



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 057

Year: 2016

Lead inspector: Lorna Wogan

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

Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Gateway Organisation Ltd
Registered Capacity:	Special Arrangement Two children
Dates of Inspection:	15th 16th & 17th November 2016
Registration Decision:	Registered without attached conditions from 19th August 2016 until 19th August 2019
Inspection Team:	Lorna Wogan Lorraine O'Brien
Date Report Issued:	24th March 2017

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.1 Purpose and Function	
3.2 Management and Staffing	
3.5 Planning for Children and Children	
3.6 Care of Children	
3.7 Safeguarding and Child Protection	
3.8 Education	
4. Action Plan	31

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 children 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.

1.2 Methodology

This centre was subject to a full inspection in May 2015 and was granted registration for a period of three years from date of initial registration 7th November 2014 to 6th November 2017. A subsequent application was duly made by the proprietor of this centre for registration to operate a special arrangement and change the purpose and function of this centre for the specific purposes of admitting two children under the age of twelve years. Registration to operate a special arrangement was granted on 19th August 2016 for a period of three months pending an inspection of the centre. There were no conditions attached to this registration. The announced inspection took place on November 15th, 16th and 17th November 2016. The purpose of this inspection was to examine the centre specifically in relation to the application to operate a special arrangement thus inspectors examined six of the ten national standards for children's residential centres. 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 centre manager
- ◆ An examination of the questionnaires completed by:
 - a) Six social care staff
 - b) Three former staff members
 - c) The children residing in the centre
 - d) The centre manager
 - e) The deputy manager
 - f) The director of services
 - g) The service programme coordinator
 - h) The service educational/forensic psychologist
 - i) Guardian Ad Litem
- ◆ 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.
- ◆ An examination of the most recent report from the monitoring officer.

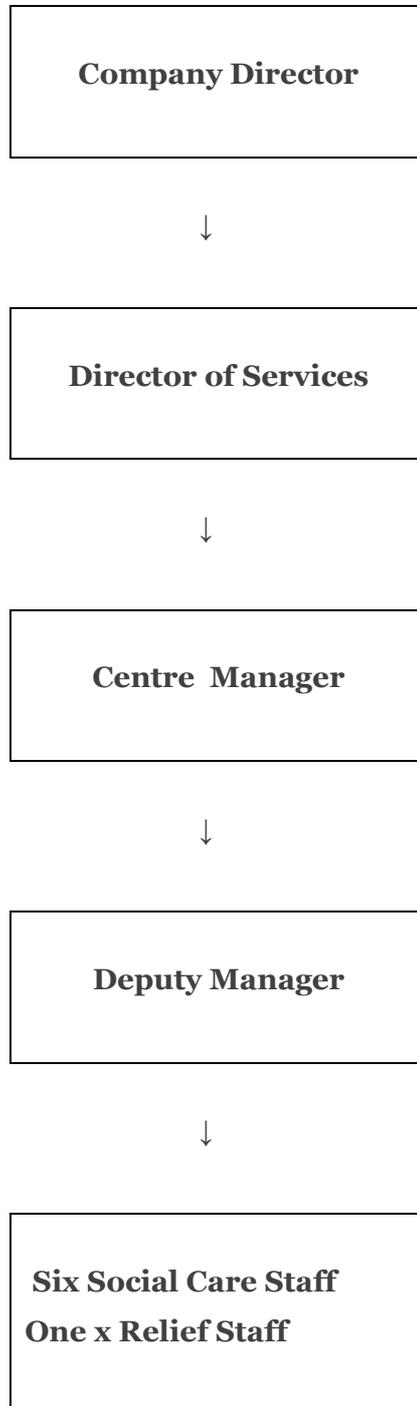
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The director of services
 - b) The centre manager
 - c) The programme coordinator
 - d) The deputy manager
 - e) Three social care staff
 - f) Two supervising social workers
 - g) The social work manager
 - h) The children in placement
 - i) Guardian ad litem appointed to the children

- ◆ Observations of care practice routines and the staff/children'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 children, 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 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 19th August 2016 to 19th August 2019.**

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 children 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 written statement of purpose and function was revised on 8th August 2016 prior to the application to change the purpose and function of the centre to operate a special arrangement. The written statement outlined the special arrangement was developed in response to the assessed needs of two children following a comprehensive social work assessment. At the time of the inspection the children were in placement for a period of ten weeks. The written statement outlined the provision of care, approach to care practice and the placement planning process implemented in the centre. The current statement will be subject to an annual review by the centre manager and the director of services. The centre will revert to its former registered purpose and function when the special arrangement ceases.

There was evidence the team approach to working with the children was informed by attachment and resilience theories. The services educational/forensic psychologist provided clinical oversight of the programme and specific training in relation to application of attachment based approaches was provided by an external consultant with expertise in the area of attachment. The statement outlined that the team would implement a specifically designed care programme to address the children's individual needs. Four members of the core team of six staff had previous experience working with children who presented with emotional, cognitive, behavioural and/or attachment related concerns. There was evidence that staff used opportunities through daily life events to build positive and meaningful relationships with the children to support and stabilise their behaviour. Staff interviewed displayed an understanding of the impact of trauma on children and staff had good insight into the

behaviour that manifested from this trauma. Written guidance on approaches to working with the young person was displayed in the staff office. However, the inspectors noted that on some occasions staff used professional terminology with the children and advised that staff ensure they use everyday child-friendly language with the children in placement.

The centre had written policies and procedures that guided work at the centre. The inspectors advised the centre manager to undertake a review the policy and procedure manual in conjunction with the staff team to ensure all policies and procedures are congruent with the care of younger children living in residential care.

The centre offered an evidence-based approach to 'What Works' in residential care and this assessment identifies both protective and risk factors. At the time of the inspection the assessment coordinator was focused on developing a relationship with the children prior to commencement of the structured assessment. Inspectors advised that more frequent visits to the centre may assist in this regard. Additional aspects of the programme focused on providing a safe environment, emotional regulation, the provision of nurturing care, education and opportunities for new experiences. The inspectors found evidence that the staff team had made good connections with the children in the short time they had been in placement as well as providing structure, routine and firm boundaries when required.

Staff evidenced knowledge of the statement of purpose and function and provided examples of how they implemented their approach in the day to day care of the children in placement. Inspectors found that the core principles of practice were based on empathy, positive regard, understanding trauma and attachment. The inspector found the placements were in keeping with the centre's statement of purpose and function and the day to day operation of the centre was reflected in the statement of purpose and function.

There was evidence the social worker and other external professionals were made aware of the purpose and function of the centre prior to and at the time of admission of the children. Prior to admission the referring agency provided advice and guidance to the provider in terms of identifying potential risks in the environment based on their knowledge of the children to ensure the physical environment was safe and secure.

The centre staff and key-workers had undertaken individual work with the children to assist them to understand how the centre operated and how they would care for

them while they were living at the centre and this work was evidenced in the key-work and individual work records maintained on the children's individual files. The atmosphere in the house was warm and homely which was conducive to working with the children. There were appropriate books, games and toys available to the children.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must review the policy and procedure manual to ensure they are congruent with the care of younger children in residential care.
- The centre manager and staff members must review the language and terminology they use with the children to ensure it is everyday language and child-friendly.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre manager maintained a register in accordance with the requirements of the regulations. The centre register recorded six admissions and four discharges from the centre over the past two years. Two discharges were planned and two were unplanned following placement breakdown. There was documentary evidence that placement details were also forwarded to the local Tusla area manager and the monitoring officer.

Supervision and support

The centre manager provided regular and well structured supervision to the staff team in compliance with centre policy. The inspectors examined the staff supervision files and there was evidence that staff receive formal supervision every four to six weeks. The supervision schedule was displayed in the staff office. A record of the supervision process was maintained on file and supervision contracts were

established with all staff members. There was an expectation that staff members prepared for their supervision and actively contributed to the process. The records evidenced that staff discussed issues and difficulties as they arose for them and received guidance and direction from their supervisor. Staff interviewed stated that the manager was accessible to them on a daily basis and provided guidance and direction. There was a culture within the team of reflecting and de-briefing after every shift and staff stated this was an effective support mechanism within the team.

The centre manager and deputy manager had recently undertaken recognised training in the provision of staff supervision. Supervision training for supervisees was scheduled to be undertaken by the team members in November 2016.

The centre manager received regular supervision from the director of services and the inspectors examined the managers' supervision records. There was evidence the director was in telephone contact with the centre manager on a daily basis. The director of service convened monthly management meetings and the centre manager participated in these meetings. The minutes of the meetings were also examined by the inspectors. There was evidence the director of services provided support and guidance to the centre manager in their role.

The inspector attended a handover meeting that was well structured and facilitated good communication and planning processes. Regular team meetings took place and the recovery plans and placement plans along with safety plans were reviewed and updated at each team meeting. On-call support was delivered to the staff team on a rotational basis outside of office hours by the centre manager and other managers within the organisation.

Training and development

There was an effective ongoing staff development and training programme for the care and education of staff. The centre manager maintained a record of all training undertaken by staff and dates when refresher training was required. Supervision records identified any additional staff training requirements. Training in the management of behaviours that challenge, child protection training and fire safety training was provided to the team. Child protection training was scheduled to take place in December 2016 and one staff member required this training and was scheduled to attend. One staff member required therapeutic crisis intervention training and fire training and were due to attend the next scheduled training.

Staff training and reviewing the attachment based approach was undertaken with the team in September, October and dates were scheduled for December 2016. The services external trainer guided this work and staff found this training beneficial in terms of guiding and reviewing the therapeutic attachment based approach. A number of staff members had completed the Response Ability Pathways training in 2015 and had been provided with refresher training earlier in the year. Staff members had received training in the safe administration of medication and food hygiene training. Staff members were facilitated to attend external training to support children who self-harm and in suicide information skills training. First aid training for two staff members who had not completed the training was scheduled for January 2017. The centre manager stated that the director of services supported staff training and development.

Administrative files

The centre recording systems were organised and maintained in a manner that facilitated effective management and accountability. Information on the individual care file and the key-working file was accessible and stored in an organised manner. The children's individual care files and personal information was stored in a secure manner. Electronic records were password protected. There was evidence the centre manager and the director of services monitored the quality of all centre records and took appropriate action to safeguard the interests of staff and the children in placement. Staff stated they had sufficient financial resources to care for the children and to provide recreational and educative programmes. There were clear financial management systems and records in place.

3.2.2 Practices that met the required standard in some respect only

Management

The inspectors found the centre was managed by an appropriately qualified person who had a master degree in business management and the required social care qualification. They had also been provided with time and workload management training earlier in the year. The centre manager was experienced in residential care work and was five years employed within the organisation. At the time of the inspection the manager was in post for fifteen months however they had just three years post qualifying experience at the time of their appointment. It is a requirement that centre managers have five years post qualifying experience however the inspectors were satisfied that there were robust supervision processes and supports in place from the external manager to monitor and guide the centre manager in the role until they achieved the required five year post graduate experience in June 2017.

There was evidence that the centre manager provided leadership in relation to care practice within the centre and was confident and professional in the role. There was evidence that the centre manager monitored and guided practice at the centre through conducting regular team meetings, formal supervision of staff, reading and signing daily records, reviewing significant event reports and observation of staff practices. The centre manager was supported in their role by a deputy manager who was in the post eleven months at the time of the inspection. The deputy manager had the required social care qualification and the required three years post graduate experience on appointment. The deputy manager supported the centre manager in their role and undertook a two day supervision training for supervisors earlier this year. The role of deputy manager was a relatively new post in the centre and the director of services indicated that the organisation planned to further develop the internal management structure within the centre in the coming year.

There were appropriate external management structures in place to oversee the work of the centre. Managers meetings took place on a bimonthly basis within the organisation and the inspectors examined the minutes of these meetings and were satisfied that governance and management issues were appropriately addressed at these meetings. There was evidence that the company director and the director of services had visited the centre periodically throughout the past twelve months and the director of services reviewed registers and administrative records on these visits. The director of services also received monthly audit reports from the centre manager. These reports captured a range of information relating to the operation of the centre and the care of the children in placement. The director of services and the centre manager participated in the staff recruitment and interview processes.

Staff interviewed were familiar with the external line management structure and had contact details for the external line managers. There was evidence that the organisation notified the Tusla Child and Family Agency monitoring officer in writing of changes in management at the centre in accordance with the regulations.

Notification of Significant Events

The inspectors were satisfied that the centre had a prompt notification procedure in place that provided comprehensive details in writing of significant events relating to the children. The notifications reviewed by the inspectors related to episodes where the children displayed behaviours that challenged and behaviour that was indicative of past trauma. There were fifteen incidents to date where physical restraint was employed to support the children where there was serious risk of harm and these interventions were appropriately recorded and reported to the relevant parties. The

centre manager was also required to input data relating to all accidents and absences on a matrix system to the referring agency every quarter.

The inspectors were satisfied the significant events were managed appropriately and evidenced the reporting of child protection concerns where they arose. The reports also evidenced the de-escalation interventions and the agreed therapeutic responses. There was evidence the staff supported behaviours that challenge in accordance with the written risk management and safety plans for each of the children. Inspectors advised that sensitive information indicating possible child protection concerns should be filed in a confidential section on the children's individual care file.

The inspectors found that complaints made by the children were processed and recorded in compliance with the centre policy however they were categorised on the records as grievances and the inspectors were of the view the two matters of concern were clearly complaints made by the children and should have been categorised on the logbook as such and notified through the significant event reporting procedure.

The centre manager reviewed all significant event reports and provided guidance and direction to staff in terms of the care approach and the management of the event. There was evidence that the director liaised with the centre manager to assess and monitor levels of risk arising from significant events. There was evidence that the therapeutic crisis intervention trainer reviewed incidents and provided guidance where physical restraints were employed. Written reports on significant events were forwarded to the social worker, social work management, the Child and Family Agency monitoring officer, the Tusla placement team, and the director of services.

Significant event reports were maintained on the individual care file. The inspectors require the centre manager and the social care staff put their signature on the file copy of significant event reports to evidence that they are satisfied it is a true and accurate account of the event. Social workers interviewed were satisfied that they received prompt notification of all significant events relating to the children in placement.

Staffing

Overall the staff team presented as competent and professional in their approach. There was evidence the children had established positive relationships with the members of the team in the short period of time since their admission. The team consisted of six members of staff, three female and three male staff members and one additional male staff member who provided regular relief cover. There were job

descriptions on file for all staff members. Inspectors found that one staff member was contracted as a trainee social care worker however was not participating in a recognised social care training course at the time of the inspection. The inspectors outlined to the director of services that as this staff member was not qualified and was not currently in training they must not be employed as part of the core team. Given the complexity of the children's presentation this staff member must be supernumerary to the full complement of staff on duty and must be replaced by a fully qualified staff member. The director of services assured inspectors that this situation would be addressed immediately and at the time of writing this report the inspector was satisfied this matter had been satisfactorily addressed. Following a review of the centre records the inspectors requested that the centre manager and director of services monitor and risk assess staffing levels at weekends and school holiday periods to ensure there are sufficient staff resources to manage safely the children's behaviour.

The lead inspector examined the staff personnel files. The inspector was satisfied that all staff members had been appropriately vetted. Garda vetting and police checks from other jurisdictions were evidenced on the files. Three references were on file for each staff member. There was evidence the centre manager audited the personnel files and ensured the required documentation was on file and any identified gaps in education or employment history was accounted for.

The centre manager and the service programme co-ordinator provided induction training for staff prior to the admission of the young person. Staff interviewed were satisfied that they were provided with sufficient training and support that enabled them to undertake their role within the centre.

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 director of services must ensure centre manager applicants have five years post qualifying experience on appointment.
- The director of service must ensure all members of the core team have the required qualification. If staff are offered trainee contracts they must be registered on a recognised social care training course.
- The centre manager must ensure that grievances and complaints are appropriately categorised on the records and complaints must be notified as a significant event.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and children 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 children 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

Suitable placements and admissions

The inspectors interviewed a number of external professionals who confirmed they were satisfied the placement was suitable at this time. They stated that the team presented as professional and knowledgeable in the implementation of the care programme. The inspectors observed positive and appropriate interactions between the children and the staff members. The staff team were at the early stages of assessing behaviour, building trusting and promoting safe behaviour. There was evidence the children were beginning to respond to and become familiar with the expected routines and boundaries however they continued to present with significant challenges. Staff were in the process of identifying potential triggers through the daily routines and further developing their attachment based responses to the children to promote the relationship building process.

The centre had a written policy and agreed procedures for processing admissions to the centre. The admission process for the children in placement was planned and a pre-admission visit to the centre was undertaken by the placing social work team

manager. The service programme coordinator met with the referring social work department to source relevant information. The programme coordinator subsequently completed a 'Getting to Know You' document with key professionals and the children prior to their admission to the centre. The service educational psychologist attended a team meeting to review the children's profile prior to admission and provide guidance to the team in relation to the most appropriate approach to adopt during the initial stages of the placement.

Following a social work risk assessment the parents did not visit the centre prior to the children's placement. There was evidence through the key-work records the children were given information on all aspects of their care and their rights as children in care. Some initial work had been undertaken by the social worker to help the children understand the reason why they were in care and this work was intended to be ongoing and supported by the placing areas therapeutic team and reviewed at the placement planning meetings and statutory reviews.

As this is a registered special arrangement no other children will be admitted to the centre for the duration of this arrangement. There are systems in place through the care planning process to monitor the behaviours that challenge and the impact of these behaviours on each individual child.

As the children were from another jurisdiction the placing area had secured the required consent under article 56 of the Brussels II EC Regulation 2201/2003 prior to the children's admission to the centre.

Contact with families

The care plan outlined the family contact arrangements. The children had weekly contact with their parents and siblings. The social work department and staff continued to monitor the impact of contact on the children and this was subject to on-going review at monthly care planning meetings and within the statutory review process. There were clear arrangements in place for the social worker to notify the parents of significant events relating to the children. The children informed the inspectors they were satisfied with the contact they had with their parents and siblings. The centre manager and staff kept the parents informed about the children's routines and events they participated in over the week when they met them on the planned weekly contact.

Supervision and visiting of children

At the time of the inspection the children were transferring from a child protection social work team to the children in care social work team. This resulted in a change in social worker and social work management personnel. There were plans in place to introduce the new social worker to the children. Despite these changes there was evidence that a social worker and/or social work manager from the referring agency visited the children on a weekly basis during the initial six weeks of the placement and regular visits to the children at the centre thereafter were undertaken by the social work service. The social workers confirmed they had the opportunity to meet the children in private at the centre. Social workers stated they had not received any complaints from the children in relation to their care.

Emotional and specialist support

Staff were attuned to the emotional and psychological needs of the children in placement and they worked hard to respond to and meet these needs through the identified care approach. This work was reviewed and guided by the external attachment specialist and the services forensic educational psychologist. There was evidence the centre manager promptly secured a referral to appropriate specialist support when required. The staff team, in conjunction with their own therapeutic advisors and with support from the therapeutic team within the referring agency had begun to identify the specialist supports that would be required for the children in the months ahead. There was evidence that the centre had secured external specialist services for young people in the past and these services could be accessed if identified as appropriate. The inspectors advised that findings and recommendations of specialist professionals going forward is reflected in the care plan and the work of the centre with the children.

Preparation for leaving care

The children in placement were not at an age for preparation for leaving care. However, the inspectors found evidence that the centre staff assisted the children to learn practical life skills for example, maintaining their bedrooms, general household chores, personal hygiene skills and baking. Specific life skills programmes were tailored to meet their individual needs and were set out in the placement plans and evidenced in the individual and key-work reports.

Discharges

The centre had a written policy on discharges indicating its commitment to ensuring that children leave the centre in a planned and structured way that is in accordance with their statutory care plan. There was one discharge from the centre over the past

twelve months. This discharge was unplanned. There was evidence the service had undertaken a review of this discharge with the team and identified learning outcomes for the service.

Aftercare

The children in placement were not of an age where they were eligible for referral to the statutory aftercare services.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

The placement was supported by a comprehensive statutory care plan developed by the supervising social worker in consultation with the relevant professionals and the parents. The social worker and the guardian ad litem met with the children to provide them with age appropriate information about their care plan. The statutory care plan was developed in accordance with the requirements of the regulations and outlined the aims and objectives of the placement and the plans in place to identify therapeutic supports to respond to the presenting needs of the children. The first statutory review was undertaken within four weeks of the initial placement and monthly care planning meetings were scheduled following the statutory review. This met the requirements of Tusla Child and Family Agency for the review of children aged twelve years and under placed in residential care. However, the date of the monthly care planning meeting was not set out in advance. The placing authority must identify at each monthly care planning meeting the identified date for the following meeting to ensure robust planning and ensure that meetings are undertaken within the required timeframes.

The statutory care plan reviews will be undertaken every six months by the placing authority. The social workers informed inspectors the centre key-workers submitted comprehensive reports to the statutory meetings.

The inspectors noted that the minutes of the review meeting produced by the placing authority contained information relating to each of the children. The placing authority must ensure that review minutes for each child must be on separate documents in line with best practice and data protection.

It is the policy of the placing authority not to invite children aged twelve years and under to attend the statutory review meetings however, children are provided with

opportunities to have their voices heard at meetings through consultation forms and meetings with their social worker.

The staff team had developed comprehensive recovery plans and placement plans based on the identified needs arising from the care plan. Placement plans were forwarded to the supervising social worker. Individual work arising out of the placement plans was allocated to individual members of the team. There was evidence that the placement plan and the focus of therapeutic work was subject to review and updated by the key-workers. The programme co-ordinator attended staff meetings and facilitated key-work meetings to review key-work and individual work, to provide direction and guidance in relation to aspects of the key-work and to ensure the on-going effectiveness of the recovery plan. There were robust systems in place to monitor and support individual work and key-work.

Written reports were forwarded by the centre manager to the social worker on a weekly basis. These reports outlined the children's engagement with the care programme and outlined areas of progress and concerns that arose during the week. The social workers interviewed by the inspectors stated that these reports were comprehensive, informative and presented in a clear format.

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for children in residential care. All children 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

The inspectors interviewed the social workers from both social work teams. They viewed the care team as committed, insightful and professional in their work. The social workers were satisfied that the children were safe and well cared for in the centre. Social workers stated they received comprehensive written reports on the children's progress on a weekly basis and communication and information from the team was good. They were satisfied they received prompt notification of all significant events involving the children and all incidents of physical restraint were reported in writing to them.

The social workers informed the inspectors that they maintained a permanent, private and secure record of the children's history and progress.

Inspectors noted there was no evidence that the social workers read the daily logs on visits to the centre. In order to meet the requirements of the national standards for children's residential centres and to satisfy themselves in relation to the care of the children the inspectors require the social workers to read the daily logbooks and care files from time to time. The centre maintained a written record of all visits to the children by the social work team together with details of any action taken as a result of the visit.

Children's case and care records

The care records for the children in placement were organised in a way that assisted effective care planning and accessibility for staff and relevant professionals. The care files were sub-divided into sections and the records were filed in chronological order and were maintained up to date. The key-workers maintained a specific key-work file that contained a copy of the most up to date care plan, placement plan, absence management plan, risk assessment and individual crisis management plan. This file was used as the working file for ease of access to the relevant information for key-workers and centre staff. The inspectors examined this file in conjunction with a key-worker and found it was a useful resource and an efficient way to support and manage key-work. The key-workers were knowledgeable in relation to their key-child and were confident and competent in discussing the needs of their key-child.

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 the inspection a copy of the interim care order was not on file at the centre however the social worker provided the centre with a copy of the care order following the inspection. The care files contained all the other required information such as birth certificates and relevant medical consent forms. Pre-admission medicals were evident on file and a copy of the children's immunisation history was on file at the centre.

The director of services confirmed that all care files and centre records were kept in perpetuity by the organisation. However, the inspectors found the current archiving system at the centre was not safe, robust or compliant with data protection requirements. The director of services must ensure all archived files are maintained in fire retardant cabinets.

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 1and2, Care Plans

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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 placing authority must identify at each monthly care planning meeting the identified date for the following meeting to ensure robust planning and that meetings are undertaken within the required timeframes.
- The placing authority must ensure that review minutes for each child must be on separate documents in line with best practice and data protection.
- The supervising social worker must periodically review the child's file and daily logs to satisfy themselves that the child is safe and well cared for in the centre.
- The director of services must ensure the centre records are archived appropriately in compliance with data protection.

3.6 Care of Children

Standard

Staff relate to children in an open, positive and respectful manner. Care practices take account of the children's individual needs and respect their social, cultural, religious and ethnic identity. Children have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on children 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

Following interviews with staff members and a review the practices within the centre the inspectors found the young people received a good standard of care from a committed and dedicated team. The practice was found to be child-centered as the children had the opportunity to have their views heard and be involved in decision-making in the centre. This was evidenced on the centre records and minutes of house meetings that the support was provided to the children to help them understand and adapt to the daily routines. The staff team were responsive to the children's needs and were warm, affectionate and nurturing in their interactions with them. There was a comfortable and relaxed atmosphere within the centre and the children received a good standard of emotional and physical care.

Each child had appointed key-workers that had specific responsibilities to ensure the recovery plans and placement plans were updated. They also had responsibility to ensure that identified key-work and individual work was completed. Key-workers interviewed by inspectors identified areas of key-work undertaken with their key-child. There was a system in place to evaluate the outcome of individual work and key-work and a report completed every three months provided an overview of the outcome of individual work undertaken. The programme coordinator assisted the key-workers to complete the therapeutic overview reports every three months. The programme coordinator met with key-workers on a monthly basis to review and monitor the individual and key-work undertaken and to guide and support the workers in carrying out this work. The placement plans were forwarded to the social workers.

The children were familiar with their key-workers and told the inspectors about the role of the key-worker. The children were able to identify a number of staff members they would talk to or seek out if they were upset or worried about something.

There was an established culture in the centre where staff are fully engaged with the children throughout the day. Inspectors found that the staff planned activities and recreational outings for the children appropriate to their age and individual interests. The children engaged in activities such as horse riding, swimming and attendance at the local football club.

Provision of food and cooking facilities

The inspector found the meals provided at the centre to be nutritious providing the children with a healthy and well-balanced diet. The children had the opportunity to choose what meals they would like for the week and were involved in weekly menu planning, grocery shopping and helping staff prepare meals. The kitchen area was open to the children and they had access to healthy snacks in between mealtimes. The children were expected to share mealtimes with staff and while they required significant prompting from staff in relation to appropriate behaviour they displayed significant progress in their ability to engage positively at mealtimes. The inspectors joined the staff and children for dinner at the centre and observed them relating to each other in a relaxed manner. The kitchen in the centre was clean, spacious and was maintained to a good standard.

Race, culture, religion, gender and disability

The centre had a written policy on anti-discrimination practice. The children were from a specific cultural background and staff displayed an awareness and sensitivity to their culture and heritage.

Managing behaviour

The centre had a written policy on behaviour management. The staff team were trained to support children who present with behaviours that challenge. The children presented with behaviour that resulted in a high level of risk in terms of managing behaviour. There was evidence that staff applied the identified interventions set out in the individual crisis management plans, the absence management plans and safety plans. There was evidence that staff regularly reviewed and assessed the effectiveness of agreed approaches and interventions and made appropriate adjustments to the crisis management plan where required. In the life space interview staff explained to the children the rationale behind their interventions. There was evidence that staff helped the children to reflect on the event and develop a plan to support feelings in a manner that was safe for everyone. There was evidence that the children's safety and welfare was central to all discussions in relation to behaviours that challenge.

The social workers interviewed were familiar with the individual crisis management plans in operation in the centre and received a copy of the individual crisis management plans.

There was evidence that the staff team did not rely on consequences as a means of managing behaviour's that challenge. Consequences were employed that related to the behaviour and thus resulted in a learning outcome for the children. The inspectors found that the team relied on relationship building and good role modeling as a core feature of their practice. Consequences for poor behaviour were recorded in a separate book for monitoring purposes. Staff did not rely on sanctions or consequences to manage behaviours that challenge. Inspectors found that consequences for poor behaviour was reasonable and age appropriate.

Team consultation with the centre's attachment specialist provided opportunities for the staff to reflect on the children's behaviour and further develop their responses to the children based on their presenting behaviour. The team displayed skills to support the children to gain a better insight and understanding of their behaviour and identify learning outcomes. There was evidence that individual work and key-work was undertaken with the children to help them in this regard. Significant event notifications and individual work records evidenced the life space interview with the children following episodes of challenging behaviour.

The staff team also utilised a number of plans to ensure the young people's behaviour was appropriately managed such as, individual crisis management plans, absence management plans, safety plans, risk assessments and recovery plans. The individual crisis management plans were updated regularly and reflected changes in approach as required. Appropriate incentives were in place to support the children to engage in agreed aspects of the care programme and this approach was at times effective.

Restraint

The centre used a method of physical restraint that had been researched and was based on reputable practice. There was a written policy on the use of physical restraint and inspectors found that it was applied in a way that was consistent with the requirements of the policy. The deputy manager was a qualified therapeutic crisis intervention trainer and provided regular refresher training for the team as required. They also reviewed all incidents where restraint was employed to ensure the principles and practices of the intervention were properly applied and were effective interventions. The inspectors found that staff were appropriately and sufficiently trained in the use of physical restraint. The individual crisis management plans for

the children in placement indicated whether physical restraint could be employed to support behavior that challenged and the specific restraints permitted were identified on the plan. The centre maintained a register to record all incidents of physical restraint and physical interventions. There were fifteen incidents to date where physical restraint was employed to ensure the safety of the children. Other physical interventions for example protective stances, blocking techniques were also employed to ensure child/staff safety. The centre maintained a log of all such interventions that was monitored by the centre manager, the monitoring officer and the director of services.

Absence without authority

The staff were familiar with the Joint National Protocol for Children Missing from Care and with the procedure for reporting a child missing from care. Absent management plans had been developed in respect of the children and were forwarded to the social worker. There was no missing from care incidents from the centre since the children's admission. The inspectors found through interview that the centre manager and staff team were cognisant of their responsibility to supervise the children constantly to ensure their whereabouts at all times.

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 children 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

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had a policy on safeguarding children. There was evidence that safeguarding measures were appropriately implemented to address risks as they related to the children as they arose. Staff were able to identify safe care practices however the children did not have a personal care plan in writing to ensure consistent safe practice around personal care routines. Given the age of the children and the support the youngest child required undertaking personal care routines, the centre manager must develop an intimate care policy and intimate care plan to ensure there are robust safe care practices in place.

The manager and staff interviewed by the inspector had gained good insights into potential triggers and patterns of behaviours displayed by the children when they were in distress. A number of safety plans were developed to minimise risk and manage safety concerns. The environment was regularly risk assessed to maximise safety. Written guidance was provided to staff to manage identified and emerging risks associated with the children's behaviour. Trips out of the centre were planned and risk assessed prior to the event.

There was evidence that centre staff placed a lot of emphasis on keeping the young person safe and teaching the young person about personal safety.

The children were encouraged to express their views and opinions. They had regular contact with members of the social work department and other professionals such as their Guardian ad litem.

The centre had written guidelines on the nature of appropriate professional relationships between staff members and children, including one-to-one contact and lone working. There was evidence that staff reflected on their practice with their colleagues and had the ability to challenge poor practices and bring it to the attention

of the centre manager. Staff interviewed stated there was an open culture to express concerns or challenge practice.

Child Protection

Standard

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

The centre had a comprehensive written policy on safeguarding and child protection that was consistent with Children First the National guidance for the Protection and Welfare of Children (2011). Staff had received training in child protection. The centre manager and staff interviewed were aware of their responsibilities for the reporting of child protection concerns to the social work department. The centre manager was the identified designated liaison person and staff were familiar with the role of the designated liaison person for reporting abuse or neglect.

A number of child protection concerns were reported to the referring authority in relation to disclosures of possible retrospective abuse in accordance with the requirements of Children First. The centre manager maintained a separate log of all child protection concerns notified to the social work department on a standard report form. The outcome of the notification was also recorded on the logbook. Inspectors advised the manager to include the nature of the child protection concern on the logbook. This record assisted the manager to track all standard report forms submitted and ensure they were acknowledged by the social work department and responded to with a clear outcome. The inspectors found that a response from social work was not evident in respect of all reports of concerns. This was highlighted to the relevant social work manager at the time of the inspection and they agreed to rectify this.

Child protection concerns and complaints were a standing item on the agenda at every staff meeting and staff updated on the status of the investigation of a child protection concern and/or the outcome of such an investigation. All reports and correspondence relating to a reported child protection concern was maintained in one section of the individual care file.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must develop an intimate care policy and intimate care plan to ensure there are robust safe care practices in place.
- The centre manager must ensure the standard report log records the general nature of the child protection concern.
- The social work child protection team must ensure that all reported concerns of a child protection nature are acknowledged when received and the outcome of the screening and/or investigation into the concern forwarded to the centre in writing.

3.8 Education

Standard

All children 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

The education of children was valued within the centre and a significant amount of planning was undertaken to support the children to attend school and maintain their mainstream school placements. The team and the social work department selected a school that could provide the required learning support resources and staff who were familiar with working with children from their specific cultural background. The children's attendance at school was to date sporadic however the staff consistently supported and encouraged good routines in relation to preparation for school and completion of schoolwork. The children received clear messages from the staff in relation to the importance of education and there was a clear expectation that the children attended school. There was a set routine for the children if they did not attend school. There was good communication between the school principal and teaching staff and the school staff were supportive and flexible in their approach to the children. Adequate supports were identified to assist the children within the school environment.

The approach to supporting the children with their education was subject to ongoing review by the therapeutic team and the referral agency.

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.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	<p>The centre manager must review the policy and procedure manual to ensure all policies are congruent with the care of younger children in residential care.</p> <p>The centre manager and staff members must review the language and terminology they use with the children to ensure it is everyday language and child-friendly.</p>	<p>Centre manager and staff will review the policy and procedures manual in order to ensure all policies and procedures are congruent with the care of younger children in residential care. This review will be completed by 31st May 2017.</p> <p>Manager and staff reviewed the language and terminology they use with the children on a daily basis. The centre manager and staff also received training and guidance from the organisation's attachment consultant on a regular basis. This will be ongoing.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
3.2	<p>The director of services must ensure centre manager applicants have five years post qualifying experience on appointment.</p>	<p>The director of service undertakes to adhere to this requirement henceforth.</p>	<p>The inspectors are satisfied with this response.</p>

	<p>The director of service must ensure all members of the core team have the required qualification. Staff offered trainee contracts must be registered on a recognised social care training course.</p> <p>The centre manager must ensure that grievances and complaints are appropriately categorised on the records and complaints must be notified as a significant event.</p>	<p>The director of service undertakes to adhere to this requirement henceforth.</p> <p>Centre manager will ensure that grievances and complaints are appropriately categorised on the records and complaints notified as a significant event moving forward.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
3.3	Not inspected	N/A	N/A
3.4	Not inspected	N/A	N/A
3.5	<p>The placing authority must identify at each monthly care planning meeting the date for the following meeting to ensure robust planning and to ensure such meetings are undertaken within the required timeframes.</p> <p>The placing authority must ensure that review minutes for each child must be on separate documents in line with best practice and data protection.</p>	<p>Care plan meetings take place on a monthly basis. The dates will now be collated and dates of subsequent meetings arranged at the end of each care plan meeting.</p> <p>Minutes will be forwarded following the care plan meeting and separate for each child.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

	<p>The supervising social worker must periodically review the child's file and daily logs to satisfy themselves that the child is safe and well cared for in the centre.</p> <p>The director of services must ensure the centre records are archived appropriately in compliance with data protection.</p>	<p>Social worker will review and look at each child's file during the monthly statutory visit to each child.</p> <p>Appropriate fire retardant cabinets have been ordered for the centre to archive records and files.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
3.6	No required action	N/A	N/A
3.7	<p>The centre manager must develop an intimate care policy and intimate care plan to ensure there are robust safe care practices in place.</p> <p>The centre manager must ensure the standard report log records the nature of the child protection concern.</p> <p>The social work child protection team must ensure that reported concerns of a child protection nature are acknowledged when received and the outcome of the screening and/or</p>	<p>The centre manager completed an intimate care policy for the centre. Safe care practices are outlined in the policy.</p> <p>Centre manager has updated the standard report form logbook which now records the nature of the child protection concern.</p> <p>Social workers will acknowledge in writing reported child protection concerns and these concerns will be discussed at care planning meetings or risk management/strategy meetings. The outcome of reported concerns</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>

	investigation into the concern is forwarded to the centre in writing in a timely manner.	will be forwarded by the social work service to the centre.	
3.8	No required action	N/A	N/A
3.9	Not inspected	N/A	N/A
3.10	Not inspected	N/A	N/A