training
- observe practice and daily life to see if it reflects what people have stated
- review documents to see if appropriate records are kept and that they reflect practice and what people have stated.

It is important to remember that inspectors are visitors to the children's residential centre. Therefore, while an inspection can be disruptive, changes to the children's or staff's normal routine are not expected and should be minimised.

At the beginning of the inspection, inspectors introduce themselves and outline the purpose and duration of the inspection to the person in charge of the centre. The person in charge is asked to inform both children and staff that HIOA is conducting an inspection and introduce the inspectors to the children. While inspectors have powers of entry and inspection, these will be exercised in a respectful manner and have cognisance of each child's rights. Observation on inspection should be unobtrusive, discrete and not negatively impact on service provision. Children's dignity and human rights must be respected at all times.

2.2 When are inspections carried out?

HIOA takes a risk-based approach to regulation. This means that regulatory activities are prioritised and resources relating to monitoring, inspection are organised based on the assessment of the risk that the services pose.¹

¹ Better Regulation Commission, 2006

This approach informs how frequently HIQA inspects any individual children's residential centre. It also informs the nature, intensity and type of any inspection carried out.

HIQA carries out the following types of inspection:

- *Monitoring inspections:* these are routine inspections that monitor the quality of the service provided at a designated centre and the level of compliance.
- *Targeted (focused risk) inspections:* these are in addition to routine inspections and are carried out when information has been received that indicates that there may be a risk posed to residents.
- *Thematic inspections:* these inspections are part of a programme which aims to drive quality improvements related to a specific theme in the regulated sector, for example, a restrictive-practice thematic programme.

2.3 Judgments on compliance with standards and regulations

Once inspectors have gathered information, they make a judgment about the level of compliance against each standard reviewed. While some standards and regulations attribute responsibility to the person in charge to comply, overall responsibility for compliance is with the provider. Inspectors will judge whether the provider or person in charge has been found to be **compliant**, **substantially compliant** or **not compliant** with the standards and or regulations.

The compliance descriptors are defined as follows:

Compliant: A judgment of compliant means that no action is required as the service or centre has fully met the standard and is in full compliance with the relevant regulation, if appropriate.

Substantially compliant means that *action, within a reasonable time frame*, is required to mitigate the non-compliance and ensure the safety, health and welfare of the children using the service.

Non-Compliant means we will assess the impact on the individual(s) who use the service and make a judgment as follows:

- **Major non-compliance:** *Urgent action*² is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.
- **Moderate non-compliance:** *Priority action* is required by the provider to mitigate the non-compliance and ensure the safety, health and welfare of people using the service.

² Where a major non-compliance judgment presents an 'immediate risk' to the safety, health or welfare of people using the service, the inspector may issue an urgent compliance plan on the day of inspection.

2.4 Reporting the findings

The inspector will give feedback to the provider and or the person in charge or their delegate on findings of immediate risk from the inspection. The inspector then writes an inspection report to summarise the findings. This report which is accompanied by a compliance plan for completion by the provider.

In order to summarise the inspection findings, the standards and regulations are grouped under two dimensions which are aligned with the standards:

- **Capacity and capability of the registered provider to deliver a safe quality service:** This section describes the governance, leadership and management arrangements in the centre and how effective they are in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and supported through education and training, and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.
- **Quality and safety of the service:** This section describes the care and support children receive and whether it was of a good quality and ensured children were safe. It includes information about the care and supports available for children and the environment in which they live.

3. Structure of the guidance on each regulation

Guidance on each individual standard from 1.1 to 8.2 and the associated regulation is presented in the following section. Each standard is described in four sections, namely, the regulations associated with the standard, where applicable; examples of the information/evidence reviewed to assess compliance; indicators which demonstrate the provider's and or person in charge's level of compliance with the standards and regulations and what a service striving for quality improvement looks like. The section on what a service striving for quality improvement looks like is based on the standards and international research.

Notwithstanding the association of the related regulations, judgment on the primary regulation is made independently of the other related regulations.

Part 1: The regulation associated with the standard, where applicable

Where a regulation is directly linked to a standard, it is listed. While a number of regulations can be related to one or more standards, for the purposes of inspection and reporting a 'best fit' approach to the regulations is taken and the regulation is linked to the most relevant standard.

Part 2: What a service striving for quality improvement looks like

Where a standard and regulation has been complied with, it is incumbent on providers to seek out ways to continuously improve the quality of their service and outcomes for children. This part of the guidance outlines examples of what children can expect of a service that is striving for quality improvement. We will acknowledge and report on improvements and quality initiatives.

Part 3: Examples of the information/evidence reviewed to assess compliance

This part gives examples of information/evidence that are reviewed to assist with assessing compliance. The examples are listed under the headings of observation, communication and documentation. These examples will support the planning of an inspection, gathering of information on site and the making of judgments about compliance.

The types of information reviewed will be determined by the history of compliance, specific areas of risk and outcome of the inspection planning. As part of this planning, inspectors will review documentation about this centre.

Part 4: Indicators which demonstrate the provider's and or person in charge's level of compliance with the regulations and standards

Compliance with the regulations and standards is the overall responsibility of the provider. The inspections give the provider and person in charge of the centre an opportunity to demonstrate how they have complied with the regulations and standards. The expectation is that providers continuously review and assess their service and put measures in place to comply with the requirements as laid out in the regulations and standards. The regulations are a minimum requirement, and the standards are intended to drive continuous quality improvement.

The examples detailed are not an exhaustive list but are there to assist determining the levels of compliance.

4. Guidance

4.1 Guidance on standards and regulations related to capacity and capability

This section describes standards and regulations related to the leadership and management of the centre and how effective they are in ensuring that a good quality and safe service is being provided. It considers how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

Standard 1.6	Each child is listened to and complaints are acted upon in a timely, supportive and effective manner
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What a service striving for quality improvement looks like

The provider has established and implemented effective systems to address and resolve issues raised by children, their families and other representatives.

A good complaints procedure is one which demonstrates that children using the service both directly and indirectly have a right to raise issues and have those issues addressed in a timely and respectful manner. There is a culture of openness and transparency that welcomes feedback, the raising of concerns and the making of suggestions and complaints. These are seen as a valuable source of information and, where necessary, are used to make improvements in the service provided.

Children are aware of their rights to raise issues without retribution, know how to raise issues and to whom they may report their concerns. Children are supported through this process and, where necessary, they have access to advocacy services. The complaints mechanism is in an accessible format for all, and information about complaints is displayed in a prominent position in the children's residential centre. There is a policy on the handling and investigation of complaints from any person about any aspects of the care and treatment provided in or on behalf of the children's residential centre. This has been adopted and implemented and is reflected in practice. It is reviewed at intervals not exceeding three years, and where necessary, reviewed and updated in accordance with best practice.

The complaints policy is supported by an effective complaints procedure that is used by children and others to exercise their right to raise issues and have those issues addressed in a timely and respectful manner. The procedure is set out in an accessible and age-appropriate format and includes an appeals procedure. A record of all complaints are maintained.

The registered provider demonstrates that the complaints procedure is monitored for effectiveness, including outcomes for children. Management ensures that the complaints procedure is in line with best practice guidelines where confidentiality and anonymity (when required) are maintained. Information regarding complaints forms part of the quality

improvement strategy of the service and is used to identify improvement opportunities.

Evaluation of the effectiveness of the complaints procedure consists of an element of the continuous quality improvement cycle, which, in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- whether there is a culture of openness that welcomes feedback and raising of concerns
- if complaints have been used to inform and improve service delivery, where applicable
- whether the complaints procedure is displayed in a prominent place in the centre
- the information made available to children on advocacy services
- whether the complaints procedure is in an accessible and age-appropriate format.

Through communication

Inspectors will communicate:

- with children to explore if they know how to raise a complaint; if they feel comfortable raising a complaint; if they feel listened to; if they were satisfied that complaints were responded to appropriately and in a timely manner; and if anything changed as a result
- with children to check if they know how to access advocacy support and advice when providing feedback or making a complaint
- with the provider, person in charge and staff to ascertain what they understand their role and responsibilities are regarding complaints, how complaints are managed and to establish if any complaints have led to service improvement.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the complaints policy and procedure
- information on advocacy services
- complaints logs and complaints management records
- records of any investigations or staff disciplinary actions.

Additional documents that may be reviewed include:

- audits relating to complaints
- the statement of purpose
- the children's information guide
- minutes of children's and staff meetings

- a review of the service.

Compliance indicators

Indicators of compliance include:

- the complaints process is user-friendly, accessible to all children and displayed prominently
- there is an appeals process that is fair and objective
- children and their families are made aware of the complaints process
- there is a suitable nominated person to deal with all complaints and ensure that all complaints are recorded and fully and promptly investigated
- records related to complaints are maintained as required
- complaints are resolved in a proactive and timely manner
- children are made aware promptly of the outcome of any complaint
- complaints are well-managed and bring about changes when required
- children can make complaints without fear of adverse consequences
- there is a culture of continuous improvement where complaints are used to plan, deliver and review services.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- there is no appeals process
- the complaints procedure is not accessible and or in an age-appropriate format
- children are not facilitated to exercise their right to make a complaint
- children have no access to advocacy services to assist in making a complaint
- a copy of the complaints procedure is not displayed in a prominent position in the centre
- children do not know who to complain to as they have not been supported to understand the complaints procedure
- complaints are not investigated in a prompt or timely manner
- staff do not know what to do in the event of a complaint being made to them
- measures required for improvement in response to a complaint are not implemented
- practice related to the management of complaints is inconsistent
- children have made complaints but have not received a response
- children who have made a complaint are adversely affected as a result.

Standard 2.4

The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Regulation

Regulation 16 Records

What a service striving for quality improvement looks like

Children's residential centres have a care record for each child. Record keeping is an integral part of care, and it is used to ensure continuity of care and to safeguard children. Information is accurate, appropriate, up to date and accessible. The child's care record is kept in line with requirement of regulations and in accordance with legislative and best practice requirements. Confidential information is ethically used and securely maintained to protect the rights of children. Information is available to the relevant specific children.

There is a system in place to ensure the records set out in the regulations are in place and are safe, accurate, of high quality and up-to-date. The child's original care record is forwarded to the designated social work department of the Child and Family Agency (Tusla), including where a child is discharged or transferred.

Evaluation of the effectiveness of record management consists of an element of the continuous quality improvement cycle, which in turn forms part of a review of the service.

Examples of information/evidence that will be reviewed**Through observation**

Inspectors will observe:

- if the confidentiality of children's information is respected
- where the records are stored.

Through communication

Inspectors will:

- ask children if they are satisfied with the information given to them
- explore with staff their understanding of maintaining children's care records appropriate to their role and responsibilities
- explore with social workers if the child's original care record is forwarded to the designated Tusla social work department
- determine if records are treated with confidentiality and stored securely.

Through a review of documents

Inspectors will review documents such as:

- children's care records

- the child's care plan
- children's daily logs.

Compliance indicators

Indicators of compliance include:

- there is a system in place to ensure that there are care records for each child which are available, accurate, safe and accessible
- each child has a care record that includes all of the information required by the regulations
- children's files are of high quality and records are factual, legible, well organised and up to date
- where a child was discharged from the children's residential centre or where the child was transferred to another children's residential centre and the child's original care record was forwarded to the designated Tusla social work department.

Indicators of substantial compliance include:

- while it is evident that care is delivered to a high standard, gaps are identified in the documentation; however, they do not result in a medium or high risk to children placed in the children's residential centre.

Indicators of non-compliance include:

- there is no system in place to ensure the children's care records are available, safe, accessible and or accurate
- records to be kept for each child are not in place or they are not kept in accordance with the regulations
- the original care records for each child are not forwarded to the designated Tusla social work department.

Standard 3.3

Incidents are effectively identified, managed and reviewed in a timely manner and outcomes inform future practice

Regulation 15

Notification of significant events

What a service striving for quality improvement looks like

Effective information governance arrangements are in place to ensure that the children's residential centre complies with notification of significant events requirements. The person in charge has ensured that incidents are notified to the child's social worker and other relevant parties in the required format within the specified timeframe and that all necessary information is submitted.

The provider and person in charge have developed and support a culture of openness, transparency and accountability. Incidents are appropriately managed and reviewed as part of continuous quality improvement to enable effective learning and reduce recurrences. Learning from the evaluation of incident reviews is communicated promptly and used to inform the development of best practice and ultimately improve service provision. Staff are actively involved in the quality assurance programme and take responsibility for areas such as the placement plan updates in response to learning from notifications. Staff have access to evidence-based research to support them in quality improvement initiatives and interventions to mitigate further episodes.

Evaluation of effectiveness of the management of notifications consists of an element of the continuous quality improvement cycle, which, in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- whether children have noticeable injuries following an incident or accident and check that this has been recorded in the centre and reported to relevant parties where required
- any incidents that occur whilst in the centre and examine how staff respond to the incident and determine if this response was appropriate and in line with the centre's policies and procedures.

Through communication

Inspectors will communicate:

- with children to see if they have been involved in an incident and determine their views on how incidents and accidents are managed
- with the person in charge and staff regarding the process for reporting and managing incidents and accidents

- with the person in charge to determine how she/he ensures that all incidents are recorded, notifications are made and any identified learning is used to improve the quality and safety of the service
- with staff to establish their understanding of incident management and whether it is in line with the regulations and the centre's policy
- with staff to explore if they receive feedback about any analysis of incidents and accidents carried out and whether practice has improved as a result.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to or during the inspection
- the policy on incidents where a child goes missing
- the incidents and accidents register
- records of notifications of significant events
- children's care and placement plans to determine if they have been updated when required following incidents and accidents.

Additional documents that may be reviewed include:

- staff rotas
- medicines records
- audits relating to incidents, accidents and near misses
- minutes of children and staff/management meetings
- a review of the service.

Compliance indicators

Indicators of compliance include:

- a record of all incidents occurring in the children's residential centre is maintained
- a notification is provided to the child's designated social worker and other relevant parties in a timely manner
- the provider notifies HIQA of the death of a child in residential care.

Indicators of non-compliance include:

- not all incidents and accidents are recorded in the centre
- a system is in place to record incidents and accidents but some incidents were not reviewed when required
- some incidents were not appropriately recorded
- while there is a log of all accidents and incidents, some were not reported to relevant parties in a timely manner
- HIQA has not been informed of the cause of the death of a child in care when it has been established.

Standard 5.1

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

Regulation 5

Care practices and operational policies

What a service striving for quality improvement looks like

Policies and procedures are not considered in isolation to the systems in place to ensure safe and effective care. The operational policies and procedures are essential for the safe delivery of care and to guide staff in delivering safe and appropriate care. They are about good governance from a provider perspective. Moreover, they are 'living' documents that are used by staff and reviewed and updated as required.

The provider has ensured that they have the relevant policies and procedures specific to the care needs of the children and the service that is provided.

A robust information governance system is in place, with responsibility assigned to ensure that there are written policies and procedures in place that are adapted to the service and reflect current practice.

The provider has ensured that the policies and procedures are consistent with relevant legislation, professional guidance and international best practice. The policies and procedures are service specific, clear, transparent and easily accessible. There is clear evidence that staff understand and use the children's residential centre's policies and procedures to deliver a safe and quality service.

Evaluation of the effectiveness of written policies and procedures are an element of the continuous quality improvement cycle, which in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- if the policies and procedures are pertinent to the specific service or if they are generic in nature
- if practice reflects the policies and procedures and have the policies and procedures been amended when required, for example, to reflect a new therapeutic or support intervention accessible to the children
- if the policies and procedures are consistently implemented in practice and if care practices have a positive impact on the outcomes for children
- practice and, if unacceptable practice is identified, review the relevant policy
- how staff access the policies and procedures.

Through communication

Inspectors will communicate:

- with children to explore their experience of living in the centre and whether their rights, independence and safety are promoted
- with children to determine their understanding of the care practices, policies and procedures and how they have reached this understanding
- with staff to establish if there is a system in place to inform staff of any changes to policies and procedures
- with staff to determine if they can demonstrate sufficient knowledge of the policies and procedures relevant to their work
- with staff to determine if there are opportunities for staff to discuss the content of the policies and procedures and their effectiveness with the provider and or person in charge
- with the provider/person in charge to determine how they have ensured that staff understand and consistently implement the policies and procedures.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during inspection
- written policies and procedures and determine if the policies and procedures have been reviewed when necessary, for example, to reflect changes in law and any guidelines issued by the Child and Family Agency (Tusla) in accordance with the Child Care (Amendment) Act 2011.

Additional documents that may be reviewed include:

- supplementary policies, procedures and guidelines to support specific care needs
- the statement of purpose
- a review of the service review.

Compliance indicators

Indicators of compliance include:

- all written policies and procedures are adopted and implemented, made available to staff and reviewed when required
- all policies and procedures are at least reviewed and updated at intervals not exceeding three years and, where necessary, to reflect best practice.

Indicators of substantial compliance include:

- while written policies and procedures are adopted and implemented, some gaps are

- evident in the maintenance of the documentation
- policies and procedures have been implemented into practice but some are not readily available to staff
 - a policy requires review. For example, the provider and person in charge have taken adequate measures to protect children from being harmed and from suffering abuse; however, some improvement is required to the policy on preventing abuse and responding to allegations or suspicions of abuse to reflect evidence-based practice.

Indicators of non-compliance include:

- policies and procedures have not been prepared in writing, adopted or implemented
- there is no policy on, for example, the handling and investigation of complaints from a child placed in the children's residential centre
- policies and procedures have been prepared in writing and adopted but have not been implemented
- while there is a policy in place, for example, on the provision of behavioural support, staff are not familiar with it and, therefore, it does not consistently inform practice or safeguard children
- all policies and procedures have not been reviewed and updated to reflect best practice at intervals not exceeding three years.

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

What a service striving for quality improvement looks like

Effective governance ensures positive outcomes for children using the service through care and support that is person-centred and promotes an inclusive environment where each resident matters. This involves providing a service in accordance with the stated purpose and the effective and efficient deployment of resources. Good communication is seen as the cornerstone on which safe and effective services are provided.

The governance and management systems in place assure the delivery of high-quality, child-centred care, supports learning and innovation, and promotes an open, fair and transparent culture that empowers the children using the service. Overall, accountability for the delivery of the service is clearly defined, and there are clear lines of accountability at individual, team and organisational level so that all staff working in the service are aware of their responsibilities and who they are accountable to.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- if the organisational structure outlined in the statement of purpose is reflected in practice.
- if the quality and safety of care and support as outlined in the service review is put into practice
- children's and staff's accessibility to management

Through communication

Inspectors will communicate with children:

- to determine their views and experiences of the culture within the centre, whether members of management are visible to them, their access to management and whether they consider there are enough resources.

Inspectors will speak with staff and managers to determine:

- if they are familiar with the management structure, including their understanding of their roles and responsibilities and the reporting structure

- their understanding of the aims and objectives of the service and how they are implemented
- their understanding of a quality service
- their understanding of risk management and their individual roles and responsibilities therein.

Inspectors will speak with the person in charge and the provider to determine:

- if they are knowledgeable of their responsibilities under the regulations
- their understanding of the aims and objectives of the service and how they are implemented.

Through a review of documents

Inspectors will review documents such as:

- service level agreements
- relevant policies and procedures.

Compliance indicators

Indicators of compliance include:

- the management structure is clearly defined and identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of service provision
- management systems are in place to ensure that the service provided is safe, appropriate to children's needs, consistent and effectively monitored
- the person in charge demonstrates sufficient knowledge of the legislation and his/her statutory responsibilities and has complied with the regulations and standards.

Indicators of substantial compliance include:

- there is a review of quality and safety of care but a copy is not made readily available to children or their representatives
- gaps are identified in the documentation but they do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- management systems are inadequate to ensure that the service provided is safe, appropriate and effectively monitored
- there is no defined management structure, and staff are unaware of the relevant reporting mechanisms
- there are no clear lines of accountability for decision-making

- it is unclear who is responsible for the delivery of services to children
- there are no appropriate arrangements in place for periods when the person in charge is absent from the centre
- the person in charge is ineffective in his/her role and outcomes for children are poor
- the centre is managed by a suitably qualified person in charge; however, there are some gaps in his/her knowledge of their responsibilities under the regulations and this has resulted in some specific requirements not being met.

Standard 5.3

The residential centre has a publicly available statement of purpose that accurately describes the services provided.

What a service striving for quality improvement looks like

The statement of purpose promotes transparency and responsiveness by accurately describing the children's residential centre's aims and objectives and the services provided, including how and where they are provided. The service that is defined in the statement of purpose is reflected in other related policies and procedures.

A good statement of purpose recognises the intrinsic value of the children using the service, recognising and promoting children's individuality and maximising their strengths and abilities.

The statement of purpose clearly describes the model of care and support delivered to the children placed in the children's residential centre. It reflects the day-to-day operation of the centre, and it is reviewed regularly and updated when necessary. It is publicly available and communicated to the children in the children's residential centre and their families in an accessible format.

The review and evaluation of the statement of purpose is incorporated in the service's governance arrangements to provide assurance that services and facilities are being delivered within the scope of the statement of purpose. This is part of the continuous quality improvement cycle, which, in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed**Through observation**

Inspectors will observe:

- if the statement of purpose accurately reflects the facilities and services provided. For example, whether the rooms, facilities and physical lay-out of the centre are as described in the statement of purpose; whether the centre provides the specific care and support documented in the statement of purpose; whether the organisational structure reflects the actual reporting structures; and whether the activities described in the statement of purpose are provided to children.

Through communication

Inspectors will communicate:

- with children to determine if they are aware of the purpose of the children's residential centre in which they are placed
- with children to confirm whether a copy of the statement of purpose has been made

- available to them and or their families/representatives, where applicable
- with the provider and person in charge to determine if they are familiar with the content of the statement of purpose and if they are satisfied that it reflects practice.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during inspection
- the statement of purpose to ensure that it contains all the required information as outlined in the standards, that the current version is available in the centre; and that the person in charge has reviewed and, where necessary, revised the statement of purpose.

Additional documents that may be reviewed include:

- admission records
- minutes of meetings with children
- the complaints register
- the children's' guide
- a service review.

Compliance indicators

Indicators of compliance include:

- the statement of purpose is in place and includes all information set out in the standards
- the statement of purpose is reviewed and revised when required
- a copy of the statement of purpose is available to the person in charge, children and their families in an age appropriate manner.

Indicators of substantial compliance include:

- the statement of purpose is available but does not include some information set out in the standards
- while there is evidence of reviews and necessary revisions of the statement of purpose, they do not occur as frequently as required but they do happen within a relevantly short period afterwards
- the statement of purpose is made available to the children but not their families.

Indicators of non-compliance include:

- there is no written statement of purpose
- the statement of purpose does not include much of the information set out in the

standards

- the statement of purpose is not kept under review or revised when necessary
- the written statement of purpose is not made available to the children and their families in an age appropriate manner.

Standard 5.4

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

What a service striving for quality improvement looks like

The governance systems ensure that service delivery is safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system in place. The provider, management team and person in charge are continually looking for innovative ways to meet the evolving needs of children placed in the children's residential centre and to ensure their rights are respected. There is evidence that they strive for excellence through consultation, research and reflective practice.

Continuous improvement is achieved through a culture of learning which supports training and development of staff, which in turn supports the ongoing enhancement of quality and safety. Continuing assessment and audits are part of the ongoing review of the service which evaluates outcomes for children.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- if the quality and safety of care and support as outlined in the service review is put into practice
- if there is evidence of learning and, if necessary, improvement brought about as a result of the findings of any reviews, monitoring visits and or consultation
- is there evidence that feedback from children, relatives, staff and others has been used to inform practices
- if the organisational structure outlined in the statement of purpose is reflected in practice.

Through communication

Inspectors will communicate with children:

- to establish if they have given any feedback to the service via an annual report, audits, surveys or other mechanisms;
- to determine if a copy of an annual report is made available to them.

Inspectors will speak with staff and managers to determine:

- their understanding of a quality service

- if there is a culture of openness and transparency and whether staff know how to raise concerns about the quality and safety of the care and if they feel supported to do so
- if there are adequate resources to drive improvement and change.

Inspectors will speak with the person in charge and the provider to determine:

- if they are knowledgeable of their responsibilities under the regulations
- their understanding of the aims and objectives of the service and how they are implemented.

Through a review of documents

Inspectors will review documents such as:

- complaints, medication errors and adverse events records
- the annual review report
- relevant external audits and reports.

Compliance indicators

Indicators of compliance include:

- there is an annual review of the quality and safety of care and support in the centre
- a copy of the service review is made available to children
- children and their families are consulted with in the completion of the annual review of the quality and safety of care
- arrangements are in place to ensure staff exercise their individual and collective responsibility for the quality and safety of the services that they are delivering.

Indicators of substantial compliance include:

- there is a review of quality and safety of care but a copy is not made readily available to children or their representatives
- gaps are identified in the documentation but they do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- management systems are inadequate to ensure that the service provided is safe, appropriate and effectively monitored
- an review of the quality and safety of care in the centre does not take place
- an review of the quality and safety of care in the centre takes place but there is no evidence of learning from the review
- the provider (or nominated person) does not produce a report on the safety and quality of care and support provided in the centre.

Standard 6.1	The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.
Regulation 6	Staffing

What a service striving for quality improvement looks like

Management organises and manages its workforce to ensure that the number, qualifications, experience, suitability and availability of staff members employed is appropriate, having regard to the statement of purpose and the number and assessed needs of children. There is a system in place to respond to staff absences.

The culture and ethos of the organisation is embodied by staff, who clearly recognise their role as advocates for the children placed in the children's residential centre. Staff facilitate a supportive environment at all times, and they are well equipped with the knowledge and skills to recognise signs of abuse and the actions required to protect the children from harm.

The continuity of support and the maintenance of relationships are promoted through strategies for the retention of staff and ensuring sufficient staffing levels, and by avoiding excessive use of casual, short-term, temporary and agency workers. Appropriate on call arrangements should be in place. Where the person in charge delegates duties to qualified staff, this should be clearly recorded.

Evaluation of effectiveness of staffing arrangements consists of an element of the continuous quality improvement cycle, which, in turn, forms part of an annual review.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- if the staff/child ratio is sufficient during day, night and weekend shifts
- staff practices and interactions with children to determine if there are enough suitable staff on duty, whether staff have the necessary skills to meet children's needs, that these needs are being met and that children are safe
- if cover arrangements are in place for staff absences, where applicable
- the way in which staff are deployed and how the shifts are covered to meet children's needs
- staff handovers to observe the level of knowledge of staff and how effectively they communicate
- if the planned and actual staff rotas correspond.

Through communication

Inspectors will communicate:

- with children to establish their view on and experience of staffing in the centre, for example, how staffing levels impact on their daily lives. This may also include talking to their relatives and friends, advocates and any visiting professionals
- with the provider to confirm how they ensure that staffing is appropriate
- with staff and the person in charge to explore staffing arrangements and how shifts are managed, especially at weekends and night time; if staffing levels are maintained or increased at busy times; and if staff are employed to meet the different needs of children
- with the person in charge to determine, in situations when staff are employed on a less than full-time basis, how the provider and person in charge ensure that this does not cause a negative impact on children and that continuity of care is maintained
- with the person in charge to ensure that appropriate measures are in place to ensure that interns, students and trainees are suitable
- with the person in charge to ensure that duties are delegated appropriately, where applicable.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- a sample of planned and actual staff rota
- workforce plans
- relevant policies and procedures.

Compliance indicators

Indicators of compliance include:

- there is enough staff on duty with the right skills, qualifications and experience to meet the assessed needs of children at all times
- staffing levels take into account the statement of purpose and number and needs of children
- students, interns and trainees are suitable and are additional to the staff team
- there is an actual and planned staff rota
- the assessed needs of children are met in a respectful, timely and safe manner and there is continuity of care, particularly where staff are employed less than full time.

Indicators of substantial compliance include:

- there are enough staff on duty to meet the assessed needs of children but the planned rota does not fully match the staff on duty.

Indicators of non-compliance include:

- the number, qualifications, experience, suitability, skill-mix and availability of staff is inappropriate having regard to the statement of purpose and the number and needs of children placed in the children's residential centre
- the staffing levels and skill mix are not sufficient to meet the assessed needs of children
- there is evidence of negative outcomes for children due to staff shortages and there is no planned and or actual staff rota in place
- no contingencies are in place to cover staff on annual leave or sick leave
- students, interns or trainees are not suitable and are supernumerary.

Standard 6.2

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

What a service striving for quality improvement looks like

Each staff member plays a key role in delivering person-centred, effective, safe care and support to the children placed in the children's residential centre. Staff have the necessary competencies and skills to care for and support the residents.

Recruitment practices ensure that the staff have the necessary competencies and skills to support the children placed in the children's residential centre. Management is satisfied that a staff member employed is suitable to work in the children's residential centre and has obtained all records and documents as required by regulation. Staff are always available to ensure the safety of children, and contingency plans are in place in the event of a shortfall in staffing levels.

There is a written code of conduct for all staff, developed in consultation with children. Staff also adhere to the codes of conduct of their own professional body or association and or professional regulatory body.

Evaluation of effectiveness of staffing arrangements consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the service review.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- staff practices and interactions with children to determine if there are enough suitable staff on duty, whether staff have the necessary skills to meet children's needs, that these needs are being met and that children are safe
- how staff adhere to codes of conduct.

Through communication

Inspectors will communicate:

- with the person in charge about the recruitment process
- with the person in charge to ensure that staff are registered with the relevant professional regulatory body as appropriate.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the recruitment, selection and Garda vetting policies
- a sample of staff files
- the relevant current registration status with professional bodies for health and social care professionals that work in the centre
- job descriptions
- code of conduct for staff.

Compliance indicators

Indicators of compliance include:

- there are effective recruitment procedures in place that includes checking and recording all required information
- there are up-to-date, accurate and secure personnel files maintained for all staff
- all relevant members of staff have an up-to-date registration with the relevant professional body
- job descriptions and terms of employment are in place.

Indicators of substantial compliance include:

- gaps are identified in the documentation but they do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- the number, qualifications, experience, suitability, skill-mix and availability of staff is inappropriate having regard to the statement of purpose and the number and needs of children placed in the children's residential centre
- gaps identified in the documentation resulted in potential or actual risk to children using the service, for example, no Garda vetting available for staff.

Standard 6.3

The registered provider ensures that the residential centre support and supervise their workforce in delivering child-centred, safe and effective care and support.

What a service striving for quality improvement looks like

All staff receive support and supervision by appropriately qualified and experienced personnel to ensure that they perform their duties to the best of their ability. Those who supervise staff are provided with training in supervision theory and practice. Staff are provided with access to support, advice and supervision. A written record is maintained of each supervision, support and performance appraisal, and a copy is given to the staff member. The record is signed by the supervisor and staff member at the end of each appraisal and is available for inspection. Each staff member's performance is formally appraised at least annually by appropriate personnel.

The children's residential centre protects its workforce from the risk of work-related stress, bullying or harassment, and it listens to and responds to the views of staff.

There is a written code of conduct for all staff, and staff adhere to the codes of conduct of their own professional body and or professional regulatory body, where applicable. Staff understand their roles and responsibilities as well as accountability and reporting lines. Staff are supported to effectively exercise their professional accountability for the provision of effective and safe care.

Examples of information/evidence that will be reviewed**Through observation**

Inspectors will observe:

- staff's access to managers for supervision and support
- team meetings.

Through communication

Inspectors will speak with:

- children to explore how staff engage with them on a daily basis and their experience of being supported and guided by staff
- staff to explore staff appraisals and determine if professional development forms part of the appraisal system
- staff and the person in charge to explore the quality of supervision, mentoring and support available to them.

Through a review of documents

inspectors will review documents such as:

- staff supervision records
- staff appraisals/performance management documentation
- any records of disciplinary actions
- supervision and support policies
- the performance management procedure.

Compliance indicators

Indicators of compliance include:

- staff understand their roles and responsibilities, have clear accountability and reporting lines and are aware of the policies and procedures to be followed at all times
- staff receive regular supervision and support by appropriately qualified and experienced staff in accordance with the centre's supervision policy
- quality supervision is in place that informs practice and accountability
- staff members' performance is formally appraised, at least annually.

Indicators of substantial compliance include:

- gaps are identified in the required documentation; however, this does not result in a medium or high risk to the children in the children's residential centre.

Indicators of non-compliance include:

- staff are not supervised appropriate to their role and responsibility
- there is no system in place for staff appraisals
- there is an absence of appropriate records related to staff supervision and appraisal.

Standard 6.4

Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.

What a service striving for quality improvement looks like

Staff have access to professional development courses and training to enable them to provide care in accordance with evidence-based practice and to promote and protect the life, health, safety, development and welfare of each child. A record is maintained of any professional development courses or training undertaken. Any intern, trainee or a person on a placement as part of a vocational training course is considered supernumerary, and they receive appropriate training in relation to dealing with the care, welfare and protection of children placed in the children's residential centre; the statement of purpose; and relevant care practices and operational policies and procedures.

A culture of learning is promoted through training and professional development as well as through the quality improvement strategy to ensure positive outcomes for children living in the children's residential centre in all aspects of their lives. The person in charge promotes a clear vision for the children's residential centre with a strong focus on child-centred care and protection. The service supports staff to continuously update and maintain their knowledge and skills to ensure the delivery of child-centred, safe and effective services for children. Management and supervision training is provided to all new managers who manage front-line staff.

Ongoing training programmes encourage a rights-based approach to care provision where the core human rights principles of fairness, respect, equality, and dignity are promoted. The person in charge works with staff, interns, trainees and persons on a vocational training placement to evaluate and improve care provision and ensure continuity of quality care.

A training needs analysis is completed periodically with all staff, and relevant training is provided as part of a continuous professional development (CPD) programme. As aspects of service provision change and develop over time, the service supports staff to continuously update and maintain their knowledge and skills. The training needs of the workforce are regularly monitored to ensure the delivery of high quality, safe and effective care and support.

Staff are aware of the legislation relevant to their roles and responsibilities. Copies of the relevant legislation, regulations, standards and other relevant guidance published by Government or other statutory agencies are available to staff. New and existing legislation and national policy are reviewed on a regular basis, and staff are informed what is relevant to their service, how it impacts on practice and are supported to address any gaps in compliance.

There is a policy on staff training and development. This has been adopted and implemented and is reflected in practice. The policy is reviewed at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice.

Evaluation of the effectiveness of training and staff development consists of an element of the continuous quality improvement cycle, which, in turn, forms part of the annual review.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- if staff interactions with children demonstrate that appropriate training has been received. For example children's individual needs are being met or it may highlight areas for professional development
- they have the required competencies to care for children in the children's residential centre
- staff handovers to ascertain how the needs of the children are communicated and the activities and tasks that are to be progressed
- if copies of the regulations, HIQA's standards and any relevant guidance are made available to staff
- if practice is informed by training
- team meetings to ascertain the quality of communication amongst staff and the extent to which this forum is used to discuss and direct the care of the children.

Through communication

Inspectors will communicate:

- with children to explore how staff engage with them on a daily basis
- with staff about their training and whether they feel this has enabled them to care for and support residents effectively when they started work and on an ongoing basis
- with staff to determine if they are informed and are knowledgeable about the regulations and standards
- with the person in charge to learn about the quality of training and to determine how the centre's training policy is implemented in practice.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- staff training and development policy
- staff training and development attendance records
- staff training records
- the continuing professional development programme/training matrix/professional development plans.

Additional records that may be reviewed include:

- the service review.

Compliance indicators

Indicators of compliance include:

- the training available to staff enables them to provide care that reflects up-to-date, evidence-based practice
- staff receive ongoing training as part of their CPD that is relevant to the needs of children
- education and training provided reflects the statement of purpose
- staff are able to deliver care and support to children because their learning and development needs have been met
- staff are aware of the current legislation, the regulations and the standards.

Indicators of substantial compliance include:

- gaps are identified in the documentation but they do not result in a medium or high risk to residents using the service
- staff are informed of the regulations and standards but copies are not available to them
- staff have received relevant training, demonstrate knowledge and competence in these areas and have implemented this training into practice; however, some staff members have not completed refresher training.

Indicators of non-compliance include:

- the policy on training is not implemented
- staff have very limited or no access to appropriate training
- a training programme is in place for staff but some staff have not received mandatory training
- staff have received training but there is evidence that training is not always put into practice
- staff have no or limited awareness of the regulations and or the standards
- staff have no access to the regulations, standards and other relevant guidance.

Standard 7.1

Residential centres plan and manage the use of available resources to deliver child-centred, safe and effective care and support.

What a service striving for quality improvement looks like

The service is provided in accordance with the statement of purpose, and it deploys resources effectively and efficiently.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- if there are sufficient resources available to ensure effective delivery of care and support in line with the statement of purpose and if they are deployed efficiently, for example, whether there are enough staff, children have access to the supports they require, and there is an appropriate and safe environment.

Through communication

Inspectors will communicate:

- with children to determine their views and experiences of the culture within the centre, whether members of management are visible to them, their access to management and whether they consider there are enough resources
- with staff and managers to determine if there are adequate resources to drive improvement and change
- with staff and managers to determine if there is a culture of openness and transparency when planning, procuring and managing the use of resources.

Through a review of documents

Inspectors will review documents such as:

- administrative files
- children's questionnaires received prior to and during the inspection.

Compliance indicators

Indicators of compliance include:

- there are adequate resources to support the delivery of individual children's care plan
- the facilities and services in the centre reflect the statement of purpose
- practice is based on best practice and complies with legislative and regulatory requirements.

Indicators of substantial compliance include:

- gaps are identified in the documentation but they do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- there are insufficient resources in the centre to meet the care and support needs of children and the delivery of care and support is not in accordance with the statement of purpose
- there are sufficient resources but they are not appropriately managed to adequately meet children's needs
- management systems are inadequate to ensure that the service provided is safe, appropriate and effectively monitored
- there is no defined management structure, and staff are unaware of the relevant reporting mechanisms
- there are no clear lines of accountability for decision-making.

Standard 8.1

Information is used to plan, manage and deliver child-centred, safe and effective care and support.

What a service striving for quality improvement looks like

There are systems in place to enable and ensure information is confidentially maintained, ethically used, of high quality, accurate, appropriate, kept up to date and accessible to relevant staff.

Continuous improvement is achieved through a culture of learning which supports training and development of staff, which in turn supports the ongoing enhancement of quality and safety. Continuing assessment and audits are part of the ongoing review of the service which evaluates outcomes for children.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- if there is evidence of learning and, if necessary, improvement brought about as a result of the findings of any reviews, monitoring visits and or consultation
- is there evidence that feedback from children, relatives, staff and others has been used to inform practices.

Through communication

Inspectors will communicate with:

- with children to establish if they have given any feedback to the service via audits, surveys or other mechanisms
- with staff and managers to determine if there is a culture of openness and transparency and whether staff know how to raise concerns about the quality and safety of the care and if they feel supported to do so
- to assess how effective communication is within the children's residential centre
- if feedback is delivered and how it is delivered
- if they are empowered to raise issues and make suggestions about the centre.

Through a review of documents

Inspectors will review documents such as:

- surveys of children who use the service
- administrative files
- monitoring reports
- children's questionnaires received prior to and during the inspection
- relevant external audits and reports
- children's files.

Compliance indicators

Indicators of compliance include:

- management systems are in place to ensure that the service provided is safe, appropriate to children's needs, consistent and effectively monitored
- the person in charge demonstrates sufficient knowledge of the legislation and his/her statutory responsibilities and has complied with the regulations and standards
- there is a review of the quality and safety of care and support in the residential centre.

Indicators of substantial compliance include:

- gaps are identified in the documentation but they do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- management systems are not in place to ensure that the service provided is safe, appropriate to children's needs, consistent and is not effectively monitored
- the person in charge does not demonstrate sufficient knowledge of the legislation and his/her statutory responsibilities and has not complied with the regulations and standards
- there is no review of the quality and safety of care and support in the residential centre.

Standard 8.2

Effective arrangements are in place for information governance and records management to deliver child-centred, safe and effective care and support.

Regulation 21

Maintenance of Register

What a service striving for quality improvement looks like

Record keeping is a fundamental part of practice and is essential to the provision of safe and effective care. There is a clear understanding that good record keeping has a number of important functions such as:

- improving communications
- supporting delivery and continuity of care for the child
- demonstrating decision making
- identifying risk for children
- safeguarding children.

There is a system in place that ensures records are up to date, of high quality and accurate at all times, and this supports the effective and efficient running of the centre. All records that are required by the regulations are retained in the children's residential centre. Information is appropriate, accessible and, where information is confidential in nature, it is ethically used and securely maintained to protect the rights, including privacy, of the children. There are also appropriate systems in place for the safe archiving, destruction and backup of records. There is a policy in place for the creation of, access to, retention of and destruction of records. This has been adopted and implemented, and it is reflected in practice. The policy is reviewed at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice. Relevant managers and staff are aware of their roles and responsibilities regarding the management of these records.

Evaluation of the effectiveness of record management consists of an element of the continuous quality improvement cycle, which in turn, forms part of the annual review.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- if records are appropriately maintained in the centre
- if records are securely stored in accordance with the regulations
- if records are complete and well written
- if records are safe and secure and if confidentiality is maintained
- if archiving arrangements are satisfactory and archived files are easily retrievable
- if there are different levels of access to information systems for different staff grades
- if there is a system to protect against accidental loss of data
- if staff are able to access care records at all times

- if children can access their files
- data storage.

Through communication

Inspectors will communicate:

- with children to determine if they can access their records
- with the provider and person in charge to determine what systems are in place to ensure records are held in accordance with the regulations, ethically used and safely maintained
- with staff to explore their understanding of the systems that are in place to appropriately maintain records.

Through a review of documents

Inspectors will review:

- a sample of documents required to be maintained by the children's residential centre in line with the regulations.

Compliance indicators

Indicators of compliance include:

- effective information governance systems, including record keeping and file management systems, are in place to support the delivery of a child-centred, safe and effective service
- there is a system in place to ensure the records set out in the regulations are available, accurate, safe and accessible
- records are accurate, complete, legible and up to date
- records are kept secure but easily retrievable
- children can access their own records
- children's records and other records are kept for the required timeframe
- records that relate to children are kept in perpetuity
- there is a system in place for the transfer of records following discharge of the child from the children's residential centre
- records relating to inspections by other authorities (fire/food safety/health and safety) are maintained.

Indicators of substantial compliance include:

- records are substantially available and existing gaps do not result in a medium or high risk to children.

Indicators of non-compliance include:

- records set out in the regulations have not been maintained
- information governance systems are poor and do not support the delivery of a child-centred, safe and effective service
- there is no system in place to ensure the records set out in the regulations are available, safe, accessible and accurate
- systems in place do not assure the availability, safety and accessibility of records
- children's records are not kept in perpetuity.

4.2 Guidance on standards and regulations related to quality and safety

This section discusses standards and regulations related to the care and support children receive and if they are of a good quality and ensure children are safe. It includes information about the care and supports that should be available for children and on the environment in which they live.

Standard 1.1	Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.
Regulation 10	Religion
Regulation 4	Welfare of child

What a service striving for quality improvement looks like

The culture of the organisation is one that ensures the rights of children as enshrined in the UN Convention on the Rights of the Child and in Irish law are promoted and protected. This culture is based on a shared value system that respects all aspects of children's uniqueness, recognises their individuality and treats children as valued human beings. Children placed in the children's residential centres will be treated as equals and as individuals in their own right.

The service promotes a child-centred approach through recognising children's rights, including their right to be listened to and to participate in decisions made about their lives, while taking into account children's age, ability and maturity. Policies and procedures adhere to international human rights instruments, legislation, regulation, national policy, professional guidance and evidence-based guidelines. Care practices in the children's residential centre respect and promote the rights of children.

The children's residential centre values diversity and is inclusive of all groups of children who may be in a minority as a result of their ethnicity and culture.

Religious practices are facilitated in so far as is reasonably practicable and a record of the manner in which such practice is facilitated is maintained as part of the child's care record.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- how staff and children interact, for example, staff response to queries or concerns of children who use the service

- whether language used is appropriate to the child
- whether children's rights are promoted by staff and social workers
- children's meetings
- if staff speak in a respectful and caring way about children
- interpretative services used by children and their families
- whether children can attend religious/spiritual services if they wish
- how children's privacy and dignity is promoted and supported. For example, whether the design, layout and facilities supports privacy and dignity and if closed-circuit television (CCTV) is installed (if applicable), where it is located and how it is used
- care planning and review meetings.

Through communication

Inspectors will communicate with children to:

- find out if they get to enjoy a way of life that enables self-determination and the opportunity to have fulfilling experiences. For example, can children make choices about the services and supports they use and how they use them
- determine if different beliefs are provided for
- determine if they require any interpretative services
- explore their knowledge of rights, policies and procedures and if these have been implemented consistently and how they exercise choice
- determine if they can access advocacy services and information on their rights
- check if children are aware that CCTV is in use (where applicable)
- find out whether children are given explanations when they need them and in a way that they understand
- establish how consent is sought and how children are involved in decision making
- determine if children are supported to take part in activities that they enjoy and are meaningful to them, and include new experiences and social participation
- establish if children have opportunities for play and age-appropriate opportunities to be alone.

Inspectors will communicate with staff and managers to:

- explore how they promote and respect children's rights and children exercising choice
- determine what interpretative services are available if they are required and how are they accessed
- determine how children are facilitated in their religious practices
- explore their knowledge of rights, policies and procedures and if these have been implemented consistently.

Inspectors will communicate with the person in charge to:

- determine how appropriate care and support is provided in line with evidenced-based practice and how children's preferred interests are determined
- explore how they promote and respect children's rights and children exercising choice.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to or during inspection
- information for children on their rights and advocacy services
- records of children's meetings
- records of advocacy arrangements/visits
- records of the use of interpretive services
- care and placement plans
- school reports
- daily records
- individual records relating to facilitation of social , cultural and religious practices
- records relating to diversity.

Compliance indicators

Indicators of compliance include:

- the provider addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured
- service planning and delivery is responsive to diversity, including age, gender, sexual orientation, disability, family and civil status, race, language, religious beliefs and ethnic and cultural background of each child
- children are facilitated to exercise their civil, legal, and religious rights and can make informed decisions about the management of their care and are provided with appropriate information
- children are consulted and participate in how the centre is planned and run
- staff members treat children with dignity and respect
- personal care practices respect children's privacy and dignity and children are encouraged to maintain their own privacy and dignity.

Indicators of substantial compliance include:

- children's rights are promoted in practice but appropriate information is not made available to children about their rights

- there are some gaps in documentation but care is delivered to a high standard and did not result in a medium to high risk to children.

Indicators of non-compliance include:

- the provider does not address any breach of rights promptly and systemically to ensure opportunities for improvement are captured
- service planning and delivery is not
- responsive to diversity, including age, gender, sexual orientation, disability, family and civil status, race, language, religious beliefs and ethnic and cultural background of each child
- children are not facilitated to exercise their civil, legal, and religious rights and cannot make informed decisions about the management of their care and are not provided with appropriate information
- children are not consulted and do not participate in how the centre is planned and run
- staff members do not treat children with dignity and respect
- personal care practices do not respect children's privacy and dignity and children are not encouraged to maintain their own privacy and dignity.

What a service striving for quality improvement looks like

Children's privacy and dignity is respected at all times, particularly in relation to personal communications. This is evident in the respectful way in which staff communicate with the children. Each child is listened to with care and respect by staff. Children receive clear information in a way they can understand when any proposed action is being considered in order to help them make informed choices and decisions. Their views are taken into account in all decisions, and children have choice in how to spend their day. Children are encouraged and supported to direct how they live on a day-to-day basis according to personal values, beliefs and preferences.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- whether language used is appropriate to the child
- how children's privacy and dignity is promoted and supported. For example, whether the design, layout and facilities supports privacy and dignity and, if closed-circuit television (CCTV) is installed (if applicable), where it is located and how it is used
- how privacy and dignity is respected in relation to care provision, communications and personal information. For example, do staff knock and seek permission before entering children's bedrooms and is information about children communicated discretely during staff handover
- if children's personal belongings are respected and in particular, items which are of importance to them
- if memorabilia of children's childhood are stored safely for when they leave care. For example, photographs and memory boxes
- the care planning and review meetings.

Through communication

Inspectors will communicate with children to:

- find out if their privacy is respected and that they have personal space and personal belongings
- explore their knowledge of rights, policies and procedures and if these have been implemented consistently and how they exercise choice

- determine if they can access advocacy services and information on their rights
- check if children are aware that CCTV is in use, where applicable
- establish how consent is sought and how children are involved in decision making.

Inspectors will communicate with staff and managers to:

- explore their knowledge of rights, policies and procedures and if these have been implemented consistently
- determine how they support children's privacy, dignity and confidentiality

Inspectors will communicate with the person in charge to:

- determine how appropriate care and support is provided in line with evidenced-based practice and determine how children's rights are promoted and facilitated.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to or during inspection
- information for children on their rights and advocacy services
- records of children's meetings
- records of advocacy arrangements/visits
- care and placement plans
- daily records.

Compliance indicators

Indicators of compliance include:

- service planning and delivery is responsive to children's right to privacy and dignity
- staff members treat children with dignity and respect
- personal care practices respect children's privacy and dignity and children are encouraged to maintain their own privacy and dignity
- information about children is safeguarded
- care practices promote and respect children's rights.

Indicators of substantial compliance include:

- there are some gaps in documentation but care is delivered to a high standard and did not result in a medium to high risk to children.

Indicators of non-compliance include:

- service planning and delivery does not respect children's right to privacy and dignity
- staff members do not treat children with dignity and respect
- personal care practices do not respect children's privacy and dignity and children are not encouraged to maintain their own privacy and dignity
- children's information is not safeguarded
- care practices do not promote and respect children's rights.

Standard 1.3

Each child exercises choice, has access to an advocacy service and is enabled to participate in making informed decisions about their care.

What a service striving for quality improvement looks like

A sensible balance is made between the reasonable risks children want to take and their safety. Each child is encouraged to work out a structure to their daily lives that best reflects their goals, activities and needs and are assisted in doing so, if required. Children are consulted about and make decisions regarding the services and supports they receive, and their views are actively and regularly sought by the service. Children's meetings are held regularly. Children report that they are consulted with and enabled to participate in the organisation of the centre. They are aware of independent advocacy services and have access to these services.

Children are facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Children can access citizens' information and advocacy services or an advocate of their choice when making decisions, in accordance with their wishes. This helps guarantee that consultation, with the option of support from an advocate, is the foundation for all decisions related to service provision and development. The assistance, support and representation available to children focuses on their specific needs and rights and provides an environment in which children can assert their rights to challenge the decisions and actions which restrict their opportunities and to obtain justice and equality in their daily lives.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- how staff and children interact, for example, staff response to queries or concerns of children who use the service
- whether language used is appropriate to the child
- the decision-making process to see if children are supported and actively involved and given the freedom to exercise autonomy, choice and independence. For example, day-to-day decisions that form part of the child's daily routine, including household tasks or activities
- whether there is a sensible balance between the choices children make, the risks involved and the children's safety
- whether children are consulted with and participated in how the centre is run

- if children have access to advocacy and information about their rights in a way they can understand
- if children can participate in activities that suit their interests, capacities and developmental needs
- the care planning and review meetings.

Through communication

Inspectors will communicate with children to:

- find out if they get to enjoy a way of life that enables self-determination and the opportunity to have fulfilling experiences. For example, can children make choices about the services and supports they use and how they use them
- explore their knowledge of rights, policies and procedures and if these have been implemented consistently and how they exercise choice
- establish how consent is sought and how children are involved in decision making.

Inspectors will communicate with staff and managers to:

- explore their knowledge of rights, policies and procedures and if these have been implemented consistently
- explore how they support children to make decisions. For example, do they respect the choices that children made, treat children with kindness and listen to them
- establish how consent is sought and how children are involved in decision making.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to or during inspection
- information for children on their rights and advocacy services
- records of children's meetings
- records of advocacy arrangements/visits
- care and placement plans
- records of keyworking sessions with children
- daily records.

Compliance indicators

Indicators of compliance include:

- the centre is managed in a way that maximizes children's capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting children's preferences
- children are facilitated to exercise their civil, legal, and religious rights and can make informed decisions about the management of their care as they are provided with appropriate information
- children are consulted and participate in how the centre is planned and run
- children are informed of the daily arrangements in the centre
- children are informed about how their personal information is managed
- children have access to advocacy services and information about their rights.

Indicators of substantial compliance include:

- children are not provided with enough information about choice
- children's rights are promoted in practice but appropriate information is not made available to children about their rights
- there are some gaps in documentation but care is delivered to a high standard and did not result in a medium to high risk to children.

Indicators of non-compliance include:

- the centre is not managed in a way that maximizes children's capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting children's preferences
- children are not facilitated to exercise their civil, legal, and religious rights and cannot make informed decisions about the management of their care as they are not provided with appropriate information
- children are not consulted and do not participate in how the centre is planned and run
- children are not informed of the daily arrangements in the centre
- children are not informed about how their personal information is managed
- children do not have access to advocacy services and information about their rights.

Standard 1.4

Each child has access to information, provided in an accessible format that takes account of their communication needs.

What a service striving for quality improvement looks like

Children can access citizens' information and advocacy or interpretive services or an advocate of their choice when making decisions, in accordance with their wishes. This helps guarantee that consultation, with the option of support from an advocate, is the foundation for all decisions related to service provision and development. The assistance, support and representation available to children focuses on their specific needs and rights and provides an environment in which children can assert their rights to challenge the decisions and actions which restrict their opportunities and to obtain justice and equality in their daily lives.

Children receive clear information in a way they can understand when any proposed action is being considered in order to help them make informed choices and decisions.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- how staff and children interact, for example, staff response to queries or concerns of children who use the service
- whether language used is appropriate to the child
- interpretative services used by children and their families
- if children have access to advocacy and information about their rights in a way they can understand
- whether children's rights are promoted by staff and social workers
- children's meetings
- if children have appropriate access to a telephone, television, newspapers and the Internet in accordance with policies
- the care planning and review meetings.

Through communication

Inspectors will communicate with children to:

- determine if they can access advocacy services and information on their rights
- find out whether children are given explanations when they need them and in a way that they understand.

Inspectors will communicate with staff and managers to:

- explore how they promote and respect children's right to appropriate information
- explore how children's communication needs are assessed.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to or during inspection
- information for children on their rights and advocacy services
- records of children's meetings
- records of advocacy arrangements/visits
- care and placement plans
- records of keyworking sessions with children
- daily records.

Standard 1.5	Each child develops and maintains positive attachments and links with family, the community, and other significant people in their lives.
Regulation 8	Access arrangements

What a service striving for quality improvement looks like

There is an open and welcoming atmosphere which is child-centred. Family and friends are welcomed by the service, and they participate in and are regularly involved in the child's life, in accordance with the child's wishes and any direction issued by the court. Visits are facilitated and do not impact negatively on the other children living in the centre. Children have access to a private space to receive their visitors if they so wish. A record of all contact and visits to the child is maintained in the child's care records.

Staff do not place restrictions on visits unless requested by the child or for specific reasons, such as in the interests of safety, in adherence with a court order or where the family/guardian or social worker has requested the restriction.

Children are facilitated and encouraged to engage in social activities and leisure interests in the local community, consistent ensuring their safety and security.

The provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the visiting arrangements for each child consists of an element of the continuous quality improvement cycle, which, in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- visiting arrangements, including any restrictions, for example, the way in which visits are facilitated, whether visitors are welcomed to the centre and if the visiting arrangements are flexible
- if there is suitable communal facilities and private areas available for children to receive visitors
- that family visits are supervised if required
- if direct contact is not possible, arrangements for telephone or alternative forms of contact are encouraged and facilitated.

Through communication

Inspectors will communicate with children to:

- establish what their wishes are on receiving visits and if these wishes are being met. For instance, can children receive visitors within the centre and what are the arrangements for visits outside the centre?
- ask if there are restrictions to visitors and explore the rationale for this
- establish if they have maintained links with the community.

Inspectors will communicate with staff, managers and social workers to:

- explore their understanding and responsibilities to ensure children maintain personal relationships and links with the community
- explore the level of contact children have with their families, significant others and the community
- ask about visiting arrangements.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the policy on visitors
- the visitors' sign in book
- children's court orders, care and placement plans, daily logs and any associated documentation in relation to any restrictions in place
- children's care records related to visits and contact by family members
- records of children's access to social and leisure interests in the community.

Compliance indicators

Indicators of compliance include:

- children meet with their visitors in private without any restrictions
- children can receive visitors unless there is a risk posed, the child has requested the restriction, a court order requires it, or where family/guardian or social worker has requested the restriction
- children can receive visitors in suitable communal facilities
- if required, children can receive visitors in a suitable private area which is not the child's bedroom
- children have access to the social and leisure interests in the community, if appropriate.

Indicators of substantial compliance include:

- there is not enough suitable communal space for children to receive visitors
- children are facilitated to receive visitors but there is not enough private space for children to use.

Indicators of non-compliance include:

- appropriate arrangements are not in place to facilitate visiting and contact with the children
- there is no appropriate space for children to receive visitors in private if they so wish
- systematic restriction of visiting takes place
- visiting is restricted with no apparent rationale or risk assessment
- a record of visitors and contact with family and significant others is not maintained
- the rationale or risk relating to restricting a child's access to social and leisure interests in the community is not evident.

Standard 2.1

Each child's identified needs informs their placement in the residential centre.

What a service striving for quality improvement looks like

There is a clear planned approach to admissions and there are opportunities to visit the centre prior to admission. Consideration of admission to the centre takes into account the services outlined in the statement of purpose and children living in the centre. Therefore, the policy on admission to the residential centre takes account of the rights of children and does not discriminate on admission. Children living in the centre are informed of new admissions, with due regard to the rights of the child being admitted. Admission to the residential centre is timely and children are given the opportunity to visit the centre and meet with staff and other children. All proposed admissions to the residential centre are considered and assessed against the centre's statement of purpose to ensure the centre can meet the needs of each child as identified in the child's up-to-date and comprehensive assessment of need. Staff in the centre work with the allocated social worker so that each child has a comprehensive assessment of need.

Evaluation of effectiveness of the admissions process forms part of the continuous quality improvement cycle, and policies, procedures and practices are updated based on the finding of any review.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- pre-placement planning meetings
- admissions meetings.

Through communication

Inspectors will communicate:

- with children to find out their views and experiences on the admission process. For example, were they satisfied with the process and did they have an opportunity to visit the centre before moving in?
- with the person in charge and staff about the admissions process
- with the allocated social worker for the child about the admissions process.

Through a review of documents during preparation or onsite activity

Inspectors will review documents such as:

- children's questionnaires received prior to and during inspection
- the policy on admissions,
- documentation that relates to the admission process to the centre such as pre-admission meeting notes and risk assessments
- the statement of purpose
- the register of children
- information for children about the centre
- the child's assessment of need.

Compliance indicators

Indicators of compliance include:

- children's admissions are in line with the statement of purpose
- the centre's admissions process considers the wishes, needs and safety of the individual and the safety of other children living in the centre
- where possible, children and his or her family or representative have the opportunity to visit the centre.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- there are no policies and procedures for admissions in place
- children cannot visit the centre in advance of admission
- children are living in the centre even though it is unsuitable and the service cannot meet their needs
- the combination of children in the centre is unsafe
- children's admissions are not in line with the centre's statement of purpose.

Standard 2.2	Each child receives care and support based on their individual needs in order to maximize their wellbeing and personal development.
Regulation 23	Care Plan
Regulation 24	Supervision and visiting of children
Regulation 25	Review of cases
Regulation 26	Special review

What a service striving for quality improvement looks like

Excellence in achieving individualised assessment and personal planning is evidenced when there is a strong and visible child-centred culture within an organisation and children receive the care they actually need.

Individual assessment and personal planning is a process to find out about the child, their abilities and needs in order to ensure their views are respected and the support they require is planned for in an individualised way. This is a dynamic and fluid process that is constantly evaluated and updated. It is important that this process is documented in a clear and concise way that can inform continuity of care but also is seen as being owned by the children themselves as a record of the care and supports they say they need.

All interventions in residential care will be underpinned by what is termed a care plan. A care plan can include the following planning documents as appropriate to the child's needs:

- a placement plan
- a placement support plan
- an individual education plan
- a family contact plan
- a crisis management plan
- an aftercare plan
- any other relevant plan.

The care plan evolves throughout the child's placement and specifies when each agreed action is to be carried out and by whom. The child, their parents and guardian ad litem (where applicable) will be given an opportunity to consider and contribute to all aspects of the care plan in each child-in-care review and as required in the intervening period. An effective review of the care plan considers the welfare of the child and progress achieved within defined time frames. Non-implementation of any part of the care plan is discussed at the child-in-care review and subsequent actions taken.

The provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of effectiveness of the care

planning process form part of the continuous quality improvement cycle, and policies, procedures and practices are updated based on the finding of any review.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- care practices to determine whether they reflect the care plan for each child
- meetings and conferences regarding children's care and placement planning and reviews
- communication between the social workers and the staff and management team
- the child's participation in their care plan
- management of risk to determine if risks associated with care and support is managed positively and appropriately
- if children are enabled to make choices about their care and possible risks associated with such choices.

Through communication

Inspectors will communicate:

- with children to elicit their views on and experience of their level of involvement and support in the development, implementation and review of the care planning process
- with children, staff and the person in charge to verify how the child's care plan has been made available to the child
- with children, staff and the person in charge to explore the progress being made in implementing each child's care plan
- with staff to confirm how the care plan is developed, implemented and reviewed
- with staff to ascertain how the children's care plan inform day-to-day care
- with the person in charge to establish what governance arrangements are in place to ensure the care plan is fully implemented and reviewed when required.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during inspection
- a sample of children's care plans
- relevant records that reflect the implementation of care plans, for example placement plans, daily logs, child's care record

- records of reviews of care and placement plans
- records of key working sessions
- records of therapeutic supports
- minutes of meetings relating to planning and reviews for children
- supervision records
- reports from social workers and guardians ad litem
- team meeting minutes
- records documenting that each care plan was shared with appropriate persons.

Compliance indicators

Indicators of compliance include:

- the person in charge oversees the implementation of a care plan for each child staying in the children's residential centre
- the required professionals contribute to the development of the care plan
- the care plan contains all of the required information in relation to the child, as set out in regulations
- the care plan is shared with the relevant contributors and recipients
- the care plan is consistently reviewed when the level of risk to the child changes or there is a lack of progress and appropriate actions are taken
- the care plan has agreed actions and timelines
- the care plan considers the welfare of the child and progress achieved
- the child, parents and guardian ad litem have opportunities to consider and contribute, if appropriate, to all aspects of the care plan
- Non-implementation of any part of the care plan is discussed at the review and subsequent actions are taken.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- the care plan does not contain all of the required information in relation to the child, as set out in regulations
- the care plan is not shared with the relevant contributors and recipients
- the care plan is not consistently reviewed when the level of risk to the child changes or there is a lack of progress and appropriate actions are not taken to help the child
- the care plan does not have agreed actions and timelines
- the care plan does not consider the welfare of the child and progress achieved

- the child, parents and guardian ad litem are not given an opportunity to consider and contribute, if appropriate, to all aspects of the care plan
- non-implementation of any part of the care plan is not discussed at the review and subsequent actions are not taken.

Standard 2.3	The children's centre is homely, and promotes the safety and wellbeing of each child.
Regulation 7	Accommodation
Regulation 12	Fire precautions
Regulation 13	Safety precautions
Regulation 14	Insurance

What a service striving for quality improvement looks like

The centre matches the description in the statement of purpose, is warm and well-ventilated and meets children's need for private and communal living spaces. Children have their own bedroom and display personal items such as family photographs. The children define what homely is to them, and the centre is tastefully decorated to meet their needs and wishes. The centre has to be clean but if the children do not wish to do certain tasks such as keeping their bedroom tidy this is respected as long as it does not pose a risk to children. The provider explores opportunities to balance risk management with the homeliness of the centre and the children's wishes for their own homely environment.

Each centre has its own special features and layout depending on the building and the needs of the children who live there. The design and layout of the premises ensures that each child can enjoy living in an accessible, safe, comfortable and homely environment. This supports the promotion of independence, recreation and leisure and enables an excellent quality of life for all who live there.

The living environment is stimulating and provides opportunities for rest and recreation. Appropriate and accessible indoor and outdoor recreational areas are provided in the service.

Prior to commencing any extensions to existing centres or in advance of building a new centre, the views of children using the service and staff are sought about what works well and what they would like to see improved. Noise levels are monitored to ensure there is no negative impact on children, especially during any renovations or extensions.

Where closed-circuit television (CCTV) systems are used, they do not intrude on children's privacy. There is a policy on the use of CCTV which is informed by relevant legislation. Children are informed of its use and are happy with it.

The provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of how the premises meets each child's needs and wishes consists of an element of the continuous quality improvement

cycle, which in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- by walking around the centre and its grounds, how the design and layout impacts on the children's quality of life and protects children from harm
- if the relevant regulatory requirements are met, including whether there are adequate services such as heating, lighting and ventilation
- if children can move unimpeded around the centre, taking into account factors such as accessibility and whether any alterations have been made. Do these enhance children's quality of life and safety
- if the internal and external areas of the premises are secure and safe
- whether there is evidence of an ongoing maintenance programme.

Through communication

Inspectors will communicate with children to:

- find out their views and experiences on how the premises meets their needs and impacts on their day-to-day life as well as the level of involvement they have in decision-making about any possible changes
- ask if they have their own bedroom and adequate secure storage space for their belongings
- ask if they are aware of the CCTV in the children's residential centre, if in place.

Inspectors will communicate with staff:

- to determine their views on whether the internal and external areas are suitable for the care, treatment and support of children and whether there are any planned changes
- ask if they are aware of the CCTV in the children's residential centre, if in place.

Inspectors will communicate with the registered provider/person in charge:

- to determine what measures are in place to ensure the premises meets children's needs
- to determine their views on the internal and external areas of the premises as to whether it is suitable for the care, treatment and support of children and whether there are any planned changes.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- maintenance and service records and contracts.

Additional documents that may be reviewed:

- accidents and incidents register
- minutes of children's meetings
- floor plans
- the statement of purpose
- audits relating to the premises
- the annual report.

Compliance indicators

Indicators of compliance include:

- the design and layout of the centre are in line with the statement of purpose
- there is adequate private and communal accommodation
- best practice is used to achieve and promote accessibility
- if needed, alterations are made to the centre to ensure it is accessible to all
- the physical environment is clean and kept in good structural and decorative repair, with adequate furnishings
- the premises meets the needs of all children and the design and layout promotes children's safety, dignity, independence and wellbeing
- clear records of major repairs, capital works and maintenance works are kept
- the equipment is fit for purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced where necessary
- facilities are serviced and maintained regularly
- there is suitable heating, lighting and ventilation in the premises
- each child has their own bedroom
- there is communal space for children suitable for social, cultural and religious activities
- adequate space, laundry facilities and suitable storage is available for the personal use of children
- there are enough toilets, bathrooms, showers, with hot and cold running water, to meet the needs of children
- there is a suitable indoor and outdoor recreational activities which are safe for use and appropriately maintained.

Indicators of substantial compliance include:

- an adequate number of baths, showers and toilets are available and do not pose a risk

to children; however, some of these facilities are in need of renovation but there is a plan in place for the necessary work

- some areas of the centre had not been kept in a clean condition although there were cleaning systems in place. During the inspection, staff commenced cleaning these areas and most areas were cleaned before the end of the inspection
- storage for children's personal belongings is available but limited
- furnishings in need of repair but there was a plan in place to address this.

Indicators of non-compliance include:

- the design and layout of the centre is not in line with the statement of purpose and does not meet children's needs
- the building was not adequately lit, heated or ventilated
- the centre is unclean and or not kept in a good state of repair
- schedule requirements are not met
- private and or communal accommodation does not meet children's needs
- there is not enough suitable storage
- there are not enough toilet and washing facilities or hot or cold running water
- equipment is not maintained in good working order
- children are restricted in accessing areas due to the poor design of the building
- there is no review of the centre's accessibility
- required alterations to make the centre accessible to all are not carried out
- children do not have their own bedroom
- there is no suitable indoor or outdoor recreation facilities for children.

Standard 2.5

Each child experiences integrated care which is coordinated effectively within and between services.

What a service striving for quality improvement looks like

Excellence in achieving individualised assessment and personal planning is evidenced when there is a strong and visible child-centred culture within an organisation and children receive the care they actually need.

Discharges of children from the residential centre are planned and children are supported through this process. The arrangements for the discharge of any child is carried out in consultation with the child, the child's parents or guardian(s) and allocated social worker and where possible the aftercare worker to ensure continuity of care and facilitate access to aftercare, where applicable.

Where applicable, children are helped to prepare for adulthood and have opportunities to learn life skills, to take developmentally appropriate risks and assume increasing levels of responsibility as they grow older, in line with their age, ability and stage of development. Children are prepared for transition to other services or independent living and all transitions occur in a timely manner with planned supports in place.

The provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of effectiveness of the care planning and discharge processes form part of the continuous quality improvement cycle, and policies, procedures and practices are updated based on the finding of any review.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- communication between the social workers and the staff and management team
- the child's participation in their care plan
- management of risk to determine if risks associated with care and support is managed positively and appropriately
- if children are enabled to make choices about their care and possible risks associated with such choices
- if children are prepared for leaving care
- how a discharge takes place if one happens to occur during inspection.

Through communication

Inspectors will communicate with children:

- on their experience of the care they are provided with
- on their preparation and planning for leaving care/the centre.

Inspectors will communicate with:

- to determine how they plan and manage discharges
- with the child's social worker to determine how the child's discharge was planned and managed.

Through a review of documents

Inspectors will review documents such as:

- the policy on discharges from the residential centre
- where appropriate, records of children's training in life-skills in preparation for adulthood and independent living on discharge from the centre
- records on services and supports available for children leaving the centre.

Compliance indicators

Indicators of compliance include:

- discharges are discussed, planned for and agreed with the child, the child's parents or guardian(s) and allocated social worker and where possible the aftercare worker
- discharges take place in a planned and safe manner
- where appropriate, training in the life-skills required in preparation for adulthood and independent living is provided prior to discharge from the centre.

Indicators of substantial compliance include:

- training in the life-skills that are required in preparation for adulthood and independent living is provided but some children require additional supports
- children are safely discharged from the residential centre in line with the statement of purpose and this was discussed with the child but not fully in accordance with the care plan
- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- training in the life-skills that are required in preparation for adulthood and independent living is not provided
- children are discharged from the centre without consultation, planning or agreement
- discharges take place in an unplanned and or unsafe manner
- discharges are not in accordance with the child's care plan.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

What a service striving for quality improvement looks like

Where applicable, children are helped to prepare for adulthood and have opportunities to learn life skills, to take developmentally appropriate risks and assume increasing levels of responsibility as they grow older, in line with their age, ability and stage of development. Children are prepared for transition to other services or independent living and all transitions occur in a timely manner with planned supports in place.

The provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of effectiveness of the care planning and discharge processes form part of the continuous quality improvement cycle, and policies, procedures and practices are updated based on the finding of any review.

Examples of information/evidence that will be reviewed and how this will be done**Through observation**

Inspectors will observe:

- care practices to determine whether they reflect the care plan for each child
- meetings and conferences regarding children's care and placement planning and reviews
- communication between the social workers and the staff and management team
- the child's participation in their care plan
- management of risk to determine if risks associated with care and support is managed positively and appropriately
- if children are enabled to make choices about their care and possible risks associated with such choices
- how children are prepared for adulthood

- the discharge of a child if one takes place during the inspection process.

Through communication

Inspectors will communicate with children:

- on how they were prepared for adulthood
- to elicit their views on and experience of their level of involvement and support in the development, implementation and review of the care planning and discharge processes.

Inspectors will communicate with:

- the person in charge and staff to determine how they plan and manage discharges and children's preparation for adulthood
- the child's social worker to determine how the child was prepared for young adulthood and the child's discharge was planned and managed.

Through a review of documentation

Inspectors will review documents such as:

- children's questionnaires received prior to and during inspection
- a sample of children's care plans
- the policy on discharges from the residential centre
- where appropriate, records of children's training in life-skills in preparation for adulthood and independent living on discharge from the centre
- records on services and supports available for children leaving the centre.

Compliance indicators

Indicators of compliance include:

- discharges are discussed, planned for and agreed with the child, the child's parents or guardian(s) and allocated social worker and where possible the aftercare worker
- discharges take place in a planned and safe manner
- where appropriate, training in the life-skills required in preparation for adulthood and independent living is provided prior to discharge from the centre.

Indicators of substantial compliance include:

- training in the life-skills that are required in preparation for adulthood and independent living is provided but some children require additional supports
- children are safely discharged from the residential centre in line with the statement of purpose and this was discussed with the child but not fully in accordance with the care plan

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- training in the life-skills that are required in preparation for adulthood and independent living is not provided
- children are discharged from the centre without consultation, planning or agreement
- discharges take place in an unplanned and or unsafe manner
- discharges are not in accordance with the child's care plan.

Standard 3.1	Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.
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What a service striving for quality improvement looks like

Every individual has the right to feel protected and safe from all forms of abuse (physical, sexual, emotional, financial, institutional, neglect and discriminatory). Safeguarding is, first and foremost, about proactively protecting people. The culture is one of openness and transparency, where children can raise and discuss any issues without prejudice.

Children's residential centres are centred on the individual child and his or her care and support needs. Children's residential centres promote a child-centred approach. The children's residential centre considers the child's need for protection and support and any specific directions in relation to the child's care, including by the court.

Care practices, policies and procedures should promote and protect the safety and welfare of children placed in the children's residential centre. The safeguarding policy and procedures adhere to international human rights instruments, legislation, regulation, national policy, professional guidance and evidence-based guidelines. The service's approach to risk management safeguards children and supports responsible risk taking appropriate to the child's age, capacity and the presenting risks. The relevant policies and procedures have been implemented, and staff are knowledgeable regarding their content.

Robust policies and supporting procedures are implemented that makes sure children are protected from all forms of abuse. Children are protected by practices that promote their safety in relation to:

- recruitment, selection, training, assignment and supervision of staff in accordance with the statement of purpose
- the duty of each staff member to report any concerns for the safety of the children

- the use of restrictive procedures
- access to an advocate or advocacy services
- children's private access to their representatives, family, advocates and external professionals
- strong reporting systems.

Children feel safe and are supported to develop the knowledge, self-awareness, understanding and skills for self care and protection cognisant of their age, personal history and stage of development. Staff work in partnership with children, families and the child's social worker to promote the child's safety and wellbeing. Areas of vulnerability are identified and individual safeguards are put in place and recorded in each child's care record.

Staff have received the appropriate training and are knowledgeable about how to recognise and respond to the possibility of abuse or neglect to ensure effective steps are taken to protect a child and to contribute to the ongoing safety of children, and they are clear on their roles as mandated persons, as applicable.

Where an allegation or concern has been made by or about a child within the centre, it is reported, and managed in line with relevant legislation, national guidance and policies. The person in charge takes all reasonable and proportionate interim measures to protect the child, pending the outcome of any assessment or investigation. Parents and guardians are informed and updated in relation to any incident, allegation, suspicion or investigation of abuse or neglect.

A designated liaison person, knowledgeable about child protection, is appointed to act as a liaison with outside agencies and as a resource person for children, staff members, or carers who have child protection concerns. Staff know the designated liaison person, and their deputy. The designated liaison person also ensures that reporting procedures within the designated centre are followed, so that child welfare and protection concerns are referred promptly to the relevant social work department within the Child and Family Agency (Tusla).

The provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of the protection of children consists of an element of the continuous quality improvement cycle, which, in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- how the centre's policy on the prevention, detection and response to abuse is implemented in practice
- staff interaction with children who use the service and with colleagues, social workers and external professionals

- staff response to queries or concerns of children who use the service
- meetings and conferences regarding children's safety, care and placement planning and reviews
- communication between the social workers and the staff and management team
- interactions between children and staff members.

Through communication

Inspectors will communicate with children:

- to explore whether they feel safe in the centre and how they have been supported to develop their knowledge, self awareness, understanding and skills required for self care and protection
- to determine what children would do if they had concerns for their safety
- to determine whether they have raised any safeguarding concerns in the centre and how this was responded to.

Inspectors will communicate with the person in charge and staff:

- to explore the key components of safeguarding in the centre
- to explore their knowledge of their statutory obligations as mandated persons
- to determine if they have received appropriate training and know how to put this training into practice in order to safeguard children
- to determine if they are aware of the policy and procedures for reporting abuse
- to determine how safeguarding practices and procedures are monitored.

Inspectors will communicate with the child's social worker:

- to determine if concerns about children are reported in an appropriate and timely way
- to elicit their views on the safety of children in the centre.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the policy on the prevention, detection and response to abuse, including reporting of concerns and or allegations of abuse to statutory agencies
- staff training records on safeguarding children
- records documenting any incident, allegation or suspicion of abuse or neglect
- records of the investigation of any incident, allegation or suspicion of abuse or neglect
- minutes of meetings relating to allegations or suspicions of abuse or neglect
- reports from social workers
- children's care records.

Compliance indicators

Indicators of compliance include:

- *Children First: National Guidance for the Protection and Welfare of Children (2017)* is implemented
- the provider has prepared in writing, adopted and implemented a safeguarding policy and procedures on matters set out in the regulations
- the written policy and procedures are available to staff
- practices are in place to ensure that children are protected and safe from all forms of abuse
- staff have up-to-date knowledge and skills, appropriate to their roles, regarding protection and safeguarding children who use the service
- where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child, the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.

Indicators of substantial compliance include:

- *Children First: National Guidance for the Protection and Welfare of Children (2017)* is not fully implemented
- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- *Children First: National Guidance for the Protection and Welfare of Children (2017)* is not implemented
- the relevant policies and procedures are not prepared in writing, not adopted and or not implemented
- care practices do not demonstrate the adoption and implementation of policies and procedures that reflect best practice
- written policies and procedures are not available to staff or staff have poor awareness of their content
- staff do not know what to do in the event of an allegation or suspicion of abuse
- children do not know what to do in the event they experience abuse
- incidents, allegations, suspicions of abuse at the centre were not appropriately investigated in accordance with the centre policy and *Children First: National Guidance for the Protection and Welfare of Children (2017)*
- policies and procedures are not reviewed and updated in accordance with legislation and best practice
- relevant staff are not aware of their statutory obligations as mandated persons
- there is no designated liaison person
- staff have poor knowledge of institutional abuse and children are not safe or protected from institutional abuse.

What a service striving for quality improvement looks like

Children experience care which promotes consistency, dignity, positive reinforcement and structure. The children's residential centre adopts a consistent approach to behaviour supports that promotes positive outcomes for children staying in the children's residential centre. These are based on staff knowing and understanding the child's behaviours and responses and means of communication and having an awareness of and ability to adapt the environment in response to such behaviours. There is effective consultation with children, their families and the child's social worker on how best to support children's emotional wellbeing and behaviour that challenges. This is reviewed as part of their care plan.

The service recognises that behaviour is a form of communication and strives to understand and respond appropriately to the child. The provider and person in charge promote a positive approach in responding to behaviours that challenge and ensure evidence-based specialist and therapeutic interventions are implemented.

Care practices, operational policies and procedures relating to positive behavioural support prohibit corporal punishment, deprivation of food or drink, any treatment that would be detrimental to the physical, psychological and emotional wellbeing of a child, and any treatment that is cruel, inhumane or degrading. Written policies and procedures detail the use of restrictive procedures, including restraint. These policies are adopted and implemented and they are reflected in practice; they are kept under review at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice.

Staff are fully trained in all approved interventions used in the children's residential centre such as the use of restraint and de-escalation techniques. They have up-to-date knowledge and skills to identify underlying causes of behaviour to assist and support a child to manage their behaviour. Staff can anticipate certain behaviours and initiate pre-emptive actions to identify and alleviate the cause of the child's behaviour before the behaviours escalate. Alternative procedures are considered before any use of restrictive procedures. If a restrictive procedure is used, it is the least restrictive procedure for the shortest duration of time and this is managed in a dignified manner, in line with policy.

Staff are given all relevant information required to assist them in supporting children with behaviour that is challenging and have access to specialist advice and appropriate support, including interventions designed to promote effective communication.

All instances of the use of restrictive procedures, including the reasons for, the nature and duration of any action taken and sanctions imposed on a child, are recorded in the child's care record.

The provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of positive behavioural support for each child consists of an element of the continuous quality improvement cycle, which, in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- if staff actions demonstrate up-to-date knowledge and skills, appropriate to their role, in the area of behaviours that challenge
- interventions used for behavioural supports, for example, distraction and deescalating techniques, restraints
- how staff positively support children in the management of their behaviour
- staff adherence to the requirements of policy.

Through communication

Inspectors will communicate with children to:

- determine if they are supported to recognise and manage their behaviour and the form that support takes
- determine if they have been subjected to restrictive procedures
- determine what they know about restrictive procedures and how/when they are applied
- determine if they have made complaints following the use of any restrictive procedures and the outcome of that complaint
- explore if they are on any medication as a result of their behaviours.

Inspectors will communicate with staff and person in charge to:

- explore their knowledge and understanding of behavioural supports, positive responses and restrictive practices
- determine if staff have up-to-date training on behavioural support
- determine how staff access advice and support in relation to therapeutic interventions
- determine how behaviours that challenge are monitored and reviewed
- determine how they monitor and review the behavioural support model implemented within the centre.

Inspectors will communicate with children's parents to:

- determine if they are aware of the behavioural supports and restrictive practices within the children's residential centre

- determine if they have any concerns about the use of restrictive practices
- determine if they are satisfied that they are kept appropriately informed.

Inspectors will communicate with other relevant professionals to:

- determine if they are aware of the behavioural supports and restrictive practices within the children's residential centre
- determine if they have any concerns about the use of restrictive practices
- determine if they are satisfied that they are kept appropriately informed.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- the policy on the provision of behavioural support
- the policy on the use of restrictive procedures and physical, chemical and environmental restraint
- a sample of records pertaining to the management of behaviours that challenge, including behavior support plans, children's care records, the log of restrictive practices and relevant audits
- a sample of staff training records on positive behavioural support
- medicine records relating to areas such as the use of chemical restraint
- a sample of reviews of serious incidents
- minutes of multidisciplinary meetings
- the accident/injury log.

Compliance indicators

Indicators of compliance include:

- appropriate supports are in place for children with behaviours that challenge or children who are at risk from their own behaviour
- where required, therapeutic interventions are implemented with the informed consent of each child and his or her representative and are reviewed as part of the care plan
- where restrictive procedures such as physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence-based practice
- staff have up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support children to manage their behaviour
- staff receive training in the management of behavior that is challenging, including de-escalation and intervention techniques
- every effort is made to identify and alleviate the cause of a child's behaviour that is challenging, all alternative measures are considered before a restrictive procedure is used and the least restrictive procedure, for the shortest duration necessary, is used.

Indicators of substantial compliance include:

- while there are appropriate policies, procedures and practices in place, there are some gaps in the associated documentation that do not result in a medium or high risk to children using the service.

Indicators of non-compliance include:

- restrictive procedures have not been applied in line with the national policy on restraint and evidence-based practice
- interventions used in the management of challenging behavior are not subject to monitoring, oversight and review
- staff have not demonstrated up-to-date knowledge and skills, appropriate to their role
- staff have not been trained in managing behaviour that is challenging
- restrictive procedures are the sole means of managing behaviour
- management of behavior that challenges is not informed by the child's care plan
- records are not sufficient to allow for accountability, monitoring and oversight.

Standard 4.1	The health, wellbeing and development of each child is promoted, protected and improved.
Regulation 11	Provision of food and cooking facilities

What a service striving for quality improvement looks like

The principles of quality healthcare are health promotion, prevention, independence and meaningful activity. Children are supported to achieve these principles and, therefore, his or her optimal health.

Children are supported to live healthily and take responsibility for their health and have their rights respected. The health and wellbeing of each child is promoted and supported in a variety of ways, including through diet, nutrition, recreation, exercise and physical activities. Initiatives to promote children’s health and development are produced and delivered in accordance with the centre objectives and in consultation with children and their families/representatives, where applicable. Information in an accessible and age appropriate format is provided to children to enable them to participate in health education programmes and to assist them in making informed decisions.

Children are encouraged to access appropriate health information and education, including information on diet and nutrition, mental health, the risks associated with smoking, alcohol and drug consumption, exercise and physical activity, and sexual relationships and sexual health. Children articulate that appropriate information has been given to them.

The child’s right to give consent along with those lawfully acting on their behalf has underpinned the care and treatment that is provided. Providers have ensured that consent is obtained lawfully and that the person who obtains the consent has the necessary knowledge and understanding of the care and or treatment that they are asking consent for. Where a child refuses medical treatment, such refusal is recorded and the child’s medical practitioner and other relevant parties are notified.

Where appropriately assessed, children may retain control of their own medication management. Staff support self-administration programmes for children staying in the children’s residential centre which contribute to children’s independence and self-esteem. The registered provider and person in charge ensure that the child receives effective and safe support to manage their medicines when such assistance is required. They also ensure that staff are competent to administer medicines. Policies and procedures outlining the parameters of the assistance that can be provided are in place to support this.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- practice to determine if the child's healthcare meets their individual needs and has regard to his or her care plan
- if staff implement recommendations of allied health professionals and where this does not happen establish why
- if the provider has supported access to allied health professionals when required by observing how effectively children use the service, for instance, are children attending appointments with child mental health services
- how staff support children to access relevant information and education in areas such as nutrition, mental health, exercise and physical activity, sexual relationships and sexual health
- if children are provided with adequate quantities of food and drinks and have options of wholesome and nutritious meals and snacks
- if staff and children eat meals together and are a positive event
- if children are facilitated to cook for themselves
- how children are supported to exercise autonomy and develop skills in preparation for leaving care and in particular, retaining control of their own medication (where appropriate).

Through communication

Inspectors will communicate with children:

- to determine if they are supported to self-medicate and how this is managed
- to ascertain if they are provided with adequate food, drink, nutritious meals and snacks
- to ascertain if they are encouraged to cook for themselves
- to determine if mealtimes are a positive experience
- to determine how they are supported and encouraged to develop skills in preparation for leaving care and to exercise autonomy.

Inspectors will communicate with:

- the person in charge and staff to ascertain what they understand about the healthcare and support that children need, how they ensure children receive the best possible healthcare, any training they may have received and how this is put into practice
- with the person in charge to ascertain how children's healthcare needs are reviewed

- with the person in charge and staff to determine how the centre co-operates with other service providers to promote the health and development of children.

Through a review of documentation

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- appropriate policies in relation to healthcare
- key worker or direct work records on health promotion initiatives and education programmes
- menu planning
- care plans
- records of medical and other healthcare appointments
- evidence of consent.

Compliance indicators

Indicators of compliance include:

- appropriate healthcare is available for each child, having regard to that child's care plan
- practices and initiatives to promote the health, wellbeing and development of each child are in place and children and families are consulted
- children are supported to access appropriate health information
- children receive support at times of illness which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes
- children are enabled and supported to develop skills in preparation for leaving care and to exercise autonomy.

Indicators of substantial compliance include:

- there were some gaps evident in the maintenance of documentation but care was delivered to a high standard and did not result in a medium to high risk to children.

Indicators of non-compliance include:

- appropriate healthcare is not made available for each child, having regard to that child's care plan
- practices and initiatives to promote the health, wellbeing and development of each child are not in place and children and families are not consulted
- children are not supported to access appropriate health information
- children do not receive support at times of illness which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes

- children are not enabled and supported to develop skills in preparation for leaving care and to exercise autonomy.

Standard 4.2	Each child is supported to meet any identified health and development needs.
Regulation 9	Health care
Regulation 20	Medical examination

What a service striving for quality improvement looks like

The principles of quality healthcare are health promotion, prevention, independence and meaningful activity. Children are supported to achieve these principles and, therefore, his or her optimal health.

The provider has ensured that a rights-based approach has been adopted to care delivery so that decisions are made with the children and not for the children. In a practical sense, this involves the children making informed decisions about the care, support or treatment that he or she receives. The child's ability to be autonomous and make decisions is supported and developed.

Children have timely access to healthcare services based on their assessed needs. Where appropriate, there is continuity of medical and healthcare. Children's health needs are reviewed on an ongoing basis. Staff demonstrate their knowledge and understanding of children's health needs. Children are active participants in their healthcare choices, where possible, and their choices are respected.

Management and staff are proactive in referring children to healthcare professionals and have an excellent working partnership with them. Children receive appropriate child-centred care and have access to a medical practitioner, such as a general practitioner (GP), of their choice or where this is not possible, they are happy with the GP they have access to. In addition, children have access to specialist services, alternative therapies and assistive equipment according to their needs. There is effective communication between all professionals involved in the child's care and treatment, with due regard for the child's wishes about the sharing of their information. The child's care records should contain details of any referrals made or services provided to the child. Any service provided by a health professional creates the least disruption to the child's life, maximises the opportunities for continuity of treatment and has taken into consideration their wishes.

Medication management is governed by professional guidance and robust application of associated regulations. This informs the policy on medication management relating to the ordering, receipt, prescribing, storing and administration of medicines and the policy on handling and disposal of unused or out-of-date medicines. Medication management policy and procedures are implemented to manage the safe and appropriate prescribing, supplying, dispensing, administration, monitoring,

review, storage, disposal and medicine reconciliation in order to comply with legislation and professional regulatory requirements or guidelines/guidance. The policy has been adopted and implemented and it is reflected in practice. These policies are kept under review at intervals not exceeding three years and, where necessary, reviewed and updated in accordance with best practice.

Medicines are used in children's residential centres for their therapeutic benefits and to support and improve children's health and wellbeing. Medicines management, monitoring and review as part of a quality use-of-medicines approach has reduced medicine related incidents and adverse events.

Medicines are prescribed by a registered prescriber, and, where complementary and alternative medicines are given, this is done so in a safe and effective manner. Each child's medicines is administered and monitored according to best practice as individually and clinically indicated to increase the quality of the child's life. Any allergies that a child may have are also documented on all relevant records. Staff actively promote each child's understanding of their medicines and health needs. Each child receives accessible information in relation to their medicines.

Where children receive medicines as a form of restraint, this is clearly documented and the effectiveness of using such medicines is closely monitored. There is a clear distinction between therapeutic medicines and those used as a form of restraint. Where chemicals are used as a form of restraint, staff are very clear why such medicines are prescribed and administered.

Children can consult with their pharmacist and or GP about medicines prescribed. Where a pharmacist has provided a record of medication related interventions for a child, the record is maintained and is accessible.

There are systems in place to support out-of-hours access to the GP and pharmacist. There are safeguards to ensure robust measures relating to medicines are in place when children are transferred within the children's residential centre and when they are transferred to or from other residential services or the child's home.

Medication management forms part of the continuous quality improvement cycle. Medication reconciliation is in place to mitigate medication errors. There is a culture of openness and transparency which encourages reporting to enable learning and to mitigate recurrences. Near-misses, medication errors and adverse drug events are recorded, and these feed into a quality improvement mechanism. Medication management is audited regularly to demonstrate adherence to professional guidelines and the policy on medication management.

All medication errors, suspected adverse reactions and incidents are recorded, reported and analyzed within an open culture of reporting. Learning is fed back to improve each child's safety and to prevent reoccurrence.

Evaluation of the effectiveness of healthcare for each child and the effectiveness of medicines management consists of elements of the continuous quality improvement cycle, which, in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- practice to see if the child's healthcare meets their individual needs and has regard to his or her care plan
- if staff implement recommendations of allied health professionals and where this does not happen establish why
- if the provider has supported access to allied health professionals when required by observing how effectively children use the service, for instance, are children attending appointments with child mental health services
- how staff support children to access relevant information and education in areas such as nutrition, mental health, exercise and physical activity, sexual relationships and sexual health
- that policies and procedures on medicines management are reflected in practice
- who can access medicines and whether they are secure and safe from unauthorised access
- the procedure for key holding. For example, staff who are in possession of keys are trained in medicines management, keys for medicines are not part of the general master key system and keys are stored securely when the centre is not open. Staff clearly understand the responsibility of being the key holder
- that medicines are appropriately stored, including current medicines, medicines that need refrigeration, out-of-date/discontinued medicines and controlled drugs. For example, current medicines may be stored in the child's bedroom especially if the child looks after and self-administers their medicines
- to determine that the method of disposal of such medicines is in line with legislation and guidelines
- to establish if the 10 rights of medicines administration are followed and whether children receive their medicines safely and at the correct time.

Through communication

Inspectors will communicate with children:

- to find out their views on and experience of the healthcare received. For example, are children satisfied with the GP they attend and how quickly do

- they see the medical practitioner? with children, staff and person in charge to determine if children are supported to self-medicate and how this is managed
- to find out if children are supported to self-medicate and the level of the child's involvement and support in making decisions about their care and treatment. How do children access allied health professionals and specialist support?
 - to establish if any children have exercised their right to refuse medical treatment and determine how this matter was managed.
 - with children to find out if they are satisfied that their medicines are managed appropriately. For example, are they administered on time and has it been explained what they are for?

Inspectors will communicate with:

- the person in charge and staff to ascertain what they understand about the healthcare and support that children need, how they ensure children receive the best possible healthcare, any training they may have received and how this is put into practice.
- with the person in charge to check how children's healthcare needs are reviewed
- with staff and person in charge to determine if children are supported to self-medicate and how this is managed with children, staff and the person in charge to find out the level of the child's involvement and support in making decisions about their care and treatment. How do children access allied health professionals and specialist support?
- with the staff and person in charge involved in the management and administration of medicines to determine what they understand to be safe medicines management and to determine their training/competencies and their knowledge of children's individual needs
- with staff that administer medicines and or provide medicine support to children to determine their understanding of medicines that are used, including possible side effects.

Through a review of documents

Inspectors will review documents such as:

- children's questionnaires received prior to and during the inspection
- appropriate policies in relation to healthcare
- key worker or direct work records on health education programmes
- a sample of children's care plans regarding healthcare needs
- a sample of children's admission records detailing the health screening assessments and medical needs, where appropriate
- a sample of children's medical care records, their condition and any treatment or other intervention, where applicable
- records of a child's refusal of medical treatment

- records of referrals and follow-up appointments
- specialist reviews and reports
- policies and procedures on medicines management, including on controlled drugs, if appropriate
- medication ordering, delivery and receipt process records
- prescriptions and medication administration records
- risk assessments and arrangements on self-administration
- children's care plans, checking, for example, where a child self administers if the level of support and resulting responsibility of the staff is documented
- medicines reconciliation records
- temperature records for medicines that require refrigeration
- records for the disposal of medicines
- any special arrangements in place for high alert medicines such as insulin,
- medicine audits and reviews
- staff training records and competency assessments.

Additional documents that may be reviewed include:

- any internal policies, procedures or guidelines relating to healthcare
- the accidents and incidents register
- audits and surveys relating to healthcare and medication management
- an annual review of the service.

Compliance indicators

Indicators of compliance include:

- appropriate healthcare is made available for each child, having regard to that child's care plan
- a GP of the child's choice or acceptable to the child and or their family/representative is made available to the child
- where medical treatment is recommended and agreed by the child and or their family/representative, such treatment is facilitated
- the child's right to refuse medical treatment is respected and such refusal is documented and the matter brought to the attention of the child's medical practitioner
- when a child requires services provided by allied health professionals, access to such services is provided by the registered provider
- children are supported to access appropriate health information
- children receive support at times of illness which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes
- the provider has adequate arrangements in place for the child to access a health screening assessment, GP, and psychological services
- the provider has adequate arrangements in place for the child to be referred to medical, psychiatric, dental and ophthalmic or other specialist services to meet

the child's needs. Where every effort has been made by the provider to arrange access to such services, then the provider ensures:

- records of medicine-related interventions by the pharmacist are kept in a safe and accessible place
- practice relating to the ordering; receipt; prescribing; storing, including medicinal refrigeration; disposal; and administration of medicines is appropriate
- the processes in place for the handling of medicines, including controlled drugs, are safe and in accordance with current legislation and guidelines
- medicines are administered as prescribed
- medicines are administered to the child for whom they are prescribed
- there are appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs
- children have responsibility for their own medicines following appropriate assessments
- safe medicines management practices are reviewed and monitored.

Indicators of substantial compliance include:

- while concerted efforts have been made, not all children have access to a GP of their choice or one that is acceptable to them
- when a child requires services provided by allied health professionals, access to such services is not arranged in a timely manner by the provider
- most children have access to appropriate health information but occasionally some health information relevant to specific children is not made available
- there were some gaps evident in the maintenance of documentation but care was delivered to a high standard and did not result in a medium to high risk to children.

Indicators of non-compliance include:

- children do not have access to a GP
- consent is not obtained in decision-making where necessary
- medical treatment is recommended and agreed by the child and his or her family/representative but not facilitated
- some or all of children's health needs were not met
- children's care plans were not implemented into practice
- the part of the care plan that relates to health does not reflect the actual and or assessed needs of the child
- there is insufficient or no evidence that the provider explored opportunities to facilitate children's access to allied health services
- there is no record of children being referred to allied health services such as dental and ophthalmic or other specialist services, where required
- children's right to refuse medical treatment is not respected

- where children have refused medical treatment, there is not enough evidence that this has been documented and brought to the attention of their medical practitioner
- generally, children's healthcare needs are met; however, there are significant deficiencies in documentation
- records of medicines related interventions provided by a pharmacist were not kept in a safe and accessible place
- practice relating to the ordering; receipt; prescribing; storing, including medicinal refrigeration; disposal; and administration of medicines is not appropriate
- medicines are not administered as prescribed to the child for whom they are prescribed
- medicines are not administered in accordance with advice provided by the pharmacist
- medicines are crushed without individual authorisation from the prescriber
- medicines being used as part of the therapeutic response to behaviour that challenges are not reviewed regularly to ensure that it continues to meet the needs of the child
- out-of-date medicines or medicines for return are not appropriately managed in line with relevant national legislation or guidance
- the storage and disposal of out-of-date or unused controlled drugs is not in line with relevant regulations
- where children self-medicate, there is no evidence that appropriate assessments have been carried out in relation to their capacity
- children are not supported to manage their own medicines in line with their wishes and or preferences
- children who self-medicate are not provided with secure storage for their medicines.

Standard 4.3	Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.
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What a service striving for quality improvement looks like

Children are assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. They are encouraged to feel valued and supported to reach their potential. Children receive educational and vocational guidance suited to personal aptitude and interests.

The service promotes and encourages the educational welfare of children whilst in the children's residential centre. Children's educational needs are assessed and inform the care and placement plans, which includes an individual education plan. Records of educational progress are maintained for each child. There are adequate arrangements in place for children to access educational facilities, supports and services appropriate to meet their assessed needs.

Children are encouraged and supported to complete state examinations and participate in further education/vocational training. Education programmes should include key skills such as literacy and numeracy, in addition to the development of life skills for children accommodated in the children's residential centre. Children are provided with assistance to manage transitions between educational establishments on admission and or discharge from the children's residential centre.

Children's educational progress is monitored and reviewed through their care plan, including their attendance at school in line with legislative requirements. There is good communication and engagement between the care plan contributors, which include social workers, children's residential centre staff, teaching staff and other relevant professionals.

The provider is proactive in continuous quality improvement. Oversight and monitoring is carried out on a routine basis. Evaluation of the effectiveness of practices to support children's rights and education consists of an element of the continuous quality improvement cycle, which, in turn, forms part of a review of the service.

Examples of information/evidence that will be reviewed and how this will be done

Through observation

Inspectors will observe:

- daily routines in the centre for homework and school attendance
- communication between school and centre staff.

Through communication

Inspectors will communicate with children to:

- determine if they attend an education/vocational training programme
- determine if they have an education plan and if they are consulted about it
- determine if their educational needs are being met
- determine if they are encouraged to pursue third-level education or vocational programmes as appropriate to their abilities, interests and aspirations
- determine if daily routines for homework and school attendance.

Inspectors will communicate with staff and managers to:

- determine if children attend an education/vocational training programme
- determine if children have an education plan and if they were consulted about it
- determine if children's educational needs are being met
- determine if children are encouraged to pursue third-level education or vocational programmes as appropriate to their abilities, interests and aspirations

- determine daily routines for homework and school attendance.

Inspectors will communicate with the person in charge to:

- ascertain how children can access opportunities for education, training and employment
- to determine examples of where children have attained educational goals.

Through a review of documentation

Inspectors will review documents such as:

- children's questionnaires received prior to or during inspection
- school reports
- records of school attendance.

Compliance indicators

Indicators of compliance include:

- when children are admitted to a children's residential centre, their assessment includes appropriate education attainment targets
- children approaching school-leaving age are supported to participate in third level education or relevant training programmes as appropriate to their abilities and interests
- the educational welfare of children is promoted
- educational needs are assessed and inform the care and placement plans
- a comprehensive individual education plan is in place
- records of educational progress are maintained for each child
- children have access to appropriate educational facilities, supports and services to meet their assessed needs
- children are supported to access opportunities for education, training and employment
- children are provided with assistance to manage transitions between educational establishments on admission and or discharge from the children's residential centre
- participation in state examinations and further education/vocational training is in place
- educational progress is monitored and reviewed through the child's care and placement plans.

Indicators of substantial compliance include:

- there are some gaps in documentation but care is delivered to a high standard and did not result in a medium to high risk to children.

Indicators of non-compliance include:

- the educational welfare of children is not promoted
- educational needs are not assessed and do not inform the care and placement plans
- a comprehensive individual education plan is not in place
- records of educational progress are not maintained for each child
- children do not have access to appropriate educational facilities, supports and services to meet their assessed needs
- participation in state examinations and further education/vocational training is not encouraged or facilitated
- children approaching school-leaving age are not supported to participate in third-level education or relevant training programmes
- children are not provided with assistance to manage transitions between educational establishments on admission and or discharge from the children's residential centre
- educational progress is not monitored and reviewed through the child's care plan.

Appendix 1 — Bibliography

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