



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	115
Year:	2016
Lead inspector:	Lorna Wogan

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Gateway Organisation Ltd
Registered Capacity:	Two young people
Dates of Inspection:	5th and 6th September 2016
Registration Decision:	Registered without attached conditions from 17th June 2016 to 17th June 2019
Inspection Team:	Lorna Wogan
Date Report Issued:	9th of January 2017

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1. Foreword

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

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

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

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

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

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

1.1 Methodology

An application was duly made by the proprietor of this centre for registration on June 1st 2016. Registration was granted from June 17th 2016, for a period of three months, to 17th September 2016 pending a full inspection of the centre. There were no conditions attached to this registration. The announced inspection took place on September 5th and 6th 2016 over a two day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager
- ◆ An examination of the questionnaires completed by:
 - a) Five of the care staff
 - b) The young person residing in the centre
 - c) The centre manager
 - d) The deputy manager
 - e) The director of Services
 - f) The programme coordinator
 - g) The social worker with responsibility for young person residing in the centre.
 - h) Tusla family support worker
 - i) ACTS team (Senior clinical psychologist, addiction counsellor, senior social work practitioner)
 - j) 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.

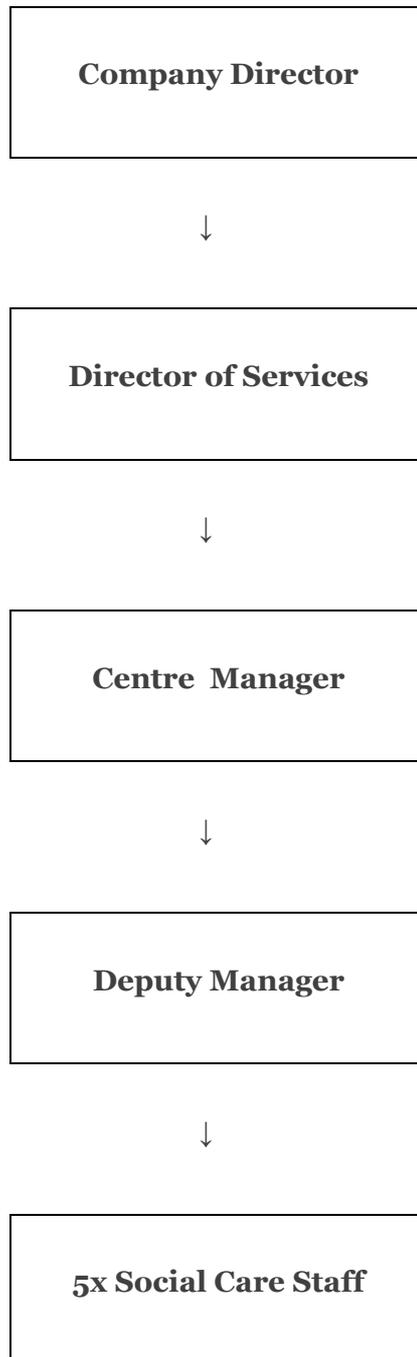
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The director of services
 - b) The centre manager
 - c) The programme coordinator
 - d) The deputy manager/key-worker
 - e)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

- ◆ 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

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 the 17th June 2016 to 17th June 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 young people and the manner in which care is provided. The statement is available, accessible and understood.

3.1.1 Practices that met the required standard in full

The centre had a written statement that defined the purpose and function of the centre, specified the population it catered for and the service it aimed to provide. The written statement also described the provision of care, care practice imperatives and the placement planning process implemented in the centre. This document was developed in June 2016. The written statement will be subject to an annual review by the centre manager and the director of services.

The centre provided medium to long term care for up to two young people aged between 12 and 17 years. The centre was established to provide care for young people who were identified by statutory agencies as being at significant risk of adversity. At the time of the inspection there was one young person in placement. The young person in residence was ten weeks in placement.

The model of care was described as a relationship based approach informed by an attachment based approach. There was evidence that staff used opportunities through daily life events to build positive and meaningful relationships with the young person to facilitate change. Written information on approaches to working with the young person was displayed in the staff office.

The centre also offered an evidenced-based approach to 'What Works' in residential care. This assessment identifies both protective and risk factors however it was agreed on admission that this assessment would not be required for the current resident. Additional aspects of the programme focused on providing a safe environment, access to positive role models, emotional support, the provision of nurturing care and opportunities to learn and develop the required skills for independent living. The inspector found evidence that that staff team had made a meaningful connection with the young person as well as providing structures and firm boundaries where required.

Staff evidenced knowledge of the statement of purpose and function and provided examples of how they implemented this approach in the day to day care of the young person in placement.

The inspector found the placement was 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 young person, their parent, 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 current resident. The inspector found there were regular multi-disciplinary meetings where the quality and effectiveness of the service provided to the young person at the centre was reviewed.

The centre had developed an information leaflet that was made available to the young person on admission. A young person's handbook provided information on the centre and the young person confirmed they were provided with a copy of this booklet.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Management

The inspector found the centre was managed by an appropriately qualified person who had the required level of experience in residential care to undertake this role. The centre manager had undertaken some management training as part of their professional training. The centre manager had no previous experience in management however there was evidence that they provided clear and coherent leadership in relation to care practice within the centre. This was noted by external professionals and staff members who were interviewed as part of the inspection process. 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 newly appointed deputy manager. The deputy manager will be supported to undertake management training and had undertaken a two day supervision training for supervisors. The role was relatively new in the centre and the centre manager was inducting the deputy into this role at the time of the inspection.

There were appropriate external management structures in place to oversee the work of the centre. The director of services visited the centre and reviewed registers and administrative records. The director of services also received monthly reports from the centre manager. These reports captured a range of information relating to the operation of the centre and the care of the young person in placement.

There was evidence that the centre manager reviewed the written policies and procedures with staff within the induction process, staff supervision and team meetings.

Staff interviewed were familiar with the external line management structure and had contact details for the external line managers.

Register

The centre manager maintained a register in accordance with the requirements of the regulations. The placement details were also forwarded to the local Tusla area manager. The centre register recorded one admission to date and there were no discharges from the centre.

Notification of Significant Events

The inspector was satisfied that the centre had a prompt notification procedure in place that provided comprehensive details in writing of any significant event relating to the young person. The notifications to date related in the main to episodes where the young person was reported as missing from care. The inspector was satisfied that these events were managed appropriately in accordance with the joint protocol for children missing from care. Strategy meetings had been convened to monitor and address identified risks arising from these events.

There was evidence that 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. Written reports on significant events were forwarded to the social worker, the Child and Family Agency monitoring officer, the director of services and other relevant parties as agreed. Significant event reports were maintained on the individual care file. The social worker was satisfied that they received prompt notification of all significant events relating to the young person in placement.

Staffing

The centre had adequate and sufficient levels of staff to fulfil its purpose and function. The team consisted of six members of staff, four female and two male staff members. One of the core team members was the appointed deputy manager. There were job descriptions on file for all staff members. All staff members were appropriately qualified and displayed the ability to communicate effectively and had established a positive and appropriate relationship with the young person in placement. Two staff members had the required qualification and four staff members had relevant equivalent qualifications. New staff members completed a nine month probationary period prior to securing a permanent contract. Two members of the team were permanent employees as they had previously worked for the service in

other centres. Contracts were on file for all staff members and staff were provided with a employment handbook.

The inspector examined the staff personnel files. The inspector was satisfied that all staff members had been appropriately vetted prior to taking up employment in the centre. 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 core team that were presented during the registration process continued to work in the centre at the time of the inspection. One staff member had left the service and an exit interview was completed by the centre manager and placed on file. The inspector found the team to be cohesive and consistent in their approach and they worked well together. They presented as a mature well established team even though they had only been working together for three months.

The centre manager and the service programme co-ordinator provided induction training for staff prior to the admission of the young person. Staff were satisfied that they had been provided with sufficient training and support that enabled them to undertake their role within the centre. There was evidence the centre manager reviewed the induction checklist with staff within the supervision process.

The team presented as competent and confident in their approach to working with the young person. The centre manager indicated that guidance and support from the therapeutic team further developed and strengthened the team response to the young person when presented with behaviours that challenge.

Supervision and support

The centre manager provided regular staff supervision in compliance with centre policy. The inspector examined the staff supervision files and there was evidence that staff receive formal supervision every four weeks. Staff were offered more frequent supervision if and when required. 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. The director of services had reviewed staff supervision files. There was an expectation that staff members prepared for their supervision and actively contributed to the process. A new supervision recording template had been introduced in the centre that enabled the staff and the centre manager to effectively engage in the supervision process. The

centre manager had undertaken training in the provision of supervision to care staff prior to commencing in her post. Training for supervisees was planned for staff before the end of the year.

The centre manager received regular supervision from the director of services and the inspector examined the managers' supervision records. The director of service convened monthly management meetings and the centre manager participated in these meetings. Minutes of these meetings were examined by the inspector. The centre manager was well supported in her role. There was a culture within the team of reflecting and de-briefing after every shift and staff found this was an effective support mechanism. The inspector attended a handover meeting and a team meeting during the inspection process. The handover meeting and team meeting was well structured and facilitated good communication and planning processes. Minutes of monthly team meetings were reviewed by the inspector. Staff were able to identify systems in place to support them if they experienced stress in their workplace. 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. Core training had been provided for the team prior to the first placement at the centre. Training in the management of behaviours that challenge, child protection training and fire safety training was provided to the team. Three staff members had undertaken attachment training and a two day attachment training programme was scheduled for the full team. Staff had received training in the safe administration of medication and food hygiene training. Staff members were facilitated to attend external training in supporting young people who self-harm and suicide information skills training. First aid training for all the staff team was scheduled for November 2016. 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. Records were well written and decisions taken by the staff team and/or social worker were recorded at the centre. The individual care files and personal information was stored in a secure manner. Electronic records were password protected. There was evidence that 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 young person. Staff stated that they had sufficient financial resources to care for the young person and to provide recreational and educative programmes. There were clear financial management systems and records in place. A record of the young person's finances and monies spent was recorded separately from centre finances.

3.2.2 Practices that met the required standard in some respect only

None identified.

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.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

The centre was monitored by the TUSLA Child and Family Agency monitoring officer for the purpose of ensuring the centre's compliance with regulations, standards and best practice. The Inspector liaised with the monitoring officer who had visited the centre on the 2nd and 3rd of August 2016 during which time they examined all ten standards during. The monitoring officer had a number of approaches in place to monitor the centre which included the ongoing review of significant events, regular contact with the centre manager and the onsite visits. The inspector found evidence that the monitoring officer met with the centre manager, reviewed records and reports and met with the young people during her visit.

The monitoring officer confirmed that they received notifications of significant events for the young person in placement in a prompt manner which promoted the safety and wellbeing of all young people who utilised the service. There was evidence that the monitoring officer provided advice and guidance to the centre manager where appropriate. The inspector was satisfied that Standard 3 was being met in full.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

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

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

There was evidence of a high level of consultation with the young person. There was a strong practice approach to ensure the young person was central to all decision making. The centre manager described the team approach as 'do with the young person rather than do for them or to them'. Consultation with the young person took place at multi-disciplinary meetings, care plan reviews, key-work meetings, and house meetings and in daily planning and weekly routines. The young person had input into deciding who would undertake the key-work role and staff ensured the young person had access to the staff roster for the week ahead.

There was evidence this consultative approach was of benefit to the young person and enabled them to develop a trusting relationship with the staff team. It also empowered them to engage with the supports and opportunities offered to them at the centre.

Decisions in relation to the young person's care were discussed with the young person in an open and honest manner. There was evidence the staff team listened to the young person's view and accommodated their views in placement planning and in the approach to supporting them in placement. The young person acknowledged that staff listened to them and respected their viewpoint. Equally when decisions were made by staff that the young person did not agree with the rationale behind making decisions was explained to the young person and this was evidenced in individual and key-work reports and in the minutes of house meetings. There was evidence that formal house meetings were undertaken every fortnight and the young person and staff contributed to the agenda. There was evidence that the young person engaged well in house meetings and it was a productive forum for the young person and staff.

There was evidence that the young person and their parent were fully consulted within the care planning process and in the development of the care plan and the leaving care plan.

The young person had an appointed Guardian ad litem who met with the young person at the centre on two occasions since her admission.

Complaints

The centre had a written complaints procedure for young people in care and the young person confirmed they were aware of their right to make a complaint about any aspect of their care. A complaints form and a stamped addressed envelope was made available to them which they could forward directly to their social worker if required. Staff members understood the purpose of having a complaints procedure and they had systems in place to record complaints and grievances. Key-work records evidenced that the complaints procedure was explained to the young person. The young person had exercised their right to make a complaint on three occasions and the records outlined that issues raised by them were resolved locally. The social worker was notified of each of the complaints and informed of the conclusion reached. All complaints made by the young person were resolved locally and the young person stated they were informed by the centre manager of the outcome of complaints made. The records indicated that the young person was satisfied with the outcome. The director of services reviewed the complaints log on visits to the centre.

Access to information

The centre had a written policy on young people's access to information. The young person was aware of their right to access information and staff actively encouraged them to read their daily logs on a weekly basis. Information on the rights of young people in care was explained to the young person in the course of individual key-work. Written information on the rights of children was made available to the young person on admission. The centre manager contacted the national advocacy service for young people in care and their local advocate was due to visit the centre to meet with the staff and the young person in placement. The young person was familiar with the role of the advocacy service for young people in care.

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

None identified.

3.4.4 Regulation Based Requirements

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

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

Suitable placements and admissions

The supervising social worker and the principal social worker stated they were satisfied that the placement was suitable to meet the needs of the young person. The young person informed the inspector they were settled in the centre and had positive relationships with the staff. The young person was aware of the purpose of the placement and was familiar with the current care plan and their leaving care plan. There was a range of professionals engaged with the young person and they provided guidance to the staff team to support the young person.

The centre had a written policy and agreed procedures for processing admission to the centre. The admission process for the young person in placement was well planned and pre-admission visits to the centre had been undertaken by the young person and their parent. The service programme coordinator completed a 'Getting to Know You' document with the young person prior to admission to the centre. There was thought and planning in relation to identifying key-workers and introducing them to the young person prior to admission. The supervising social worker provided the centre staff with adequate information about the young person in advance of the placement. There were a number of pre-placement planning meetings that involved all relevant professionals. A specific two-day training programme was provided for the team in relation to working with the young person. The preparation and planning at each stage of the admission process assisted the young person to make a successful transition to the centre. The centre manager stated that future referrals to the centre would be subject to an impact risk mix assessment and consultation with the current placing authority.

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, parent and young person. The statutory care plan was developed in accordance with the requirements of the regulations and was updated prior to the young person's admission to the centre. The care plan was subsequently updated following the initial statutory care plan review. The updated care plan and minutes of the care plan reviews were on file at the centre. Statutory care plan reviews were convened within the timelines set out in the regulations. The date of the next statutory care plan review was identified on the care plan. The young person's parent confirmed with the inspector that they were invited to participate in the review process and were provided with a written copy of the care plan and the decisions taken at the statutory reviews. The young person participated fully in the statutory reviews and placement planning meetings.

Regular professionals meetings were co-ordinated by the social work team in conjunction with the external therapeutic team and the care staff to review the care approach and the young person's engagement with the service. Strategy meetings were organised to address high risk concerns as they arose. Minutes of professionals meetings and strategy meetings were placed on file in the centre.

The staff team had developed a comprehensive recovery plan and placement plan 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 plan was allocated to each of the 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 young person's engagement with the care programme and outlined areas of progress and concerns that arose during the week.

Contact with families

The staff team had developed a positive relationship with significant family members. The inspector found there were systems in place to ensure the young person's parent was kept fully informed about events in the young person's life. The staff team facilitated regular contact between the young person and their family. Structured contact with family was outlined in the care plan and was reviewed on a regular basis by the supervising social worker and the centre manager and key-workers. The young person informed the inspector they were satisfied with the contact arrangement in place. An invitation was extended to family members to visit the young person at the centre and the centre manager and social worker were actively encouraging the family to visit the centre.

Supervision and visiting of young people

The social worker and family support worker visited the young person in placement on a regular basis. The social worker met the young person privately on such visits. There was evidence that the social worker read the daily logs on visits to the centre. The centre maintained a written record of all visits to the young person by the supervising social worker together with details of any action taken as a result of the visit.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

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

The social worker had supervised the young person for a period of four years. They had a well-established relationship with the young person. There was evidence of good communication between the centre staff and the social worker. The social worker stated that the team were competent and creative in their approach to caring for the young person and they displayed a genuine commitment to the young person. They was satisfied that the centre staff had taken on board the advice and guidance from the external therapeutic team and was of the view the young person was safe and well cared for in the centre. The social worker confirmed that they received written notification of all incidents of unauthorised absences from the centre.

Emotional and specialist support

Staff were attuned to the emotional and psychological needs of the young person in placement and they worked hard to respond to and meet these needs through the identified care approach. The young person had regular access to a wide range of specialist supports, family support and psychological counselling. There was evidence of good interagency and inter disciplinary work and interventions were well co-ordinated. The findings and recommendations of specialist professionals were reflected in the care plan and the work of the centre with the young person.

Preparation for leaving care

There was evidence that key-workers in conjunction with the team assisted the young person in their preparation for leaving care. Centre staff assisted the young person to learn practical life skills for example saving and budgeting, general household chores, laundry, menu planning and cooking. Specific life skills programmes were tailored to meet the young person's individual needs and were set out in the placement plan. Staff had assisted the young person to complete their curriculum vitae and assisted them to engage in work experience in a hair salon in a nearby town.

Discharges

The centre had a written policy on discharges indicating its commitment to ensuring that young people leave the centre in a planned and structured way that is in accordance with their statutory care plan. There were no discharges from this centre. The centre manager was aware of the requirements to record the relevant information on the centre register on discharge.

Aftercare

The young person was allocated two aftercare workers. The aftercare workers had met the young person at the centre and were in the process of drafting the leaving care plan at the time of the inspection. The young person was aware of the supports and entitlements available to young people leaving the care system. There was evidence the young person was fully engaged in discussions around accommodation and support on leaving care.

Children's case and care records

The care records for the young person at the centre 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 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.

The care file reviewed by the inspector contained a copy of the young person's birth certificate and the care order.

The key-workers maintained a specific key-work file that contained a copy 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 director of services confirmed that all case and care files are kept in perpetuity by the organisation.

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).

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

As there was only one young person in placement at the time of the inspection the programme of care was solely focussed on their individual care needs at the time. In conjunction with their key-workers the young person had worked on developing a relaxation room at the centre and had commenced designing some personalised artwork in this room. They had also purchased a range of items that enhanced the room. A punch bag, board games and books were also purchased for use at the centre.

Provision of food and cooking facilities

The inspector found the meals provided at the centre to be nutritious providing the young person with a healthy and well-balanced diet. The young person had the opportunity to choose what meals they would like for the week and were involved in weekly menu planning and cooking meals at the centre. There was an established culture whereby staff and the young person shared mealtimes together. The inspector joined the staff and young person for dinner at the centre and observed the staff and young person related to each other in a relaxed manner. The kitchen in the centre was spacious and well equipped and was maintained to a high standard.

Race, culture, religion, gender and disability

The centre had a written policy on anti-discrimination practice. Inspectors found that the staff ensured in so far as possible that the young person enjoyed the same opportunities as their peers in the community. The young person did not attend religious services however was offered the opportunity to attend church services. There was evidence that key-workers had undertaken some work with the young

person in terms of exploring beliefs around religion, spirituality and cultural background. Keyworkers planned to complete a family tree with the young person when they were more settled and secure in placement.

Managing behaviour

The centre had a written policy on behaviour management. The staff team were trained to support young people who present with behaviours that challenge. There was evidence that staff applied the identified interventions set out in the individual crisis management plan and the absence management plan. There were several incidents whereby staff had to employ their skills and training to manage the young person's challenging behaviour. 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. The young person had a good understanding of the rationale behind staff interventions and was able to identify that the focus of staff intervention was to ensure safety.

There was evidence that staff used their relationship with the young person to support them to make positive choices and there was evidence that this helped regulate the young person. There was evidence that the team knew the young person well and were able to identify potential triggers that led to behaviours that challenge. They also displayed skills in supporting the young person to reflect on their behaviour and identify learning outcomes. Appropriate incentives were in place to support the young person to engage in agreed aspects of the care programme and this approach was at times effective.

Consequences for poor behaviour was recorded in a separate book for monitoring purposes. Staff did not rely on sanctions or consequences to manage behaviours that challenge. The inspector found that positive behaviour was rewarded and consequences for poor behaviour was reasonable and fair.

The centre manager met with the local Gardaí prior to the young person's placement. There was a centre policy in place in relation to contacting the Gardaí. There were no incidents whereby the Gardaí were requested to support staff in the management of behaviour at the centre however the centre liaised closely with the Gardaí to assist them in the management of absences from the centre and other associated risks.

Restraint

The centre used a method of physical restraint that had been researched and was based on reputable practice. All staff were appropriately and sufficiently trained in the use of physical restraint. There was a written policy on the use of physical restraint. The centre maintained a register to record all incidents of physical restraint and physical interventions. The permitted physical interventions were identified on the individual crisis management plan. There were no incidents where physical restraint was employed to respond to crisis behavior however interventions for example protective stances, blocking techniques were employed to ensure the young person and staff safety. The centre maintained a log of all such interventions.

Absence without authority

The centre manager maintained a logbook that recorded incidents where the young person was missing from care. There were a significant number of incidents where the young person was missing from care which was a feature of their presentation. Staff were familiar with the national protocol for reporting children missing from care and they had reported all missing from care incidents in compliance with the protocol. Strategy meetings under this protocol were convened by the social work team leader with the relevant Gardaí and centre staff to review these absences. The centre had a written absence management plan and safety plan to assist them in dealing with absences from the centre. These plans were regularly updated and forwarded to the social worker and the Gardaí. Risks associated with absences from the centre were assessed and strategies put in place to minimise the likelihood of such risks reoccurring. Missing from care reports were stored on file along with a form that recorded the details in relation to the return from missing from care. The records relating to episodes of missing from care were organised in a manner that assisted the centre manager in tracking patterns, trends and risks associated with the young person missing from care. There was evidence that the young person was offered an appointment with their doctor following incidents where they were missing from care.

The centre had appropriate measures in place to ensure staff were alerted if the young person left the centre during the night. There were no incidents to date where the young person went missing from the centre and most absences were following time out with friends or when out on planned family contact.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard

The centre had a policy on safeguarding young people. There was evidence that safeguarding measures were appropriately implemented to address risks for the young person as they arose. The manager and staff interviewed by the inspector displayed an awareness of events or circumstances that might trigger high risk behavior and strategies were put in place to address the risks. A number of safety plans were developed with the young person to ensure their safety and to provide guidance to staff to manage known and emerging risks associated with behavior.

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 manager provided effective governance of care practices. The young person was 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 and psychologist. Multidisciplinary meetings were undertaken on a regular basis. The young person had a mobile phone and could also use the centre telephone in private. Trips out of the centre were planned and risk assessed prior to the event.

Staff were able to identify safe care practices. Room searches were undertaken on a weekly basis following specific safety concerns. The room searches were recorded and the young person was aware that they were undertaken and was offered to be present when searches were carried out. The centre manager stated that this practice was subject to periodic review.

The centre had written guidelines on the nature of appropriate professional relationships between staff members and young people, 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 young people from abuse. Staff are aware of and implement practices which are designed to protect young people in care.

There were adequate measures in place to safeguard and protect young people from abuse. The centre had a comprehensive written policy on safeguarding and child protection that was consistent with the National Guidelines 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.

There were no allegations against staff members since the centre was registered. Two child protection concerns had been reported to the Child and Family Agency to date. The centre manager maintained a separate record 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. 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. Child protection concerns were a standing item on the agenda at every staff meeting and staff were 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.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

At the time of the inspection the young person had just commenced a full time Youthreach training programme as set out in her care plan. The staff team had undertaken a lot of work to assist the young person to prepare for their placement in Youthreach. The young person was enthusiastic about attending the Youthreach service which provided them with the opportunity to make friends and spend time with an age appropriate peer group. The young person completed junior certificate exams and had also completed one subject at leaving certificate level prior to admission to the centre. Certificates of educational achievements, school reports and educational assessments were maintained on file at the centre. The young person was unsure if they wanted to pursue further studies for leaving certificate examinations however this was an option open to them within Youthreach services. All relevant professionals supported the young person's placement on the youth training programme and considered it to be an appropriate education/training option for the young person.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in full

The young person had a medical assessment on admission to the centre and this was placed on file. The young person was registered with a general practitioner and had an individual medical card.

Several appointments had been made for both dental and ophthalmic services however the young person had missed several of these appointments. There was evidence that staff follow-up and reschedule such appointments.

A copy of all childhood immunisations was forwarded to the centre and the young person had received all the required immunisations. The records contained a clear account of all medication administered both prescribed and across the counter medication.

Consent to medical treatment was on file and signed by the social worker. The young person's parent had provided consent to allow her child to smoke in care. The staff had made several appointments with the local health office smoking cessation service however the young person had not attended to date. The centre had a no smoking policy that prohibited staff and young people smoking in the centre or when sharing transport. Appropriate guidance was provided to the young person in relation to alcohol, smoking, drug misuse, sexual health and sexually transmitted diseases. This guidance was set out in the placement plan and undertaken in key-work sessions and individual work and was recorded on the file.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

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

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

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The inspector was satisfied the accommodation was fit for purpose. The centre was homely and decorated to a standard which created a pleasant ambience. The young person was involved in selecting decorative items that further enhanced the centre. The young person's achievements and personal memorabilia were displayed throughout the centre.

The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre was clean and well maintained. There was a cleaning schedule displayed in the staff office that was signed by staff on a daily basis.

There was ample space provided in the centre for the young person to have visits from family, friends, social workers and other relevant professionals. While the centre was located in a rural area the staff facilitated the young person to have contact with friends and engage in recreational activities of her choice.

The young person had their own bedroom that was decorated in accordance with their own personal preferences. The inspector noted that the young person had invested a lot of time and effort to personalise their bedroom space and it was well maintained, clean and tidy.

Maintenance and repairs

Routine maintenance and repair work was carried out in a prompt manner and the centre staff maintained a log of all maintenance and repair items in accordance with the standards. The director of services monitored the premises periodically to ensure the maintenance of safety and standards and there was evidence of his review of the

maintenance log. The house was maintained to a high standard and was in good decorative condition.

Safety

The centre had a written safety statement. It was signed by staff members to indicate they had read and understood the policy. The site-specific risk/hazard identification record evidenced that the house and its environs were risk assessed on a weekly basis. This record was monitored and signed by the centre manager. Daily checks on the centre's sharps box were evidenced and sharps were stored in a secure location.

The vehicle used to transport the young person was roadworthy, legally insured, displayed a valid tax certificate and was driven by persons who were properly licensed. The vehicle was clean and in good condition and there was evidence of regular service checks. High visibility jackets were stored in the centre vehicle.

Medication was stored in a secure locked cabinet. The inspector found that medication was administered, stored and disposed of in accordance with the centre's medication policy. First aid kits were located in the staff room, the kitchen and in the centre vehicle. First aid kits were subject to periodic stock checks.

Two members of staff were adequately trained in first-aid techniques and first aid training was scheduled for the remaining members of the team. Staff had a separate logbook where accidents and injuries were recorded.

An HACCP audit of the food storage and food preparation areas was undertaken when the centre was initially registered and the inspector was satisfied that all recommendations arising from this report had been met. Fridge and freezer temperatures were monitored by staff on a daily basis and food was correctly labelled before frozen. A staff member had undertaken HACCP training and provided an updated report to staff in relation to food preparation and storage. A health and safety update was completed by the health and safety representative and relayed to the team.

Regular inspection of the premises in relation to pest control was evidenced on the centre records. Cleaning products in the centre were safely stored. The young person had their own bedroom that had ample storage space for personal belongings.

The proprietor provided evidence to the inspector that the centre was adequately insured against accidents and injuries to staff and young people.

Fire Safety

An engineer's report dated 14th June 2016 outlining the centre's compliance with the requirements of Part B (Fire Safety) of the Building Regulations 2006 was submitted to inspectors. A copy of the fire safety certificate granted by the local county council on 31st May 2016 was also examined as part of the inspection process. There were no conditions attached to this certificate.

There was evidence that detection equipment and fire safety equipment was maintained and fire drills had been undertaken and recorded. The fire drill record identified the name of the young person and the staff members who participated in the drill. The fire safety warden/fire safety representative had undertaken fire safety training specific to undertaking this role. Staff completed the fire safety logbook nightly and specific roles for staff members on duty were outlined in the event of an emergency evacuation. Fire evacuation plans were displayed throughout the centre. Fire extinguishers and the required fire-fighting equipment were located at identified fire points in the centre. There was an inventory list of all fire-fighting equipment placed in the centre. Fire-fighting equipment was subject to an annual maintenance check and the next service date was identified. The fire panel in the centre identified the individual fire zones within the building. The central fire alarm system was checked on a weekly basis. All staff members had undertaken fire safety training.

3.10.2 Practices that met the required standard in some respect only

None identified.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1 – 3.10	No required actions.		