



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: o88**

**Year: 2017**

**Lead inspector: Michael McGuigan**

Registration and Inspection Services  
Tusla - Child and Family Agency  
Units 4/5, Nexus Building, 2<sup>nd</sup> Floor  
Blanchardstown Corporate Park  
Ballycoolin  
Dublin 15  
01 8976857

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Terra Glen Respite Services Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>14<sup>th</sup> and 22<sup>nd</sup> February 2017</b>
<b>Registration Status:</b>	<b>08<sup>th</sup> April 2017 to the 08<sup>th</sup> April 2020 no conditions attached</b>
<b>Inspection Team:</b>	<b>Michael McGuigan Eileen Woods</b>
<b>Date Report Issued:</b>	<b>11<sup>th</sup> July 2017</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Methodology	
1.2 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>8</b>
<b>3. Analysis of Findings</b>	<b>9</b>
3.1 Management and Staffing	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.10 Premises and Safety	
<b>4. Action Plan</b>	<b>31</b>

## 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. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

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 provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

## 1.1 Methodology

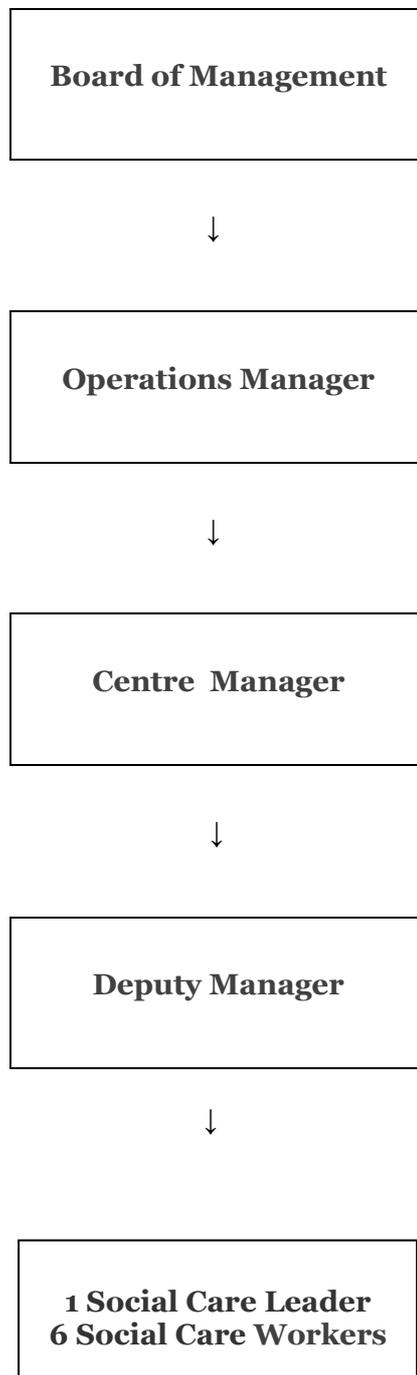
This report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was an unannounced thematic inspection that covered a sample of a number of standards and took place over on the 14<sup>th</sup> and 22<sup>nd</sup> of February 2017. This report is based on a range of inspection techniques and data including:

- ◆ An examination of the questionnaires completed by 6 of the care staff
- ◆ An inspection of premises and grounds
- ◆ An examination of the most recent report from the Registration and Inspection Service
- ◆ An examination of specific sections of the young people's files and recording processes in the centre
- ◆ 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 manager
  - b) One staff member
  - c) Four social workers for the young people residing in the centre at this time
- ◆ Observations of care practice 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

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration.

As such the registration of this centre remains 08<sup>th</sup> April 2017 to 08<sup>th</sup> April 2020.

## 3. Analysis of Findings

### 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**

##### **Register**

During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The centre register is a hardback book and contains details of young people, their admission and discharge dates and information on their parents and social workers. A copy of the register for admissions and discharges for this centre is also held by the Child and Family Agency.

##### **Notification of Significant Events**

During this inspection a review of a sample of significant event notifications was completed along with a review of the centre significant event notification register. It was observed from this review that significant events were forwarded as required and that these contained appropriate information. The social workers that were interviewed also stated that they were happy with the content of these reports, that they were forwarded in a timely manner and there was evidence that they responded where necessary.

Inspectors noted from a review of the minutes for centre manager's meetings and from interview with the centre manager, that the organisation holds a significant event review as part of the fortnightly manager's meetings. This is attended by centre managers, deputy managers, social care leaders and the organisation's operations manager. This forum is used to review significant events in the centre for learning and care practice analysis.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Staffing**

The centre currently has a whole time equivalent staff complement of six social care workers and one social care leader. Inspectors were informed during interview with the centre manager that the deputy manager had been seconded to another position in the organisation but was due to return in the coming weeks. During the period where the deputy was unavailable, the centre's social care leader undertook some of the role of the deputy manager (including supervisions) but did not formally act up in the deputy manager's absence. The centre currently operates a three person sleepover roster. The centre manager stated that this had been increased from a normal allocation of two sleepover staff and one day shift due to the behaviours of the young people and the need to have higher levels of supervision. However, inspectors observed that the centre did not have enough whole time staff allocated to cover all the shifts required and that relief staff and staff from other centres were covering the shortfall. Some of the core staff team were also working extra shifts each week. Inspectors noted that to continue to run this roster more staff needed to be allocated to the centre. During interview with the operations manager for the organisation she stated that this rostering arrangement was under review and was likely to be changed in the coming weeks to revert to the original allocation of two sleepovers and one day shift.

From a review of a sample of five staff files, it was observed that the CVs for two staff members needed to be improved and updated. Further, it was noted in some instances that the accreditation of qualifications for staff had not been verified by the centre manager and that some references were not of the standard required as outlined in the Department of Health Recruitment and Selection Circular, 1995. Garda vetting was in date for each of the staff files that were reviewed.

Inspectors noted from a review of the personnel file of one staff member and from interview with the centre manager that there had been one disciplinary issue in the previous 12 months. However, there were no records of this process or the outcome on the staff members' file and the HR policy that underpinned this action was also not present.

#### **Supervision and support**

The centre has a policy on supervision that states the frequency, purpose and functions of supervision. As part of the inspection process, inspectors reviewed the

supervision records for seven staff members. Supervision for the full time staff was being conducted by the centre manager, while supervision of the relief staff was carried out by the centre's social care leader; both had received supervision training. While inspectors observed that supervision was occurring within the required time frames, it was noted that supervision contracts were not in place for each staff member with their supervisor. Further, agreed decisions and actions stemming from discussions in supervision were not being clearly recorded and there was no section to minute a review of previous decisions. As such, inspectors noted that there was a lack of continuity in staff supervisions.

Inspectors also noted that, at times, the supervision recording form was not used appropriately and discussions on the behaviours of young people were recorded in the section for decisions. Also while there was a general discussion in these supervisions on events in the centre and the behaviours of young people, there needed to be an improvement on the discussions regarding placement planning, key working and care practice.

The centre manager is supervised by the operations manager for the organisation. However, it was noted that there was a gap in supervisions during the summer of 2016 when the previous operations manager had left their post. Further, some of the minutes for the supervisions carried out with the centre manager by the previous operations manager were not legible. The centre manager is now supervised by the current operations manager and a review of these minutes evidenced that supervision was occurring regularly and being used for discussion and planning on issues relating to the care of young people and staffing. The operations manager is supervised by an external consultant who is also supporting service audits of the centres in the organisation. The minutes for the supervisions for the operations manager were not reviewed during this inspection.

During discussions with staff members as part of the inspection, they stated that they had requested a meeting with the operations manager for the organisation but that this had not occurred. Staff members also stated that they did not know how to contact the operations manager should difficulties arise. This issue was subsequently addressed and the staff team met with a member of the board of management and the operations manager following the first day of the inspection. Inspectors noted evidence that inductions were occurring for new staff members and the centre manager stated that staff could avail of a counsellor should they need support on issues relating to work.

## **Training and development**

During this inspection the training audit was reviewed and inspectors observed that a number of staff had not received training in MAPA (Management of Actual or Potential Aggression) which is used in the centre for physical interventions and deescalating aggressive behaviours. Inspectors also noted that not all staff members had received training in Children First: National Guidance for the Protection and Welfare of Children, 2011 and that in some instances there was no confirmation of fire safety or first aid training held on staff members' files.

Further, inspectors found from a review of personnel files that training in the model of care being delivered in the centre was provided to staff by the centre manager who had received *Train the Trainer* training.

### **3.2.3 Practices that did not meet the required standard**

#### **Management**

This centre has a full time manager who has been in post for two years. This person has an appropriate qualification in social care and reports to the organisation's operations manager. The centre manager signs documents in the centre to evidence that these have been read and also attends handovers, staff team meetings, professionals meetings and child in care reviews. However, inspectors noted that while the centre manager was reading and signing documents, at times there was no evidence that the information contained in the reports was being used to formulate new strategies to keep young people safe or support behaviours.

A review of the staff meeting minutes evidenced that these were scheduled to occur weekly and that they were used for the exchange of information and the planning of care for young people. The staff team meeting minutes contained discussions on significant events for young people, reviews of their behaviour support and safety plans, discussions on placement plans and key work sessions. However, there was no evidence of ongoing review of previous decisions and actions agreed at these meetings. Inspectors also observed that staff team meetings did not occur on eight occasions between October 2016 and the end of January 2017.

The current operations manager has been in post from 02/11/16 and reports to the board of management. However, inspectors did not find any evidence that this person had reviewed or signed documents in the centre and there was no evidence of their governance there. The organisation holds a fortnightly manager's meeting and

this also includes a forum to review significant event notifications issued from each centre.

During interview, the centre manager stated they were unaware if information was passed from the fortnightly manager's meeting to the board of management and also stated that there was no process for feedback on issues raised. From a review of the minutes for the centre manager's meetings inspectors found that while these had occurred in January, December and November, there was a gap of three months back to July 2016 where meetings had not occurred. This period coincided with the previous operations manager leaving the organisation and it is important that these management structures maintain continuity in order to oversee the care being provided to young people. Inspectors also noted that the minutes for manager's meetings needed to improve to reflect organisational governance and tracking of the care being provided to young people. During interview, the operations manager acknowledged that there were ongoing issues in the centre and that more oversight and governance was required by external line managers. Following the initial day of inspection where inspectors raised immediate concerns with the organisation, the operations manager visited the centre a number of times in the following week in order to support staff and address some of the issues.

The board of management meets monthly and the directors of the company sit on this. Monthly reports are submitted by centre managers for consideration and the operations manager reports on issues that arise. However, inspectors found that the operations manager and board of management had not taken sufficient steps to satisfy themselves that suitable operational policies and care practices were in place in the centre and this needs to be addressed. During this inspection it was observed that there were issues with fire safety, maintenance, complaints and the oversight provided in the centre both by the centre manager and by the external line manager. Inspectors noted that these issues had previously been raised with and that improvements in aspects of the governance in the centre were immediately required.

As noted, a member of the board of management and the operations manager visited the centre following the initial day of inspection and met with staff while there and there have been a number of subsequent visits by both to the centre. Inspectors noted that action had been taken on a number of issues raised during the inspection process.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency 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 7, Staffing (Experience, Qualifications and numbers) -Part III, Article 16, Notification of Significant Events.***

The centre has not 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***

#### **Required Action**

- The centre manager must review personnel files to ensure that they are in line with Department of Health Recruitment and Selection Circular, 1995.
- The centre manager must ensure that staff member's files hold copies of reports on investigation and outcomes of disciplinary matters where appropriate.
- The centre manager must ensure that training is up-to-date for all staff members and that a plan is held in the centre to address the training needs of staff.
- The centre manager must ensure that agreed decisions and actions stemming from discussions in supervision are clearly recorded and that a review of previous decisions occurs.
- The centre manager must ensure that care practice and placement planning are discussed in supervision and that the model of care being provided in the centre underpins these discussions.
- The board of management must review the oversight and audit mechanisms for the centre to ensure that there is effective governance and that suitable operational policies and care practices are in place.

### **3.4 Children's Rights**

#### ***Standard***

The rights of the 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**

None identified.

#### **3.4.2 Practices that met the required standard in some respect only**

None identified.

#### **3.4.3 Practices that did not meet the required standard**

#### **Complaints**

The centre has a policy on complaints that stipulates what constitutes a complaint; how a young person can make a complaint; who they can complain to; what the procedures around complaints are and how to appeal the outcome of a complaint. As part of this inspection, inspectors reviewed the complaints register for the centre and copies of a sample of the complaints made by young people. There have been 19 complaints in total recorded in the complaints register and there have been eight complaints made in the 12 months prior to the inspection. From a review of the complaints log it was noted that one complaint related to a young person stating they were assaulted by a staff member during an incident. This complaint was recorded as informal and there was no accompanying standard report form or assessment of need for one. Records in the centre reflected that the social worker had spoken to both the young person and the staff member and deemed this complaint to be unfounded; however, appropriate notifications for this complaint had not occurred in line with the centre's own policy.

Further, the dates and details of two other complaints were not recorded in the centre complaints register and these entries were blank. From a review of this register of complaints, inspectors also found that a resident young person had made a complaint in relation to the premises and conditions in the centre. There was no evidence that this complaint had been notified and no evidence that action had been taken to resolve it. This young person also met with inspectors and expressed these

complaints and the inspectors requested that the centre manager notify these complaints on their behalf.

### **Required Action**

- The operations manager must review the policy on complaints with the staff team to ensure that complaints are appropriately notified as required.
- The centre manager must ensure that the complaints register is complete and contains all the required information.
- The centre manager and allocated social worker must meet with one young person to take action on the complaints made in relation to the physical condition of the centre.

## **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**

During this inspection, inspectors met with two young people to discuss the frequency and nature of family contact and were informed by young people that they were happy with this and no issues existed. From a review of the care records for young people, inspectors found that they had frequent contact with family members and the records reflected that contact was facilitated and promoted by centre staff.

#### **Supervision and visiting of young people**

From interviews with allocated social workers for each of the young people and from reviews of the care records for young people, inspectors found that the social workers visited young people in line with regulatory requirements. Inspectors also noted that records were kept of social work visits to the centre and that young people also met with social workers in the community, at meetings and at child in care reviews.

However, social workers for two young people stated that they had on occasion, attempted to make contact with the centre by phone to discuss the care of young people but at times could not get through as the phones were not working. This issue needs to be addressed by the operations manager for the organisation and social workers should also obtain mobile phone numbers for the centre manager and the house mobile.

### **Preparation for leaving care**

From a review of the placement plans and the key work session completed with young people, inspectors noted that work on preparation for leaving the care of the centre was ongoing. Centre records reflected that staff engaged young people in individual work on shopping, budgeting, keeping living spaces clean and drug use. It was observed that some of these sessions were planned and others were opportunity led and that individual work in this respect was in line with young people's placement plans.

### **3.5.2 Practices that met the required standard in some respect only**

#### **Suitable placements and admissions**

This centre has a policy on admissions and discharges and referrals to the centre can be made by social workers from any region of the country through the Tusla national private placement team. Referrals are passed to the operations manager who will then discuss these with the centre manager.

Inspectors reviewed the most recent risk and impact assessments held on file for young people and also reviewed referral information and social history reports provided by their social workers. However, a review of these documents demonstrated that the pre-admission risk and impact assessments were not being used to inform behaviour and safety plans for young people and inspectors could not see a correlation between these documents. Further, the clinical diagnoses for young people placed in the centre that could have implications for their behaviours were not reflected in the pre-admission risk assessments and potential behaviours were not adequately dealt with. Inspectors also observed that clinical support interventions were listed as protective interventions in one risk assessment but that the young person in question was not attending the named service.

Further, it was observed that pre-admission risk assessments detailed that a local Garda sergeant would be invited up to speak with young people on their admission to

the centre. This issue was discussed with the centre manager and operations manager and inspectors were not satisfied that young people's rights to privacy and confidentiality were adequately upheld within this process and that information was not being shared unnecessarily.

Inspectors also found from a review of the pre-admission risk assessments that in some instances they did not detail how the behaviours of the referred young person would be managed and it was noted that some of the sections on preventative measures did not include any information. Further, one young person has complex emotional and behavioural needs and a report by the young person's social worker some months before their admission to the centre noted that intensive therapeutic intervention and specialist support was required. This is not reflected in the service being provided to the young person or the model of care that can be offered by the centre. Given the complex risk taking behaviours displayed by the young person, inspectors were not satisfied that the risk and impact assessments were robust enough to underpin a decision to admit them to the centre. The derogation in place for one young person under 13 to be placed in the centre in accordance with the national policy states that all steps must be taken to protect the young person. However, it was unclear how a young person with such complex risk taking behaviours was admitted given the vulnerabilities and age of a resident already in the centre.

### **Statutory care planning and review**

Inspectors noted that there was no care plan on file for one young person. The allocated social worker informed inspectors that a care plan review had occurred within recent weeks and that as soon as a care plan was prepared it would be forwarded to the centre. While a placement plan had been created for this young person, a care plan was required to underpin and direct the work set out in the placement plan. Further, the care plan for a second young person was not relevant to this placement and needed to be updated. This young person had moved into the centre a number of months previously from another placement and the care plan made reference to goals for that previous placement. Again there had been a recent child in care review a number of weeks before the inspection and the centre was awaiting the care plan following this meeting.

Inspectors reviewed the care plan on file for a third young person and noted this was relevant to the placement, included the young person's views on the care being provided and also addressed issues in relation to their aftercare. The care plan on

file for the fourth young person was dated October 2016. Inspectors found from a review of the records and from interview with the allocated social worker that as this young person was aged under 13 years and that monthly child in care reviews had been occurring. From a review of the care files inspectors noted that key workers completed consultation forms with young people to ensure their views were represented at child in care reviews.

Placement plans in the centre were scheduled to be completed monthly and a review of young people's care files and staff meeting minutes reflected that key working was being effectively provided by the staff team. However, inspectors noted that there were no monthly placement plans for January or February for one young person and none for January for a second resident. Further, it was observed that placement plans needed to be more detailed regarding drug interventions and emotional and specialist support for young people and also needed to reflect work that took into account their diagnoses. It was also observed that tasks in the placement plans were allocated in general terms to the young person, the social care team or the key workers and there was no specific person named to complete goals or set dates included. Placement plans were being reviewed on a six monthly schedule to ensure that core goals were being delivered and that a long term focus was maintained on the placements of young people.

The referral information provided for one young person stated that they had complex emotional needs and risk taking behaviours and that therapeutic supports were required; however, the placement plan for this young person did not reflect this and there was no work planned to support them in making sense of past trauma. Some of the work set out to be undertaken through the placement plan was not reflected in the key work sessions that were reviewed by inspectors.

In interviews with two young people, one stated that they knew what their placement plan was, had reviewed this with their key worker and was satisfied with the work contained in the plan. However, a second young person stated that they did not know what a placement plan was and stated that they had not been consulted on this plan.

### ***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.

### **Social Work Role**

From a review of the young people's care files and also interviews with social workers, inspectors noted that young people met with their social workers in private when necessary and that social workers received copies of significant event notifications, including incidents of restraint. Each of the social workers interviewed stated that they were satisfied with the care being provided in the centre. However, two of the social workers that spoke with inspectors acknowledged that they had not read the young person's care files while on site in the centre and this needs to occur from time to time for social workers to ensure themselves that there are suitable care practices in place. As noted above, the care plans for two young people were not relevant to the placement and these should be provided in a timely manner.

### **Emotional and specialist support**

Inspectors found that the staff were aware of the emotional needs of young people and that they endeavoured to support them through placement planning and key working. From a review of the young people's care files and interviews with the centre manager and social workers, inspectors found that there were extensive emotional and specialist supports in place for one young person. During interviews with young people they stated that they liked the staff working in the centre and were positive about the relationships they had with them.

However, it was observed that one young person who was reported to have issues with their emotional well being had refused to attend the psychological services that were offered. It was noted in this young person's care plan that they were to be offered a "weekly emotional check in" from staff, however, the key working session reports reviewed by inspectors did not reflect that these check-ins were occurring each week.

Further, it was also noted that two young people required support for substance misuse but were refusing to attend relevant programmes. Inspectors did not find evidence that centre staff were linking in with clinical supports in the community and

building the information received on support programmes into placement plans for young people. It is important that placement plans in the centre are strengthened to reflect the emotional and specialist support required (or being provided) and that young people are encouraged to attend relevant programmes. Where this does not occur staff should seek advice from clinicians and build this into placement plan work.

### **Discharges**

This centre has a discharge policy that notes that discharges can be planned or unplanned. Planned discharges will be to an agreed placement and this policy also notes that work will be undertaken with young people on aftercare. The policy states that young people will be supported when discharged and that their belongings will be stored safely and given to them when they leave the centre.

The register of young people for the centre evidenced that four young people placed in the centre in the past 18 months have had unplanned or emergency discharges and the placements for these young people were no longer than 9 months in duration. These discharges were not in line with the care plans for the young people and were as a result of their behaviours in the community and the centre. The centre must have effective gate-keeping and risk planning structures in place to ensure that the needs of young people can be met and that unplanned discharges do not occur.

### **Aftercare**

Three of the young people living in the centre at the time of the inspection were aged 16 or over. From a review of the files, inspectors noted that one young person had a leaving and aftercare needs assessment completed on 27/10/15 and an aftercare referral form completed on 06/10/15. There was also an independent living plan dated August 2016 for this young person and they had an allocated aftercare worker. However, the aftercare planning for two other young people living in the centre was not in keeping with the HSE Leaving & Aftercare Services: National Policy and Procedure Document which is the national policy guiding the provision of aftercare. These young people did not have the appropriate planning documents on file and one young person did not have an allocated aftercare worker.

### **Children's case and care records**

Inspectors found that each young person had a care file that contained the required information such as birth certificates, care orders, care plans, pre-admission risk assessments and records of social work contact. It was also noted that allocated

social workers maintained an individual case file for each child. Inspectors reviewed the care files for the young people resident in the centre. It was observed that a number of the records for key working sessions for one young person were not appropriately filed and had been stored on a shelf and bound with an elastic band and that some information in the young people's folders had been filed in the wrong sections. The care files for young people also contained large amounts of information and did not facilitate ease of access or the tracking of the care being provided to young people. Inspectors found that these issues reflected the level of oversight and governance being provided in the centre.

Inspectors also noted that there were a number of instances where the weekly reports for young people had not been completed and were not on file and the centre did not have the copy of the care order for one young person. Further, it was noted that some of the pages in one centre register were loose and this document needed to be replaced.

Inspectors also found that there were a substantial number of historic files for young people who had been discharged from the centre, stored in a room in the building in cardboard boxes. The centre manager informed inspectors that these files dated back three years but the centre did not have a contract for archiving with a company and the relevant social work departments were refusing to accept these. As such the files were not being stored securely and appropriately.

### **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 3 and 4, Consultation Re: Care Plan***

***-Part V, Article 25 and 26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***

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 1 and 2, Care Plans***

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

***-Part III, Article 9, Access Arrangements***

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

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) 1996***

***-Part III, Article 17, Records***

### **Required Action**

- The operations manager for the centre must ensure that pre-admission risk assessments are sufficiently detailed and that adequate gate-keeping systems are in place to protect referred young people and those resident in the centre.
- The centre manager must ensure that young people's rights to privacy and confidentiality are adequately upheld and that information about them is not shared unnecessarily.
- The centre manager must ensure that placement plans are reviewed monthly as required and that agreed tasks are allocated appropriately and completed within specified time frames.
- The social workers for two young people must forward up-to-date care plans to the centre in a timely manner.
- The centre manager must ensure that key working is carried out with young people on the contents of their placement plan and to receive their agreement on the work to be undertaken with them.
- The social workers for two young people must read the centre care files while on site to ensure themselves that suitable care practices are in place.
- The centre manager must ensure that the centre has a working phone to facilitate contact by social workers and parents with young people.
- The centre manager must ensure that placement plans in the centre are strengthened to reflect the emotional and specialist support required and that young people are encouraged to attend relevant programmes.

- The social workers for two young people must ensure that aftercare provision is in line with the HSE Leaving & Aftercare Services: National Policy and Procedure Document.
- The operations manager for the organisation must ensure (insofar as is possible) that young people in the centre are discharged in line with their care plan goals.
- The centre manager must ensure that an adequate filing system is in place and that this facilitates ease of access to information and the tracking of the care being delivered to young people.
- The operations manager for the organisation must make adequate arrangements to have the care files for young people archived appropriately.

### **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**

There were no practices that met the required standard in full.

#### **3.6.2 Practices that met the required standard in some respect only**

##### **Managing behaviour**

The centre has a policy on the management of actual or potential aggression which states that aggressive situations are opportunities to promote good practice and support the management of behaviours of young people in crisis. The policy states that each young person will have a behaviour support plan and that this will be reviewed monthly or sooner should the need arise. A review of the young people's care files during this inspection evidenced that the behaviour support plans for one young person were out of date and had not been reviewed since April 2016.

Inspectors observed that a number of the behaviours listed and the strategies to deal with these related to a period of instability in the centre where other residents were in placement. Given the risk taking and violent behaviours being exhibited during this

period, two other residents were moved to alternative placements and the behaviour of this young person stabilised. The behaviour support plan for the young person had not been updated to reflect this and the centre was not adhering to its own policy and reviewing these documents on a monthly basis. Further, inspectors did not find evidence that the behaviour support plan had been reviewed and agreed with the young person's social worker. Inspectors noted that the behaviour support plan for a second young person had not been reviewed in seven months and had not been agreed with the allocated social worker and that the plans for both other young people lacked detail on how high risk behaviours including drug use in the centre were to be addressed.

The centre has a policy on consequences that details that all consequences should be related to the actions or behaviours of the young person. A review of the consequences log for one resident evidenced that 72 consequences had been applied in the six months prior to the inspection. However, inspectors noted that only seven of the recorded consequences were positive. Further, inspectors found that the consequences being used with the young people were limited in nature and there was no link to the model of care in the use. It was also observed that consequences were not being reviewed at team meetings or wider forums to ensure their best use and appropriateness. Inspectors noted that the consequences logs contained a section for young people to comment on the sanctions that had been applied; however it was observed that young people had not commented on sanctions in the five months prior to the inspection.

Inspectors also noted that there had been a number of incidents between young people living in the centre. The strategies for managing incidents of this nature were unclear and details on strategies were not effectively reflected in the behaviour support plans in place for the young people.

The organisation has a significant event review group incorporated into the fortnightly manager's meetings. Inspectors reviewed minutes of these meetings and noted that while significant events were discussed at this forum, there was a need to broaden the link between the review of incidents and creation and / or updating of behaviours plans and safety plans.

### **3.6.3 Practices that did not meet the required standard**

There were no practices that did not meet the required standard.

## Required Action

- The centre manager must ensure that behaviour support plans contain adequate detail to direct staff on the strategies for managing young people's behaviours and that these documents are routinely reviewed.
- The centre manager must review the system for consequences in the centre to ensure it is appropriate, young person centred and reflects the model of care in use.
- The operations manager for the organisation must ensure that the processes of the significant event review group are linked to the creation / updating of behaviours plans and safety plans for young people.

## 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**

There were no practices that met the required standard in full.

### **3.10.2 Practices that met the required standard in some respect only**

There were no practices that met the required standard in some respects only.

### **3.10.3 Practices that did not meet the required standard**

#### **Accommodation**

This premises is a two story building in a rural area of county Dublin. Each of the young people have a room to themselves and there are a number of communal areas in the building to spend time with friends and family in private if required. There is garden space to the rear of the building and appliances are domestic in nature. On the initial day of inspection a walk through of the premises was completed by inspectors with a staff member. It was observed that there were a number of issues with the premises that required immediate attention. The following issues were noted:

- Holes in the ceiling of a number of rooms where pipes and wiring have been fitted
- Skirting falling off in the sitting room due to damp

- Flooring substantially damaged in a sitting room
- Broken glass in sitting room doors
- Damage to locks and doors throughout the building
- Holes in some walls
- Holes in walls in the hall where electrical wiring is exposed
- Downstairs toilet not working
- Tiles coming off the wall and a hole in the wall of one downstairs bathroom
- Shower head in upstairs shower not working properly
- Light in staff office not working
- Dishwasher broken
- No bed in staff sleepover room

Following the first day of the inspection where these issues were identified, inspectors wrote immediately to the operations manager for the organisation and the centre manager. Immediate action was taken on a number of the issues and these were resolved before the second day of inspection one week later.

Inspectors also observed that the heating in the building was not working and would continue to be off for a number of days. The staff members on shift informed inspectors that the oil ran out on 12/02/17 and that a delivery was due on 16/02/17. However, inspectors observed only one small electrical heater for the entire house and that no other heaters had been bought. It was also noted from a review of centre records that the heating had not been working on at least two other occasions in the past year. Many of the issues identified by inspectors had been recorded in the centre's weekly health and safety audit over the weeks prior to the inspection but action had not been taken to address these.

Inspectors also noted that the décor of the building needed to be immediately addressed with painting and new soft furnishings required in the communal areas to make them more homely and suitable as living spaces. Further, in conversation with the young people they also raised a number of issues. Young people stated that the heating had not been working for a number of days and that the building was exceptionally cold and this was not the first time there was no heat. It was also stated that the premises was not homely in nature, that the décor needed to be addressed and that the shower heads needed to be replaced as they were dirty and not working properly. Inspectors requested that these complaints were notified on behalf of the young people.

## **Maintenance and repairs**

As noted above there were a number of issues with the premises that needed to be addressed. From a review of the centre maintenance register, inspectors noted that some of these issues with the premises had been recorded on the register and notified as requiring maintenance; however, action had not been taken to address the issues and they remained outstanding.

## **Safety**

Inspectors noted that the centre had a health and safety statement and that there were mechanisms for reporting hazards in the centre. Centre staff conduct a weekly health and safety audit in the centre and this is part of the centre's overall ongoing safety strategy. This document reflects the centre's safety statement and risk assessments. However, as noted in other sections of this report, a number of issues that were identified as immediate safety risks in the centre had not been acted on. Further, there was no evidence that risk assessments or risk management plans had been created to direct staff on actions to take until the identified issues were rectified.

## **Fire Safety**

During this inspection of the centre, inspectors reviewed the fire safety log held for the premises and also completed a walk through of the building with a staff member. Inspectors found that fire drills had occurred on 03/02/17, 03/11/16, 25/05/16.

From a review of the centre fire safety log it was observed that weekly fire alarm, fire door and emergency lighting tests were not being completed as required. It was also noted that the fire safety register was held in the centre manager's office and was not available to staff for completion or review. Further, on the initial day of inspection, it was observed that three fire extinguishers had been removed to the office and a fourth fire extinguisher was being used to prop open a door in the sitting room. During interview the centre manager stated that fire extinguishers had been removed from their allocated housing points as young people had tampered with these. Initial risk assessments for relocating these fire extinguishers were created in June 2016 and were subsequently renewed on 08/09/16. However, inspectors did not find evidence that this decision had been made in conjunction or consultation with a fire safety consultant, or that the risk assessments were regularly reviewed to assess whether it was safe to return the fire extinguisher to communal areas.

From a walk through of the building, inspectors noted that the fire escape to the rear of the premises was broken and would not open. A review of the centre health and

safety audit and discussions with staff evidenced that this issue had been noted at least two weeks previously with maintenance, however, no action had been taken to address the issue. On the second day of the inspection it was observed that this door had been fixed and would open correctly.

Inspectors also noted that there were no fire extinguishers upstairs in the building, that the automatic soft close spring mechanisms to close fire doors on bedrooms upstairs had been detached and that there was damage to the integrity of doors downstairs which may reduce their effectiveness as a fire safety measure.

Inspectors did not find any evidence of a safety management plan to direct staff on how the above issues were to be addressed in the event of a fire.

#### **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 9, Access Arrangements (Privacy)***  
***-Part III, Article 15, Insurance***

The centre has not 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 14, Safety Precautions (Compliance with Health and Safety)***  
***-Part III, Article 13, Fire Precautions.***

#### **Required Action**

- The operations manager for the organisation must provide inspectors with a schedule of work that addresses the deficits in the premises.
- The operations manager for the organisation must ensure that maintenance is carried out in the centre in a timely manner.
- The centre manager must ensure that there is an appropriate fire safety routine in the centre and that fire safety registers are completed as required.
- The centre manager must ensure that the risk assessments in relation to the positioning of fire extinguishers are reviewed to assess whether fire extinguishers can be returned to their housing points.

- The operations manager for the organisation must provide inspectors with written confirmation from a person with appropriate certification in fire safety that the centre is compliant for fire safety.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The centre manager must review personnel files to ensure that they are in line with Department of Health Recruitment and Selection Circular, 1995.</p> <p>The centre manager must ensure that staff member's files hold copies of reports on investigation and outcomes of disciplinary matters where appropriate.</p> <p>The centre manager must ensure that training is up-to-date for all staff members and that a plan is held in the centre to address the training needs of staff.</p> <p>The centre manager must ensure that agreed decisions and actions stemming from discussions in supervision are clearly recorded and that a review of previous decisions occurs.</p>	<p>Acting Centre Manager has reviewed the personnel files.</p> <p>Going forward any disciplinary action which is taken will be clearly documented and placed in personal files. All documentation regarding any disciplinary action taken against any member of staff will be fully investigated and completed. Outcomes of disciplinary will also be placed in personal files.</p> <p>TCI training dates in place for all SCW's in the unit. Training dates are 19<sup>th</sup> and 20<sup>th</sup> of April. Fire safety and First aid training completed in March 2017 by SCW's who required same.</p> <p>Acting Centre Manager has ensured that the decisions made in the previous supervision is reviewed. She has also ensured that actions stemming from the supervision is clearly recorded and who is responsible. Both the supervisor and the supervisee signs off on the</p>	<p>Operations Manager will review personnel files for all new staff thus ensuring they are in line with Department of Health Recruitment and Selection Circular 1995</p> <p>Operations manager to be notified if disciplinary action is to be taken.</p> <p>Training audit will be reviewed monthly as per the monthly reporting requirement to the Operations Manager.</p> <p>Operations Manager is due to introduce a new supervision template and this will be rolled out across the service by the end of April 2017.</p>

	<p>The centre manager must ensure that care practice and placement planning are discussed in supervision and that the model of care being provided in the centre underpins these discussions.</p> <p>The board of management must review the oversight and audit mechanisms for the centre to ensure that there is effective governance and that suitable operational policies and care practices are in place.</p>	<p>supervision form.</p> <p>The model of care is to be implemented and discussed in supervision. It will be recorded and reviewed as to where SCW's are implementing the model of care in the day to day care of the young people. Placement Plan discussion have now been included formally into the Supervision Record.</p> <p>The operations manager chairs: 2 x monthly manager's meetings, 2 x monthly SERG meetings – 6 weekly individual supervision Reviews monthly report submitted by the Centre Managers The Operations Manager formally Reports to the Board of Directors on a monthly basis.</p>	<p>Operations Manager will periodically review a sample of supervisions records as part of the overall oversight and governance.</p> <p>Operations Manager has implemented a schedule ensuring that she visits the centres across the service twice monthly in addition to the managers meetings etc. OM now attends staff team meetings and has made all staff aware they can contact her directly. When visiting the centres the OM will review case files.</p>
3.4	<p>The operations manger must review the policy on complaints with the staff team to ensure that complaints are appropriately notified as required.</p> <p>The centre manager must ensure that the complaints register is complete and contains all the required information.</p> <p>The centre manager and allocated social worker must meet with one young person to take action on the complaints made in relation to the physical condition of the centre.</p>	<p>Operations manager has reviewed the complaints policy within the managers meeting forum. The managers have reviewed this with the individual staff teams.</p> <p>Complaints register is complete and up to date since 10/03/17.</p> <p>Meeting took place on the 6.2.17 and young person was happy after maintenance issues had been completed within the unit.</p>	<p>All complaints now received within the service are notified to and reviewed by the Operations Manager.</p> <p>Complaints register is complete and up to date since 10/03/17.</p> <p>Meeting took place on the 6.2.17 and young person was happy after maintenance issues had been completed within the unit</p>
3.5	<p>The operations manager for the centre must ensure that pre-admission risk</p>	<p>The Operations Manager has reviewed the case files of the young people across the</p>	<p>The Operations Manager will ensure that future pre admission risk assessments are</p>

	<p>assessments are sufficiently detailed and that adequate gate-keeping systems are in place to protect referred young people and those resident in the centre.</p> <p>The centre manager must ensure that young people's rights to privacy and confidentiality are adequately upheld and that information about them is not shared unnecessarily.</p> <p>The centre manager must ensure that placement plans are reviewed monthly as required and that agreed tasks are allocated appropriately and completed within specified time frames.</p> <p>The social workers for two young people must forward up-to-date care plans to the centre in a timely manner.</p> <p>The centre manager must ensure that key working is carried out with young people on the contents of their placement plan and to receive their agreement on the work to be undertaken with them.</p>	<p>service and is now aware of their risks and challenges. The Operations Manager will ensure that future pre admission risk assessments are sufficiently detailed.</p> <p>All Staff have re – read the confidentiality policy All case files are placed in a locked filing cabinet when not in use.</p> <p>Placement Plans will be reviewed at team meetings on a weekly basis going forward 6/03/17. Young person's views and perceived needs will be sought by key worker. The young people must sign off on their placement plan to prove their input into the development of their plans</p> <p>Principal social worker for one young person wrote to inspectors to confirm that action would be taken on this issue. No response was received from the second principal social worker.</p> <p>Key work sessions are drawn up and assigned between centre manager and staff team in weekly team meetings. Specific Key work sessions are conducted for the young people in conjunction with any particular issues they have. Key work sessions are implemented into each young person's placement plan.</p>	<p>sufficiently detailed.</p> <p>Operations Manager reviews YP's rights to privacy and confidentiality during visits to the centre</p> <p>Operations Manager now receives a copy of the monthly placement plans and when reviewing the care files she ensures the agreed tasks are completed in a timely manner</p> <p><i>No response was received from one social work department.</i></p> <p>Operations manager now receives a copy of the YP's monthly placement plan and when reviewing the care files ensures that the identified key work for the month is completed</p> <p><i>No response was received from one social work department.</i></p>
--	---	--	--

	<p>The social workers for two young people must read the centre care files while on site to ensure themselves that suitable care practices are in place.</p> <p>The centre manager must ensure that the centre has a working phone to facilitate contact by social workers and parents with young people.</p> <p>The centre manager must ensure that placement plans in the centre are strengthened to reflect the emotional and specialist support required and that young people are encouraged to attend relevant programmes.</p> <p>The social workers for two young people must ensure that aftercare provision is in line with the HSE Leaving &amp; Aftercare Services: National Policy and Procedure Document.</p> <p>The operations manager for the organisation must ensure (insofar as is possible) that young people in the centre are discharged in line with their care plan goals.</p>	<p>Principal social worker for one young person wrote to inspectors to confirm that action would be taken on this issue. No response was received from the second principal social worker</p> <p>2 phones are in place in the unit. A landline and a mobile. Young people can avail of both phones as and when they need to make phone calls.</p> <p>Acting Centre manager has reviewed placement plans to ensure that all supports required is reflected and through key work and individual work completed young people are encourage to attend.</p> <p>Principal social worker for one young person wrote to inspectors to confirm that action would be taken on this issue. No response was received from the second principal social worker</p> <p>Operations Manager in consultation with the BOD screens all referrals to the service. If a referral is identified as a possibility for one of the centre's the Operations Manager sends the referral information to the centre manager for review. If the centre manager feels that the referral is suitable the impact risk assessment is completed. Operations Manager will ensure (in so far as is possible) that young people are discharged in line with their care plan goals.</p>	<p>Action complete</p> <p>Operations Manager oversees the placement plans and ensures that any specialist support required is sourced.</p> <p><i>No response was received from one social work department.</i></p> <p>Operations Manager in consultation with the BOD's has implemented a new impact risk assessment template that clearly identifies all risks, impact of same and how they will be managed in so far as is possible whilst based on the available information at the point of referral. Should a situation arise whereby The information. Operations Manager will ensure (in so far as is possible) that young people are discharged in line with their care plan goals.</p>
--	---	--	--

	<p>The centre manager must ensure that an adequate filing system is in place and that this facilitates ease of access to information and the tracking of the care being delivered to young people.</p> <p>The operations manager for the organisation must make adequate arrangements to have the care files for young people archived appropriately.</p>	<p>Each young person's has an open folder where SCW's place all relevant documentation for young people throughout the week. The centre manager reads and sign's off on this paperwork before it is filed away into the appropriate young person's file.</p> <p>Operations Manager has reviewed the archiving policy and in discussion with centre managers all case files will be returned to the perspective social work departments on discharge. Those files in the centre will be returned within the next month. Arrangements have been made.</p>	<p>Operations Manager will oversee the filling system during periodic announced and unannounced visits to the centre thus ensuring the systems in place facilitates ease of access to information and the tracking of the care being provided to the young people</p> <p>Action complete Operations Manager will ensure that the centre manager is working within archiving policy guidelines</p>
3.6	<p>The centre manager must ensure that behaviour support plans contain adequate detail to direct staff on the strategies for managing young people's behaviours and that these documents are routinely reviewed.</p> <p>The centre manager must review the system for consequences in the centre to ensure it is appropriate, young person centred and reflects the model of care in use.</p> <p>The operations manager for the organisation must ensure that the processes of the significant event review group are linked to the creation / updating of behaviours plans and safety plans for young people.</p>	<p>BSMP's are in place for each young person in the unit. BSMP's are now reviewed monthly or as and when required by the centre manager, operations manager and key workers. BSMP's are also reviewed at the SERG meeting which takes place fortnightly.</p> <p>Consequences are drawn up between the young person and their key worker. The centre manager oversees this to ensure that the consequences are appropriate to the behaviour and also that the young person will be able to accept the consequence in place and learn from the same.</p> <p>Operations manager has included a review of BSMP section on the SERG template to ensure they are reviewed and updated as required.</p>	<p>Operations Manager chairs the SERG every two weeks ensuring that BSP's are reviewed Operations Manager visits the centre through both announced and unannounced visits to review the care files within the centre</p> <p>Operations Manager visits the centre through both announced and unannounced visits to review the care files within the centre</p> <p>Operations Manger has oversight on all SEN's generated within the centre Operations manager chairs the SERG every two weeks</p>

3.10	<p>The operations manager for the organisation must provide inspectors with a schedule of work that addresses the deficits in the premises.</p> <p>The operations manager for the organisation must ensure that maintenance is carried out in the centre in a timely manner.</p> <p>The centre manager must ensure that there is an appropriate fire safety routine in the centre and that fire safety registers are completed as required.</p> <p>The centre manager must ensure that the risk assessments in relation to the positioning of fire extinguishers are reviewed to assess whether fire extinguishers can be returned to their housing points.</p> <p>The operations manager for the organisation must provide inspectors with written confirmation from a person with appropriate certification in fire safety that the centre is compliant for fire safety.</p>	<p><i>Inspectors note: A schedule of works was provided in conjunction with this action plan.</i></p> <p>Operations Manager has appointed a maintenance person to visit the centre once per month to carry out any work required. All fire safety issues identified have been repaired.</p> <p>Monthly fire drills take place and is recorded.</p> <p>Risk assessment reviewed on the 15/03/17 and all fire extinguishers were returned to their housing points.</p> <p><i>Inspectors note: This information was provided</i></p>	<p><i>Action complete</i></p> <p>Operations Manager will oversee this work to ensure that the centre is maintained to a high standard Operations manager visits the centre to review all health and safety issues</p> <p><i>Action complete</i></p> <p><i>Action complete</i></p>
------	--	---	---