

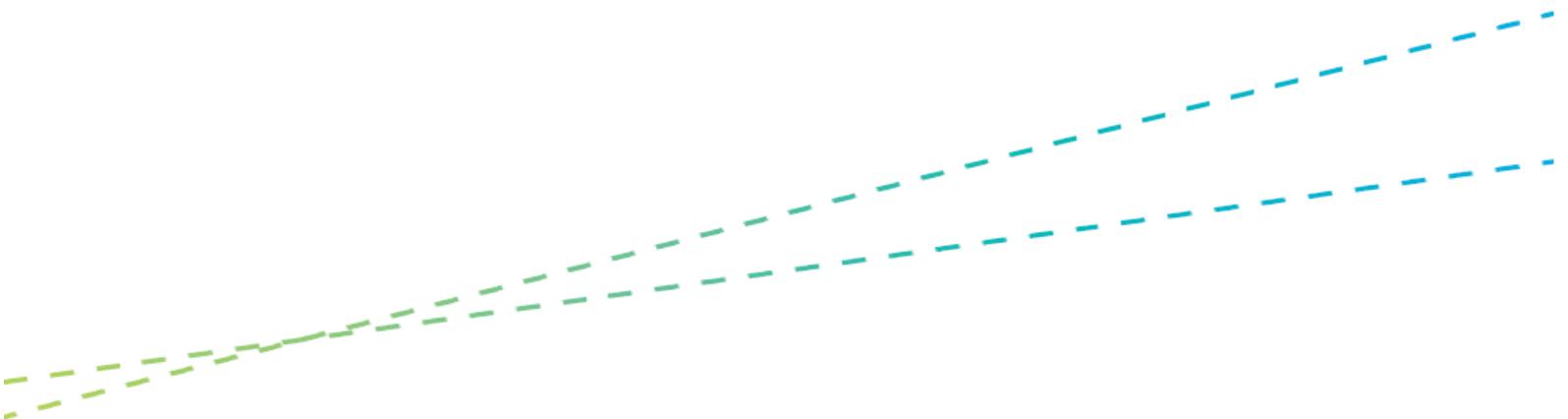


An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	103
Year:	2015
Lead inspector:	Orla Griffin

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Registration and Inspection Report

Inspection Year:	2015
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Six young people
Dates of Inspection:	17th, 18th& 19th of August 2015
Registration Decision:	Registered without conditions from 3rd March 2015 to 3rd March 2018
Inspection Team:	Orla Griffin Gary O'Connell
Date Report Issued:	11th of March 2016

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

The centre management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.1 Methodology

An application was duly made by the proprietors of this centre for registration on 4th August 2015. This full inspection took place on August 17th, 18th and 19th 2015 over a three day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Seven of the care staff
 - b) Four young people residing in the centre
 - c) The social workers with responsibility for young people residing in the centre
 - d) Other professionals e.g. General Practitioner's and therapists

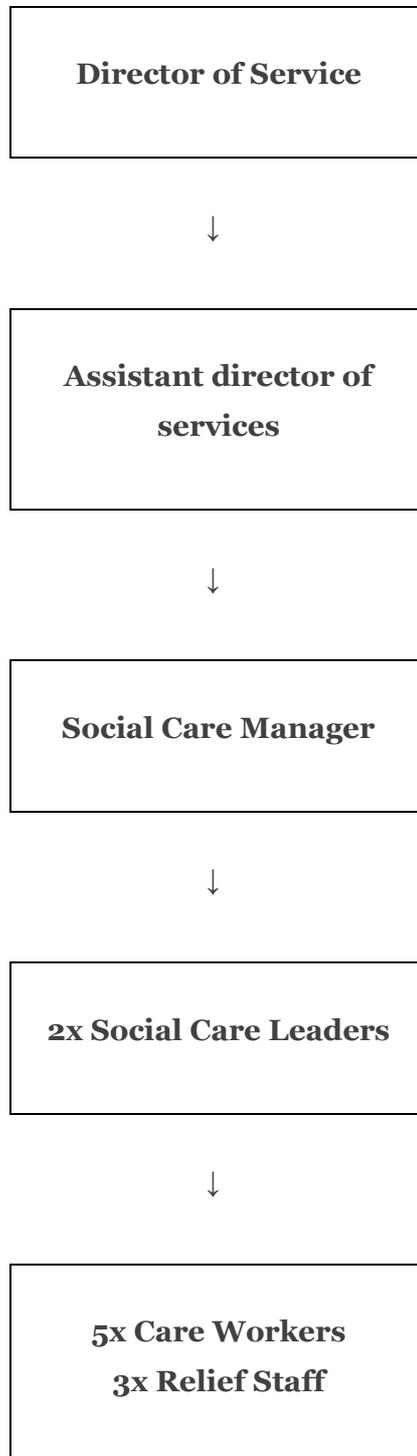
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively:
 - a) The centre management
 - b) Four care staff
 - c) Four young people
 - d) The monitoring officer

- ◆ Observation of care practices routines and the staff/ young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



2. Findings with regard to registration matters

Registrations are granted and fundamentally decided on centre adherence to the statutory requirements governing the expected standards and care practices of a children's residential centre as purveyed by the 1995, Placement of Children in Residential Care Regulations, and the 1996, Standards in Children's Residential Centres and the Department of Health and Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on 9th March 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 3rd March 2015 to 3rd March 2018.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

None identified.

3.1.2 Practices that met the required standard in some respect only

The centre has a written statement of purpose and function for the service it operates and this is reviewed by the manager and overseen by the director of services. The service provides a short to medium term semi-independent living support for up to six young people of either gender between the ages of sixteen to nineteen years. Admissions to the centre are accepted nationally from Tusla. The primary function for the service is to prepare young people with the skills and competencies for leaving care, independent living and adulthood and the inspectors gathered evidence to support that this is reflected in the day to day work of the centre.

Five young people had been admitted to the centre since commencing operations in March 2015. The inspectors found that four admissions had been in line with the written statement of purpose and function. For one young person, the admission had been partly in line with the purpose and function as the young person's needs had been more suited to mainstream residential care rather than semi-independent care. The suitability of admissions and placements is discussed further in this report.

The statement of purpose and function states that the staff team uses a therapeutic support model called STEM (system therapeutic engagement model), in conjunction with complimentary approaches, that provides a framework for positive interventions for young people to develop relationships focused on achieving strengths based outcomes through daily interaction. The manager had trained in this model and had experience overseeing the delivery of this model of care in a previous post as a manager of a centre within the organisation. The staff had completed brief

introductory training in this model, and while this was supported through discussion in team meetings and handovers, the staff team required full training in this approach. The monitoring officer confirmed post the inspection process that the staff team had since completed the full training in this model.

The statement of purpose and function states the provision of an intensive therapeutic support residential service. The review of the care files and interviews with the managers and staff team reflected that staff provided support to young people through daily interactions and individual and key work that was informed by the systemic therapeutic engagement model. However, an intensive therapeutic support had not been reflective of the work of the centre. The inspectors require that the intensive therapeutic support statement is reviewed in the written statement of purpose and function.

The inspectors recommend that senior management undertakes a review of the systemic therapeutic engagement model, as a new model of care within the organisation, in terms of its quality and effectiveness in caring and promoting positive outcomes for young people at the centre.

The statement of purpose and function states that young people will be supported to access required specialist clinical supports as required and directed by the social work department and clinical oversight will be provided by the director of services. The inspectors gathered evidence that while young people had been supported to access specialist clinical services, the clinical oversight of specialist clinical services is not within the remit of the director of services. Furthermore, young people aged eighteen and over have the right to restrict the centre's access to information from specialist clinical services. The inspectors require that the clinical aspects of the statement of purpose and function and related policy documents are reviewed.

The statement lists the key policies that are in place and outlines their availability to young people, their families, social workers and other persons with a legitimate interest in the work of the centre and these had been located within the centre's wider policy and procedure document. The inspectors found it difficult to navigate through the centre's policy and procedure document. The inspectors recommend that the manager reviews this document to ensure that it is organised to facilitate ease of access for staff and professionals.

The centre has a comprehensive booklet for young people and booklets their families that have information about the service provided at the centre. Management must

review and update the centre booklets for young people and their families in line with the revised statement of purpose and function.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- The director of services must review the clinical aspect of the statement of purpose and function and related policy documents.
- Management must review and update the centre booklets for young people and their families in line with the revised statement of purpose and function.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The manager, who is suitably qualified and experienced, transitioned from a manager post within the organisation to the centre on a full time and permanent basis when it commenced operations in March 2015. In this previous post, the manager gained experience in delivering the centre's new model of care.

The inspectors were satisfied that the manager had appropriate mechanisms and systems to ensure that appropriate and suitable care practices and operational policies are in place. The manager had a range of mechanisms for oversight of staff practice and the quality of care delivered to young people including oversight of complaints, sanctions, child protection concerns, attendance at care plan and care plan review meetings. The manager had ensured that daily handover, weekly team meetings and regular supervision had consistently taken place. The manager also had a strong floor presence that facilitated regular contact with young people and observation of staff practice. Interviews with the staff and the review of centre documentation evidenced that the manager had effective systems in place to oversee the work of the centre. There are aspects of supervision that require development and this is discussed further in the report.

The manager had responsibility for participating on the manager on-call system in the organisation on a rotational basis and this had not impacted on the management role in the centre.

The external oversight of the work of the centre had been delivered, to a good standard, by the assistant director and director of services. The assistant director reported regular contact with the manager and weekly attendance at the centre while the director of services attends the centre fortnightly. The inspectors gathered evidence that the external managers reviewed a range of centre documentation including significant events and complaints, minutes of young person's meetings, the manager's weekly service report and health and safety reports. Senior management

had specific responsibilities in areas including recruitment, appeals to complaints, petty cash, policy and procedures documents and auditing.

Senior management and the manager attended monthly significant event review groups, monthly regional management meeting and quarterly national management meetings that supported oversight and support of centre practice.

Prior to inspection the assistant director of services led an initial audit of the centre records and care files to evaluate compliance with the centre's policies and procedures and the 'National Standards for Residential Care' (2002). The audit report document reviewed by inspectors was a practical and purposeful in maintaining and improving service delivery for young people in the centre. The assistant director of services confirmed that audits are scheduled to take place at six monthly intervals. The inspectors were satisfied that there were good mechanisms in place for the external oversight of centre practice.

Register

The examination of the centre register demonstrated oversight by the manager and senior management. The centre register contains the required admission and discharge information of young people placed in the centre. There is a system in place where duplicated records are kept centrally by the Child and Family Agency.

Notification of Significant Events

The centre has a written policy and procedure document on the notification of significant events that provided guidance for staff practice. The sample of significant events examined by inspectors demonstrated that records had been comprehensive and individual crisis management plans had been implemented and regularly developed by the staff team in consultation with the young person. There had been a system in place for the Child and Family Agency social worker to be initially notified of events by text from the care staff and the notification of significant event record had been circulated when the event had finished. The inspectors found delays in notification for some instances including where young people had been missing from care and the manager stated that this would be reviewed. However, the majority of significant event notifications demonstrated that the centre had a prompt notification procedure in place.

There are good systems in place for external oversight of significant events and the manager attended a monthly significant event review group, chaired by the assistant

director. The purpose of the meeting had been to review incidents at the centre and identify learning opportunities for the staff team. The inspectors suggest that these meetings reflect on whether the viability of a young person's placement is under consideration and that a record of attendance is maintained to support oversight structures.

Staffing

The examination of the personnel files demonstrated that the staffing, comprising of two social care leaders and five social care workers, had been suitably qualified to provide care to young people in the centre. There was a balance of experienced and inexperienced staff members. The manager had access to a specific social care relief panel and those members had been suitably qualified or in the process of gaining a relevant qualification for the role.

The social care leaders had a defined role in providing leadership to the staff team regarding the provision of care to young people and development of staff practice. The social care leaders also had responsibility as case managers to provide oversight of key work practice in the centre and to report to the manager through the supervision process. Other responsibilities included the staff roster in which at least one staff member at social care leader level was assigned to each shift.

The induction programme had been delivered to the staff from the first day of employment in line with the centre's written policy. Members of the staff team had particular roles within the service provision including key work, environmental officer, health and safety officer and fire officer and this is discussed further in the report.

The manager was satisfied that the current staffing levels had been adequate to care for the resident four young people within the centre's purpose and function. As the centre's has a registered capacity for six young people the manager and assistant director stated that staffing numbers structure required review and development prior to providing care for more than four young people resident in the centre. The inspectors recommend that the staffing review takes place to ensure that adequate staffing is in place to fulfil the centre's purpose and function.

The examination of personnel files for the core staff team confirmed that the vetting procedures had been compliant with the 'Department of Health Recruitment and Selection Circular, 1994'. There were no human resource issues at the time of inspection.

Administrative files

The inspectors found that the recording systems had been organised and maintained to facilitate effective management and accountability, having regard to the requirements of the Freedom of Information Act, 1997. The quality of the centre records were generally of a good standard that facilitated oversight, accountability and inspection. There had been some issues identified regarding duplication of records and the maintenance of files for archiving that is discussed further in this report.

The oversight of the manager was evident throughout the centre files and senior management reviewed key documentation. Centre records were written in a style reflective of the ethos and approach of the centre and reflected the voice of resident young people. The quality of the centre records had been supported by an initial audit of centre files led by the assistant director and this is due to take place at six monthly intervals.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The review of supervision files demonstrated that each staff member had a supervision contract on file and had received supervision every four to six weeks in line with the centre policy and as stated in the manager's interview. The records of supervision demonstrated good oversight of staff practice and reflected staff members competencies and areas for development. The staff had been supported by the manager who conducted post incident reviews and debriefing as part of the supervision process to provide support and identify learning opportunities for practice development.

The inspectors were satisfied that team meetings and hand over meetings took place regularly to facilitate good communication, co-operation and consistency between staff in the provision of care to young people at the centre in line with their care plan and placement plan. The discussion of key goals linked to the young person's placement plan had been discussed in handover and the team meeting. However, the records of supervision reviewed by inspectors had not demonstrated a clear link to the implementation of placement plan's for resident young people. The manager must ensure that discussion of key tasks and key goals is reflected in the supervision

records to reflect discussion and implementation of the young person's placement plan.

Inspectors evidenced that the manager engaged in regular supervision delivered by the assistant director of services in line with policy. The manager reported regular contact with the assistant director and director of services and felt supported in the management role in the centre.

Training and development

The manager has responsibility for and had reviewed the training needs of individual staff members through the supervision process. The organisation has direct links with a social care training provider and the staff had felt supported to access required training. The staff team had completed training in child protection, a recognised method of physical restraint and most had completed first aid training. However, the monitor completed a report subsequent to the onsite inspection and three of the staff members had not completed fire safety training. The manager must ensure that the relevant staff members complete fire safety training as a matter of priority.

As stated in this report, at the time of inspection the care staff required the full four day training in the centre's model of care and the monitor confirmed that, subsequent to the onsite inspection, this matter has since been resolved. The inspectors found that the manager had supported the implementation of the model of care as part of weekly team meetings and supervision. While this has been resolved in the centre, the inspectors recommend that senior management oversees that a sufficient number of staff trained in the model of care is maintained in the centre to effectively deliver the centre's model of care in line with written statement of purpose and function.

Some staff members had completed additional training including report writing, managing self injury, sexual health, relationships and addiction. The manager had also facilitated the team to receive presentations from specialist services specific to the needs of resident young people. As the young people in the service are assisted to develop independent living skills that include the storage and preparation of food, the manager must ensure that a member of the staff team completes training in food hygiene and safety to support oversight and promotion of food hygiene practices with young people.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies*
-Part III, Article 6, Paragraph 2, Change of Person in Charge
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
-Part III, Article 16, Notification of Significant Events.

Required Action

- The manager must ensure that discussion regarding the implementation of the young person's placement plan is clearly reflected in the supervision records.
- The manager must ensure that all core training needs on the staff team are addressed as a matter of priority and a timeframe is provided to the inspectorate.
- The manager must ensure that a member of the staff team completes training in food hygiene and safety to support oversight and promotion of food hygiene practices with young people.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

The Child and Family Agency monitoring service had ensured that adequate arrangements had been in place for the centre to be monitored and to satisfy itself that appropriate care practices had been in place. There had been regular contact between the monitor and the manager. The monitor had routinely reviewed significant events of the centre. There had been some instances of delayed notifications and this had been addressed earlier in this report.

In June 2015, the monitor responded to an increase in significant events in the centre by conducting an unannounced on site monitoring visit. The monitor completed a further visit to the centre in November 2015 for the purpose of ensuring the centre's compliance with regulations, standards and best practice and met with resident young people to enquire about their welfare and happiness. The monitor subsequently completed and circulated a comprehensive report to the centre, the social work department and the inspectorate. The findings of the monitors report are reflected through this report as appropriate.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

3.4 Children's Rights

Standard

The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

There were a range of mechanisms in place in the centre that supported young people's right to consultation and participation in decision making processes, in areas affecting their lives, to a high standard. The weekly meetings for young people had a good level of attendance and good records were maintained by the staff or young people. There was evidence that meetings were purposeful. Young people's views were routinely discussed in team meetings and young people received a response to their queries and requests in a timely manner.

Young people valued participation in their care provision though additional mechanisms including the completion of a needs assessment and contributing to the development of their crisis management plans and behaviour management strategies. Social workers were satisfied that young people had a say in their planning and day to day care at the centre. There was evidence to support that staff had assisted young people to participate in wider decision making processes affecting their lives including statutory care plan and review meetings.

However, there was evidence that a young person had made numerous requests for a new placement and felt unheard by the social worker. There was evidence that the centre had communicated these requests to the social worker. The social worker had a good knowledge of the requests and subsequent to the onsite inspection the young person had completed a transition to a mainstream residential centre within the organisation.

Young people had been provided with contact information for external advocacy and children's rights groups on admission to the centre and visits by this external agency to young people's meetings and to individual young people had been facilitated in the centre.

Access to information

The centre has a written policy regarding young people's right to access written information in their care files. The interviews with young people reflected that they had been informed of their right to access their information and this had been supported by the staff team and in written information in the young person's booklet. Records had been written in a style that had been strengths based and accessible for young people. The young people's files had been stored securely in the centre. The organisation has systems in place for records to be maintained securely and in perpetuity. Following the review of the centre's policy on access to information, the inspectors require that management develops a policy to reflect how the recording and sharing of information takes place for young people aged eighteen and over and how this is communicated to the young people.

3.4.2 Practices that met the required standard in some respect only

Complaints

The manager has responsibility for management and oversight of complaints and the assistant director has a designated role as appeals officer for complaints in line with the centre's policy on complaints. There were two registers in the centre to record complaints and informal complaints. Senior management received notifications of complaints by young people in the centre and there was evidence of good oversight of both complaints registers.

Cross referencing between the daily logs and the informal complaint log demonstrated there had been some issues with the recording of informal complaints in the centre. The manager and staff team must ensure that informal complaints are consistently recorded in line with the centre policy and to support oversight mechanisms.

Young people in interview reflected they had been informed of their right to complain and how complaints would be managed in the centre or by the social worker. The manager was satisfied that social worker's had knowledge of and responded to the young person's complaints. Some young people also reflected knowledge of external advocacy services and information about these services and groups had been provided through the young person's booklet and from the staff team. The inspectors found that complaints made by young people individually and in the young person's meetings had been discussed by the manager and care staff at team meetings.

The inspectors found that a young person made repeated complaints regarding the suitability of their placement. The complaints by the young person had been recorded as informal complaints as the matter had been resolved through discussion. The inspectors found that the theme of issues raised by a young person required that the staff submit a formal complaint in this respect. The inspectors recommend that the manager provides guidance to the staff team in the completion formal complaints on behalf of young people at the centre.

Care records reflect that a family member had made a complaint regarding the service provided by the service. However, there were no mechanisms for managing and recording complaints in this regard. Senior management must develop mechanisms for managing and recording of complaints by young people's families and external professionals. The manager must ensure that information on making complaints is included in the centre's information for families.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

Required Action

- The manager and staff must ensure that complaints made by young people are recorded in line with the centre's systems to support oversight structures.
- Senior management must develop mechanisms for managing and recording of complaints by young people's families and external professionals.
- The manager must ensure that information on making complaints is included in the centre's information for families.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Contact with families

The centre has a policy for the visitation of family and friends and it had been implemented by the centre manager and staff team. The manager and care staff had a positive attitude towards family contact and the review of the care files demonstrated that, where appropriate, families had been encouraged to visit the centre as part of the admissions process and for access. The centre had facilities for young people to meet with family and friends in private.

Young people had been able to contact their families through their own phone or through use of the centre phone. Young people at the centre were listened to by their social worker/aftercare worker and the care staff regarding their wishes for family contact. At the time of inspection all of the young people managed their family contact. The staff interviews and records reflected that staff monitored young people's wellbeing following family visits and offered support. The inspectors found that for one young person there was a requirement for a social work risk assessment to take place to safeguard the young person and this is addressed further in this report under the social work role.

Communication between the centre and the family members of residents over eighteen years had been at the young person's discretion. Where a young person did not wish to have family contact or communication between the centre and family members this had been clearly recorded on the care file. For the other young people, the level of contact between the service and family members had been informed by consultation with the young person and guidance from the social work department.

Emotional and specialist support

The management and staff interviewed reflected that the therapeutic approach to care had been informed by the centre's model of care, professional experience and knowledge of the young person. While the centre does not provide an intense therapeutic environment, as discussed earlier in this report, the staff team had been attentive and responsive to the emotional needs of the young people in the centre. The staff team shared a good understanding of the young person's social history and current circumstances that had and may impact on their emotional wellbeing and development.

The provision of emotional support to young people and consideration of their wellbeing and required supports had been regularly communicated amongst the staff team through daily handover, team meetings and planning documents. The review of the daily logs reflected that staff offered emotional support to young people on an opportunity led basis during daily interactions. The young people had a more individualised approach to emotional support through the key work system and this support had been structured by the young person's needs and their placement plan.

Young people at the centre had been supported to access a range of specialist services to support their emotional wellbeing and contribute to their capacity to manage their day to day experiences. Where young people aged eighteen and over did not provide consent for the centre staff to communicate with specialist services the staff had made efforts to bridge this gap through regular consultation with and provision of support to the young person.

There was evidence of good practice where the centre manager facilitated specialist services to deliver a presentation to the care staff specific to the needs of a young person. There was evidence of a good standard of communication between management and staff with specialist services to ensure informed approaches and a shared understanding of the young person's circumstances.

The social worker's interviewed had been satisfied that young people had been supported by the staff to engage with appropriate specialist services.

Preparation for leaving care

The primary function of the centre had been to prepare young people with the skills and competencies for leaving care and this had been reflected through the work of the centre in planning documents and records of work with young people. Young people at the centre completed their own needs assessment that steered the individualised way in which the staff worked with young people to develop independent living skills.

As stated earlier in this report, the suitability of the placement of a young person had been questioned by the inspectors. The social worker, through interview, had advised that on reflection the young person's had not been suitably placed in the centre. Therefore, the staff team's capacity to prepare a young person for leaving care had been impacted by the lack of clarity around the placement objectives and duration.

Young people had appropriate responsibilities in the centre including meal planning and preparation, budgeting and maintaining their apartment with the support of care staff if required. Young people at the centre are supported with a weekly independent living allowance for travel, food and savings and a regular clothing allowance and an allowance for phone credit. Young people in interview reflected positively on having responsibility for budgeting and shopping and were of the view that enough financial support was in place to meet their needs. The centre deducts a nominal amount from the independent living allowance and this is placed in savings for young people with the view that it can contribute or satisfy the requirement for a deposit when leaving care.

Young people in the centre had made developments in their independent living skills since their placement at the centre began and the management and staff had good systems for tracking this.

Discharges

The centre has a written policy for leaving care that addresses discharges. Young people in the centre are informed of their rights and responsibilities and grounds for discharge are outlined in the tenancy agreement and this had routinely been signed by the young person, social care worker and manager on admission.

Since the operation of the centre commenced, one young person had been discharged in an unplanned way. Due to the circumstances of the discharge the centre had not

been in a position to support the young person to transition from the centre in a planned way.

The manager had begun the process of a planned discharge for another young person through strategy and placement protection meetings with the social work department. Following the onsite inspection the social worker confirmed that the discharge had taken place and a funding agreement by the placing area supported the centre to provide an outreach service in the absence of an aftercare service.

The inspectors reviewed a discharge report completed by a young person's key worker. The document had been comprehensive and strengths based and reflected the progress made by the young person at the centre as well as areas for further development.

Children's case and care records

The case and care records for young people at the centre had been organised in a way that assisted effective care planning and accessibility for young people, staff and relevant professionals. The care file records were of a good standard and written in a style reflective of the ethos and approach of the centre and demonstrated a positive approach to care delivery. At the time of inspection the care files reviewed by inspectors contained the original or copy of their birth certificate and documentation substantiating their placement in care.

The inspectors found that, for some young people, sensitive information connected to their social history, had been regularly referenced in the placement plans. The inspectors recommend that the manager reviews the purpose of this practice and how it impacts on the accessibility of planning documents for young people.

The inspectors gathered evidence that some of the planning documents developed by the staff had contained information from older documents that no longer reflected the young person's current circumstances. The manager and staff team must ensure that planning documents are appropriately updated to inform the work with young people.

The manager confirmed that all case and care files are kept in perpetuity by the organisation and files are transferred for archiving six months subsequent to a young person's discharge.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre accepts referrals nationally and referrals are received through the Child and Family Agency's children's residential services. The manager had responsibility for identifying the suitability of referrals and the social worker had responsibility for placement of young people. The manager used a pre-admission collective risk assessment as a risk rating tool to determine the suitability of the service for referred young people by incorporating known information about young people factored against the centre's proposed safeguarding measures. The risk rating reflected the envisioned level of risk subsequent to the implementation of the centre's proposed safeguarding and intervention plans. The inspectors recommend that the manager reviews the pre-admission risk assessment to reflect the risk assessment of young people on admission to the centre as well as the envisioned level of risk following the implementation of safeguarding measures.

Some social workers had participated in the pre-admission risk assessment and reflected awareness of other young people placed in the centre. The review of the care files demonstrated that young people had individualised and needs led transition plans. The review of the care files demonstrated that key documentation including care plans and assessments had been delayed or remained outstanding despite requests from the centre management. This is addressed further in this report in terms of the social work role.

Social worker's interviewed provided positive feedback regarding the quality of care provided to young people at the centre. The centre had five admissions since commencing operations, four of which had occurred in line with the written statement of purpose and function and another young person had met some of the purpose and function criteria. For this young person, the review of the care file and interview with the social work identified that while the placement had supported the young person's semi independent living skills it had not been suitable as their needs required more mainstream residential care rather than semi-independent residential care. While the young person has since transitioned to a mainstream residential placement, the centre manager must ensure that placements at the centre are in line with the stated purpose and function. The social worker in interview acknowledged that the placement had not been suitable for the young person and reflected that it had been the most suitable option available at that time. The Child and Family Agency monitoring officer visited the centre post the inspection and found that the

young person had been more appropriately placed in a mainstream centre within the organisation.

The social worker's for young people over eighteen years advised that the young people's placements had continued to be funded through local service level agreements on a rolling and short term basis. Placements had been reviewed with consideration of the young person's level of need, engagement with services and engagement in education.

The house has accommodation for five young people and a sixth apartment is an annex in close proximity to the building. The assistant director and manager stated that this apartment is suitable for young people known to the service and who have reached a level of stability and have the capacity to safely manage independent living. However, this was not reflected in the policy and procedure document. The manager must ensure that the criteria for a young person's placement in the sixth/independent apartment are included in the centre's admissions policy.

Statutory care planning and review

Two of the four young people resident at the time of inspection had been aged under eighteen years and thus required statutory care planning and review. For one young person a statutory care plan and statutory care plan review meeting had taken place in line with regulations. For another young person a care plan meeting specific to the current placement had not taken place in line with statutory regulations.

The examination of the statutory care plan for a young person at the centre reflected limited information following the young person's recent reception into care. Further to the statutory care plan meeting, the statutory care plan review meeting had taken place within the regulatory timeframe. The records of these meetings maintained by the centre and review of the care files demonstrated that young people had been supported by the staff to participate in this decision making process through completion of review forms and encouragement to attend these meetings. In preparation for the statutory care plan and review meetings the staff prepared an individualised and child centred reports to provide an overview of the young person's needs and their progress to inform the decision making process. The inspectors gathered evidence that decision making had been informed by relevant professionals, young people and their families. An updated care plan or review minutes had not been received by the centre or young person at the time of inspection and there was evidence that the manager had made contact with the social work department in this respect.

A statutory care plan meeting had not taken place for a young person in the centre and this had been in breach of statutory regulations. While there had been a statutory care plan document on the care file this and the decisions within had pertained to a previous placement. The social worker must ensure that the placement is supported by a statutory comprehensive written care plan and statutory care plan review in line with regulations and standards and the care plan is circulated to the young person, family members and relevant professionals in a timely manner.

The implementation of the young person's care plan, as pertains to the work of the centre, had been structured through the placement plan and delivered through the key working system and by the wider team to a good standard. The placement plans reviewed reflected short, medium and long term goals and clearly linked to the care plan or aftercare plan as required. The key work records were a source of evidence that the placement plan goals were being addressed with young people.

The key workers had particular roles in the implementation of placement plans for young people and this had been overseen by an assigned social care leader. Key workers developed good weekly reports that facilitated clear planning connected to the implementation of the placement plan. The manager facilitated open communication about the implementation of placement plans through the discussion of key work goals in handover and team meetings.

Aftercare

The Child and Family Agency has a national aftercare document '*National Policy and Procedure Document on Leaving and Aftercare Services*' (2011) that informs preparation for leaving care and aftercare provision for young people in care. The young person's access to aftercare services is based on referral by the allocated social worker. Aftercare services had been sought for the four young people resident at the centre. One young person had an allocated aftercare worker who had completed an aftercare plan and the implementation of this plan had been discussed between relevant professionals and the young person. The social worker for another young person who had recently been placed in care was waiting a response following a request for an aftercare worker. One young person had not been eligible for aftercare under the national policy. Another young person had not received an aftercare worker due to local resource issues and availability of aftercare workers.

The manager, staff team and some social workers had been concerned about the outcomes for young people leaving care without the support of aftercare services. The social worker's of two young people had made efforts to bridge the gap in

aftercare worker provision and had developed aftercare plans for young people in consultation with the young person and centre staff. However, the inspectors found that the expertise and experience of an allocated aftercare worker had been required for these young people. The aftercare plans for young people in the centre required review to ensure that a clear and up to date plan is in place to respond to the changing needs of the young people. The inspectors require that the Child and Family Agency aftercare service adequately resources the provision of services for young people preparing for leaving care and aftercare.

Supervision and visiting of young people

The manager and staff facilitate social workers and external professionals to meet with young people at the centre and in private. Records of visitors to the centre are maintained by the staff team in a particular log. Each young person in the centre had an allocated social worker whom they were familiar with, met in person and could contact by telephone.

At the time of inspection, one young person had not been visited by their social worker to enquire about their welfare and happiness within the required timeframe. The social worker's must ensure that visits to young people take place in the centre and in private in line with the statutory regulations. Another young person had received visits in line with statutory requirements but had been dissatisfied with the frequency of social work visits. Young people aged over eighteen years had regular visits with their social workers at the centre. There was some difficulty in tracking social work visits to young people and the purpose and outcome of the visit. The inspectors require that the records of social work visits are developed further to clearly reflect the frequency and outcome of the safeguarding visits.

The inspectors found evidence that young people had been facilitated to meet with external advocacy services for young people in care.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Each young person in the centre had an allocated social worker who demonstrated a good knowledge of the young person's social history and needs. There was evidence where the social work department had facilitated specialist assessments to take place where further clarity had been required. The social worker's had been satisfied that the centre provided a good level of care to the young people

Social worker's confirmed receipt and knowledge of key documentation regarding young people at the centre including significant events, complaints, behaviour management and planning documents. The inspectors found that where young people made complaints about the behaviour of other resident young people the social worker had not initiated contact with the social worker or convened strategy meetings to respond to ongoing complaints. The inspectors recommend that social workers liaise with each other when issues arise amongst young people in the centre in support of a positive resolution for young people.

A young person in the centre had significant periods of free time which had been used for contact with parents. The centre had a plan in place for regular telephone contact with the young person during this timeframe. The inspectors found that the social worker had not developed a risk assessment in response to known risks to the young person during this free time. This matter had been raised with the social worker during the post inspection interview. In response the social worker stated that a risk assessment and safeguarding plan would be developed in conjunction with the centre manager and staff. The inspectors require that this takes place and is communicated to the inspectorate.

As identified earlier in this report the statutory care plan and care plan reviews for young people had not consistently taken place in line with regulations and this must be addressed by the allocated social worker's. Furthermore, for some young people key pre-admission information in the area of health had not been provided to the centre. The Child and Family Agency social worker must ensure to provide sufficient information to the centre to inform the care of the young person.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part IV, Article 22, Case Files.

-Part V, Article 25and26, Care Plan Reviews

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 24, Visitation by Authorised Persons

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The manager must ensure that placements at the centre are meeting the needs of young people.
- Management must review the centre's admissions policy and reflect the criteria for placement in sixth/independent apartment.
- The Child and Family Agency social work service must ensure that each young person has a statutory written care plan and statutory care plan review in line with regulations.
- The Child and Family aftercare services must adequately resources service provision for young people in preparation for leaving care and in aftercare.
- The Child and Family Agency social work service must ensure that visits to young people take place in the centre and in private in line with the statutory regulations.
- The Child and Family Agency social work service is required to develop a risk assessment and safeguarding plan in conjunction with the centre manager and staff to safeguard young people as required.

- The Child and Family Agency social work service must ensure to provide sufficient information to the centre to inform the care of the young person.

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

Individual care for resident young people had been underpinned by the ethos and approach of the centre and had been strengthened by the good standard of consultation. Young people at the centre had been allocated a key worker in the pre-admission process and it was through the key work service that particular attention had been given to their emotional needs.

The work of the centre focused on preparation for leaving care and the review of the care files demonstrated that young people had been supported in the development of skills, competencies and knowledge required for independent living and adulthood and had been informed by the individual needs assessment completed by the young people on admission.

Young people are supported to make choices about their personal appearance and clothing, with support and guidance from the care staff. Issues regarding personal hygiene had been managed sensitively by the staff team through the key work system.

Young people at the centre had not engaged in recreational facilities or clubs available in the local community. The inspectors recommend that positive social outlets continue to be offered to young people in support of their physical and social development.

Provision of food and cooking facilities

Young people in the centre have access to their own kitchen and facilities for cooking and storing food. Young people have responsibility for purchasing food from the independent living allowance and additional food can be requested from care staff if required. Young people received support from the care staff in meal planning and preparation and their capacity to manage these tasks is monitored to inform and guide the work with the young person. Young people develop their knowledge and practice of food hygiene through key work and this is monitored during cooking with the young people and the routine weekly apartment checks. As stated earlier in this report the manager must ensure that a member of the staff team completes training in food hygiene and safety to support oversight and promotion of food hygiene practices with young people.

The centre has a large kitchen in the centre where, during the onsite inspection, young people had availed of opportunities to prepare meals with the support of their key workers. The staff prepare two meals for the young people each week and the young people had been consulted about their preferences as part of their weekly meeting. The meal time observed by inspectors had been treated as a social event where the staff had positive interactions with young people.

Race, culture, religion, gender and disability

The centre had a policy on recognising diversity and a policy on equality of care. The inspectors recommend that the policies are reviewed and refined into a single document. Both policy documents promote the recognition of diversity and identify the need for the service to prevent young people being discriminated against because of their care status, sexuality, ethnic or cultural background. The centre staff supported young people's right to self expression through recognising cultural and ethnic elements of a young person's identity and encouraging the young person's engagement with the services. The staff team were good advocates for young people in accessing similar resources, opportunities and choices available to their peers and this guided through the high standard of consultation with young people.

Young people at the centre are consulted about their views on religion as part of the admissions process to inform the staff team of whether arrangements had to be made to facilitate a young person's attendance at religious ceremonies. The practice of religion is at the young person's discretion.

Managing behaviour

The centre has written policies providing guidance on particular areas of behaviour management including bullying, drug and alcohol misuse.

Young people at the centre had been supported to understand their rights and the behaviour expected of them through discussion with the staff, key working and written information in the young person's booklet.

The approach of the staff team to managing behaviour had been informed by training in a recognised model of crisis prevention and management and the centre's model of care. The approach had been structured by individualised crisis management plans that captured the circumstances and knowledge of the young person. Each young person at the centre contributed to their individualised crisis management plan on how best they could be supported by the staff in managing their own behaviour during a crisis situation. These plans had regularly been updated and connected well with the growing knowledge of the young person and learning that had taken place for the team in behaviour management strategies.

The review of the care files reflected good practice where post incident key work had taken place with young people to assist their development of positive ways to manage their daily lives.

Where young people had been under the influence of alcohol or drugs at the centre, the staff team had made efforts to manage the risk to the young person through regular monitoring, interventions informed by risk assessments and facilitating the young person to access medical care. The inspectors reviewed records where staff monitored a young person's presentation. The inspectors recommend that the records are developed to more strongly reflect the practice of the staff team in monitoring young people and to state the reasons when and why monitoring is deemed no longer required.

Sanctions had been another tool used by the staff team in managing behaviour and these had been recorded in a specific register that had been overseen by management. The inspectors had been satisfied that sanctions had been monitored regularly by the manager and had been reasonable and proportionate as a response to behaviour.

The manager discussed the use of a warning system in response to young people's behaviours that could impact on the viability of their placement and potentially lead

to discharge and the use of this system had been evidenced on some young people's files. The review of the care files demonstrated that the warning system had been implemented in response to young people who had been impacted by drugs or alcohol on the premises. The inspectors had been unable to locate a policy and procedure document regarding the use of the warning system and recommend that this is included in the managing behaviour policies and the young person's booklet.

Restraint

The centre has a comprehensive and detailed written policy on the use of physical restraint that states physical restraint can only take place as a last resort in managing a crisis situation by suitably trained staff using recognised methods of restraint. The staff team had trained in a recognised and reputable model of crisis prevention, management and physical restraint. Each young person had an individual crisis management plan that captured the thresholds for the use of restraint, contra-indicators to restraint and restraint options. The manager and staff had a robust understanding that restraint does not take place for young people aged eighteen and over. At the time of inspection, and since commencement of operations, physical intervention had not taken place.

Absence without authority

The staff team's response to absences of young people and the thresholds for implementation of the missing child from care protocol had been structured by individual absence management plans. The young people's files contained clear photographs for the purpose of implementing the 'Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Family Services, 2012'.

The centre staff developed and regularly updated individual absence management plans for each young person at the centre. The individual absence management plans had been completed to a good standard and reflected a clear link to potential risks to the young person, while absent without authority, in line with pre-admission information and information gathered while in the centre. The documents contained thresholds and guidance for the staff in managing and notifying incidents of absence without authority and implementing the missing child in care protocol.

For the young people over eighteen years of age, their absence management plans reflected a waiting period of 24 hours prior to the completion of a risk assessment and notification to the on call manager prior to notifying the young person as a missing person. The inspectors recommends that the manager consults with the local

Garda station in regards to the more immediate notification of vulnerable young people aged over eighteen in their service.

The inspectors found evidence where professionals meetings had taken place in response to young people missing from care and the number of absences had reduced.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

Safeguarding

The centre has a policy on safeguarding and child protection that draws from *Children First, National Guidelines for the Protection and Welfare of Children (2010)* and references a range of complimentary policies within the centre's policies and procedures document. There is a policy on the staff member's responsibility in overseeing each other's practices and professional boundaries. The examination of the personnel files demonstrated that management and care staff have completed training in child protection. The inspectors gathered evidence that the management and staff team had good safeguarding practices in place including supervision, staff vetting, complaints policy and consultation. Young people at the centre had access to make telephone calls and to meet with family and professionals in private and at the centre. The young people had opportunities to meet with an external advocacy group that focused on promoting the rights of children in care.

The centre has CCTV systems in place to monitor activities in the centre and on the premises and there is appropriately placed signs stating that CCTV is in operation. There is a written policy in place that states young people and the care staff will be informed of the systems before any personal data is recorded. The inspectors recommend that the policy is developed to reflect the storage of this information and whether it is kept in perpetuity.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

Child Protection

Standard

There are systems in place to protect young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

3.7.4 Practices that met the required standard

As stated, the centre had written policies and procedures on child protection that draws from *Children First, National Guidelines for the Protection and Welfare of Children (2010)*. The policy addresses the procedures for receiving disclosures and allegations and management of allegations of abuse. There is a clear structure in place for child protection matters to be reported to the manager as the designated liaison person.

The inspectors reviewed child protection notifications. The inspectors were satisfied that the centre manager notified the social worker of child protection matters and this had since been brought to conclusion. The process for notifying the young person's family is based on agreement between the allocated social worker and the manager. In the course of interviews a young person made an allegation against a staff member and with the young person's knowledge this was communicated to the manager during the onsite inspection. The manager confirmed this would be investigated according to the centre's policy.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 Practices that did not meet the required standard

None identified.

3.8 Education

Standard

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

3.8.1 Practices that met the required standard in full

While the inspection occurred during a natural break in education for the young people there was evidence to support that the manager and staff team valued and supported young people's to access education. The young people's care files had a dedicated section for education and demonstrated a good level of pre-admission information on education for some young people had been provided by the social worker including exam results and assessments.

The review of the care files and interviews with young people reflected that each young person had an education placement that had been identified following consultation. The young people interviewed had a good understanding of their education plan. Some young people had a positive attitude to education and had been clear of the goals they wish to achieve. Some young people reflected on the importance of the placement as a stable base from which their education could be completed. The social worker's confirmed that required educational materials would be funded locally and would be separate to the young person's independent living allowance.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

The health needs of the young person are assessed and met. They are given information and support to make age appropriate choices in relation to their health.

3.9.1 Practices that met the required standard in full

None identified.

3.9.2 Practices that met the required standard in some respect only

The centre has a policy on general physical health that considers physical activity, diet and nutrition and smoking. The inspectors had been satisfied that the staff team had been responsive to the health needs of young people in the centre and this had been informed through observation and consultation. The staff encouraged young people to have their general healthcare needs met through a medical check by their own GP or the medical practice used by the centre. Each young person had a valid medical card. The review of the care files demonstrated that where staff had been concerned for the welfare of a young person, medical care had routinely been sought and provided. Young people at the centre had engaged with individual work on relationships, sexuality and sexual health and addiction.

There was evidence that staff supported young people to access specialist services where particular issues had impacted on the young person's health and wellbeing. Where young people had prescription medication the care staff had good communication with the prescribing specialist. The staff clearly understood contra-indicators to the administration of medication and acted in this regard.

All medication had been managed by the centre unless a risk assessment had taken place and determined the medication could be safely managed by the young person. The centre had facilities for medication to be stored securely and there were robust systems in place for the practice and recording of the administration of medication. The records had been routinely signed by young people and the staff also captured where young people had refused medication. There is a policy in place for unused medication to be returned to the prescribing service for disposal.

The young person's care file had a section dedicated to health. For some young people there had been a good standard of medical information on file. The inspectors found evidence that the manager had continued to request immunisation records for a young person at the centre from the social work department. The inspector

recommends that the manager places an explanatory note on the health section of young people's files where health information has not been received.

The centre has a no smoking policy that identified a range of ways in which the staff team can discourage young people from smoking. The designated smoking area had been outside of the kitchen and dining area and beside windows to the centre. The manager must reposition the designated smoking area away from the cooking and dining facilities.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

Required Action

- The manager must reposition the designated smoking area away from the cooking and dining facilities.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The manager provided appropriate documentation to the inspectorate confirming that the centre had combined property damage, business interruption, employers and public liability insurance policy in place. The centre was located in a large house with six individual apartments for young people, staff bedrooms, staff offices and adequate space and facilities to provide care for the registered capacity of up to six young people in line with the centre's purpose and function. The apartments are self contained and complemented by the shared living areas for cooking, dining and recreation. The large kitchen is a central meeting point for young people and staff. The centre had facilities for young people to meet with family and friends in private. The house was styled and decorated in a homely manner and areas of the house displayed posters illustrating the centre's approach to care. The house was clean and maintained to a good standard. Young people had responsibility for maintaining the cleanliness of their apartments with weekly monitoring from the care staff. The young people had a positive view of the accommodation and most young people valued the independence and level of privacy the structure of the house afforded.

Safety

The inspector's observation of the centre and facilities indicated that the centre had been a physically safe place for young people to live in. The centre had a written safety statement in place and this had been reviewed by the staff team as part of the induction process. The manager was the designated health and safety officer. Two members of the staff team had completed training in manual handling. A member of the staff team had been the centre's dedicated health and safety representative and had responsibility for weekly health and safety checks. There is a monthly safety audit completed and the manager had oversight of this. The centre had a safety committee and the members had been appointed from the management and staff team to assist on all matters relating to safety, health and welfare.

There is a health and safety book overseen by the manager and care staff and there were systems in place for recording accident and injury while on the premises. The health and safety reports are overseen by regional managers.

The staff had access to a comprehensive first aid kit in the staff office and another smaller first aid kit was available from the kitchen. The staff had access to and training in the use of ligature knives if required in an emergency situation.

There is a pond on the premises and the inspectors queried the safety of this feature. The manager forwarded a completed risk assessment to the Child and Family Agency monitoring officer post the inspection process and this is due for review in March 2016.

The centre has two centre vehicles that had been insured and serviced regularly. Daily and weekly checks of the centre vehicle had been completed by staff members to monitor any indication of maintenance and repair requirements.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

The manager provided written confirmation from a certified fire consultant that all statutory requirements relating to fire safety and building control had been complied with. The centre had an up to date statement on fire safety, safety precautions and emergency procedures and this had been reviewed by the staff team. The centre had a written fire safety policy that clearly identified the requirements of the centre to manage fire risk. The manager was the fire safety representative and a member of the staff team had been the designated fire officer.

Five members of the staff team had fire certificates on their personnel files. The manager must ensure that all members of the staff team have up to date fire safety training as a matter of priority. The manager, in collaboration with the fire safety consultant, had ensured that adequate precautions against the risk of fire, including effective means of escape, arrangements for detecting, containing and extinguishing fires had been in place in the centre. Each apartment had been equipped with fire detection and fire safety equipment. Young people in the centre had engaged with social care staff about fire safety and the use of the fire safety equipment in their apartments.

The maintenance of fire fighting equipment had been reviewed internally by centre staff and by external fire equipment maintenance services every three months. The staff maintained records of all persons on the premises to support fire safety practices.

Fire drills at the centre had taken place on a monthly basis day and night and also following a new admission or a new staff member. Centre records indicated that five fire drills had taken place within a one month period. The manager must consult with the fire safety consultant without delay in respect of the recommended frequency of fire drills due to the known risks associated with the fire drill becoming a routine occurrence.

Maintenance and repairs

The review of the maintenance log evidenced that some maintenance and repairs relating to young people's apartments had not been dealt with promptly and evidence was gathered that young people had made complaints in this respect and raised this in the course of interviews. There was also a theme of issues raised about the television not working. The manager acknowledged that there had been several maintenance issues that arose when the centre opened and these had been resolved slowly.

The inspectors found that there were some maintenance issues that required further attention. There was an area between the external apartment and a ground floor apartment that had an unpleasant odour. The manager stated that this matter had been investigated by appropriate professionals however the issue had not been resolved. Young people had informed inspections that the odour had restricted the use of windows in a nearby apartment. Management must ensure that the maintenance issue on the premises is investigated and refrain from placing young people in affected apartments until this is resolved.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The manager must ensure that all members of the staff team up to date fire safety training.
- The manager must consult with the fire safety consultant without delay in respect of the recommended frequency of fire drills.
- Management must ensure that the maintenance issue on the premises is investigated and refrain from placing young people in affected apartments until this is resolved.

4. Action Plan

Standard	Required Action	Response	Inspectors Commentary
<p>3.1</p>	<p>The director of services must review the clinical aspect of the statement of purpose and function.</p> <p>Management must review and update the centre booklets for young people and their families in line with the revised statement of purpose and function.</p>	<p>The director of services in conjunction with the centre manager reviewed the written statement of purpose and function, including both the one page and long version. The terms ‘clinical’ and ‘intensive’ have been removed. The revised written statement of purpose and function has been submitted to the inspectorate.</p> <p>The manager has revised the young person’s booklet and edited changes noted removing the term ‘intensive’ therapeutic care and ‘clinical oversight’.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

<p>3.2</p>	<p>The manager must ensure that discussion regarding the implementation of the young person's placement plan is clearly reflected in supervision records.</p> <p>The manager must ensure that all core training needs on the staff team is addressed as a matter of priority and a timeframe is provided to the inspectorate.</p> <p>The manager must ensure that a member of the staff team completes training in food hygiene and safety to support oversight and promotion of food hygiene practices with young people.</p>	<p>The supervision record form has been reviewed and changes made to ensure that young person's placement plan is clearly reflected in supervision records. This task was completed on 01.09.15 and an updated supervision record template has been submitted to the inspectorate.</p> <p>The manager submitted a training audit sheet to the inspectorate outlining training completed since the onsite inspection. The manager submitted a scheduled for the staff team's outstanding core training to be completed.</p> <p>The manager has identified trainers for food hygiene and safety training. The training will take place on Thursday June 30th 2016. A two hour training course will be developed to be rolled out to across the organisation. This course will be certified by Social Care Training Ireland. In the interim, staff who have completed HACCP, have developed a brief guidance document for roll out across team meetings to be completed at the team meeting planned for Tuesday 29th March 2016.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied that a plan is in place to address outstanding training. Confirmation of completed training is to be submitted to the inspectorate.</p> <p>The inspectors are satisfied with this response</p>
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<p>3.4</p>	<p>The manager and staff must ensure that complaints made by young people are recorded in line with the centre’s systems to support oversight structures.</p> <p>Senior management must develop mechanisms for managing and recording of complaints by young people’s families and external professionals.</p> <p>The manager must ensure information on making complaints is included in the centre’s information for families.</p>	<p>The centre has complaints logs for both formal and informal complaints. The manager will ensure that complaints by young people are recorded in line with the centres systems to support oversight and structures.</p> <p>All complaints made to the centre are recorded as both a complaint and a significant event in the centre registers. Both significant event and complaint documentation is generated and notified to the relevant professionals, as per policy.</p> <p>The ‘Parents Handbook’ contains contact details of the Centre Manager, Senior Management, the Monitoring Officer and The Children’s Ombudsman, for parents use.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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<p>3.5</p>	<p>The manager must ensure that placements at the centre are in line with the purpose and function.</p> <p>Management must review the centre's admissions policy and reflect the criteria for placement in the sixth or independent apartment.</p> <p>The Child and Family Agency social work service must ensure that the placement is supported by a statutory comprehensive written care plan and statutory care plan review in line with regulations and standards and this is provided to the centre and young person in a timely manner.</p>	<p>Centre manager will ensure that all placements are in line with the purpose and function of the centre i.e. preparing young people aged 16-19 years for leaving care, independent living and adulthood.</p> <p>The centre manager has reviewed the centre admissions policy to detail the criteria for placement in the sixth apartment i.e. that a young person has resided in the main building prior to moving to the sixth apartment and that it is part of their plan and progression. The manager has submitted the addendum to the admissions policy to the inspectorate.</p> <p>The manager confirmed receipt of outstanding statutory care plan and review documentations for both young people subsequent to inspection on 01.12.15. The social work team leader for a young person confirmed that a statutory care plan meeting was completed subsequent to inspection in September 2015 and the completed document had been provided to the centre in November 2015.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The Child and Family aftercare services must adequately resources service provision for young people in preparation for leaving care and in aftercare. This required action relates to two social work areas.</p> <p>The Child and Family Agency social work service must ensure that visits to young people take place in the centre and in private in line with the statutory regulations.</p>	<p>The Child and Family Agency social work team leader responded that the young person continues to be supported by social work services in education, continued funding requests for and are exploring a range of aftercare options with the young person. The social worker has scheduled for the young person to meet with a duty aftercare worker and a planning meeting to revise aftercare is scheduled for 4th March 2016.</p> <p>No response received from the Child and Family Agency principal social worker of the area with responsibility for another resident young person requiring aftercare services.</p> <p>The Child and Family Agency social work team leader responded that the young person is no longer in placement at the centre. However, the social worker regularly arranges to meet with the young person in their current residence.</p>	<p>No response received.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The Child and Family Agency social work service is required to develop a risk assessment and safeguarding plan in conjunction with the centre manager and staff to safeguard young people as required.</p> <p>The Child and Family Agency social work service must ensure to provide sufficient health information to the centre to inform the care of the young person.</p>	<p>The Child and Family Agency social work team leader responded to this required action to state that appropriate risk assessment and safeguarding plans have been developed through regular professionals meetings and the centre have a clear plan for supporting and monitoring the young person.</p> <p>The social work team leader with responsibility for one young person responded to confirm that there has been difficulty obtaining immunisation records and this is being actively pursued. All other available health information had been provided to the centre.</p> <p>The social work team leader for another young person who did not have all required health information on file confirmed that the young person has since transitioned from this placement and medical history has been provided to the current centre. The principal social worker in this area responded that the social workers have been reminded of their responsibility to provide required documentation to the centre to inform the care of the young person.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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<p>3.9</p>	<p>The manager must reposition the designated smoking area away from the cooking and dining facilities.</p>	<p>The smoking area was repositioned immediately upon recommendation on the 19.11.15.</p>	<p>The inspectors are satisfied with this response.</p>
<p>3.10</p>	<p>The manager must ensure that all members of the staff team have up to date fire safety training as a matter of priority.</p> <p>The manager must consult with the fire safety consultant without delay in respect of the recommended frequency of fire drills due to the known risks associated with the fire drill becoming a routine occurrence.</p>	<p>Fire safety training is scheduled to be completed by a member of staff outstanding at the time of inspection on the 16.03.16.</p> <p>The fire policy and procedure is currently under review. Centre manager and senior management are completed fire management training on the 03.03.16 and sought guidance in terms of frequency of fire drills. The manager responded that given the frequency of admission and new staff pertaining to the opening of a new centre monthly fire checks will continue to be carried out to ensure awareness of fire safety procedures. Centre Manager will consistently risk assess this practice when the centre is settled the frequency of fire drills will be reduced bi-monthly or quarterly as appropriate.</p>	<p>The inspectors are satisfied with this response. The manager must provide confirmation of the completion of the required training to the inspectorate.</p> <p>The inspectors are satisfied with this response. The manager must provide confirmation of the frequency of fire drills required and completed training to the inspectorate.</p>

	<p>Management must ensure that the maintenance issue on the premises is investigated and refrain from placing young people in affected apartments until this is resolved.</p>	<p>The manager ensured that young people were not placed in the apartment while the maintenance issue existed. A thorough investigation was commissioned through appropriate professionals. An engineer's report has been completed and initial repair works have been carried out.</p>	<p>The inspectors are satisfied with this response.</p>
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